Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Corrib Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	26 March 2026
Centre ID:	OSV-0009127
Fieldwork ID:	MON-0050089

About the designated centre

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

This is a service providing care and support for up to three young people with disabilities. it is located in County Galway and, comprises of a large detached house on its own grounds. Within the house there is one separate apartment for one of the young people, Additionally, to the back of the main house there is a stand alone one bedroom apartment. The main house provides private and communal space for the young people, including adequate social, recreational and dining accommodation. Each young person has their own bedroom. A playground area provided to the back of the premises containing two swing sets for the young people tp avail of as they wish. The centre is staffed by a person in charge, a team leader and a team of support workers. Where required, the young people are provided with 2:1 and or 1:1 staffing support throughout the day. There are also waking night staff in this centre to support the needs of the young people.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Thursday 26 March 2026	15:00hrs to 18:30hrs	Raymond Lynch	Lead
Friday 27 March 2026	09:00hrs to 14:30hrs	Raymond Lynch	Lead
Thursday 26 March 2026	15:00hrs to 18:30hrs	Eoin O'Byrne	Support
Friday 27 March 2026	09:00hrs to 14:30hrs	Eoin O'Byrne	Support

What residents told us and what inspectors observed

This inspection took place over the course of two days and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). The designated centre was registered for six beds however, at the time of this inspection, there were three young people residing in the house.

On day one of this inspection, the inspectors spent considerable time in the company and presence of the young people, in order to gain an insight on how the service supported and promoted their quality of life. Six staff members were also spoken with over the course of the two days. This allowed inspectors to gather firsthand information about the young people with regard to their daily routines, care plans and how the service responded to their needs. The inspectors also spoke with three family representatives over the phone so as to get their feedback on the quality and safety of care provided to the young people. Additionally, one inspector spoke with one of the young people's social workers so as to get their feedback on the service.

The centre comprised of a large detached house on its own grounds in Co Galway. To the rear of the property in the back garden, there was a one bedroom self-contained apartment (which was not in use at the time of this inspection). On arrival to the house the inspectors were informed that two of the children were in school, and one was at home. The house was observed to be spacious, warm, clean and suitably decorated taking into account the assessed needs of the young people living there. For example, there were games and other toys available to the young people to play with. Additionally, there was a play ground area to the rear of the property with two swings sets for the children to use in times of good weather. The person in charge also said that garden furniture would be sourced for the centre in the next few months.

One inspector spent some time with the young person who was at home. They appeared settled and content in their surroundings and, appeared happy in the company and presence of staff. They also had a very good sense of humour and were observed to enjoy banter with the staff on and off throughout the day They told the inspector that they were happy in their home and had what they needed. They said that they enjoyed listening to music on their phone and watching music videos on Youtube. Later in the day this young person went through a scrap book they kept in their home with the inspector. This contained pictures of them enjoying social and learning activities of their choosing. For example, they showed the inspector pictures of themselves enjoying meals out, visiting an aquarium and on day trips to counties Mayo, Clare and Galway, Recently they had visited the Burren and prior to this trip, they had researched the background of this historic site as this was something they were interested in. In all the photographs observed by the

inspector, the young person appeared very happy and was smiling. They said that in the future they wanted to visit the famine museum, visit a particular railway station in Galway and, visit a fun park. They also told the inspector that they liked to go swimming regularly. They appeared to enjoy going through their scrap book with the inspector and were observed smiling when going through their photographs.

An inspector spent some time with another young person on their return from school. This young person lived in an apartment area within the main house it was observed to be clean and nicely decorated.This young person did not directly communicate with the inspector however, they appeared settled and content in their home. They also appeared relaxed in the company and presence of staff. Staff explained to the inspector that the resident liked routine and, had planned an outing with staff on the evening of this inspection. They communicated with staff using pictorial aids and, staff were observed to be respectful and supportive of the communication preference of the young person. An inspector also got to spend some time with this young person on day two of the inspection as they had the day of from school. The resident was observed relaxing in their home, having their lunch and enjoying watching television.

The third resident was also met with on both days of this inspection. On day one, they had an outing planned in the evening so the inspectors only got to spend a short time with them. However, they appeared in good form, were smiling and gave the inspectors high fives. This young person also had their own apartment area in the house and it was observed to be decorated to their individual style and preference. For example, they wanted minimal furniture in their apartment and this decision was respected. However, there was a sun room next to their living space which provided comfortable furnishings to include tables and chairs and the resident was observed on a number of occasions relaxing in this room. On day two of this inspection, one inspector got to spend more time with this young person as they were also on school holidays. They appeared in very good form, smiling and laughing and playing games. The inspector spent some time playing one game with this young person and, they seemed to enjoy this interaction.

At all times over this inspection, staff were observed to support the young people in a person-centred, kind and respectful manner. They were observed to be attentive to the young people and where or if required provided, reassurance and support. For example, one of the children was upset about an incident that had happened in school. Staff listened to them, and calmly reassured them that everything would be fine. This type of staff interaction and support was important as the inspector observed it helped the young person stay calm and, reduced their anxiety. Staff also supported the young people to look their best in turn, promoting their personal dignity and well-being. For example, the young peoples clothes were clean and they were observed to be well-groomed on their return from school.

One inspector spoke with three family representatives over the phone so as to get their feedback on the quality and safety of care provided to their relatives. One family member said that while they had some issues in the past, they had be dealt with. The said that staff were approachable, knew their relative well and ensured they got to go to school each day. They also reported that their relative got to

engage in social activities of their choosing and, their healthcare needs were being provided for. They were happy with the accommodation provided to their relative saying that the house was decorated to suit their preferences. They reported that while it took some time for their relative to settle into their new home, they had everything that they needed and had no issues with the quality or safety of care. They also said that their relative was well cared for and that they had no complaints about the service at this time.

Another family member spoken with said that they had no issues with they quality of care provided to their relative but if they did have concerns, they would let them be known. They said that the house was always kept clean and when they visited their relative, they were made to feel very welcome. While it took some time for their relative to settle into their new home, staff were very accommodating and were receptive to any feedback provided by family members. The also said that they could contact the person in charge about any concern that they may have however, they had no issues at the time of this inspection.

The third family member spoken with was equally as positive about the quality and safety of care. They said that their relative had complex needs but was settled in their home. They thought that communication from staff on their relatives health and well-being was good and, that staff had supported their relative very well with the transition into their new home. They said that communication between the centre and family members was open and transparent. They also said that their relative liked to go out for drives in the evening time after school and staff ensured that this activity was provided for. Additionally, they said that staff had done a lot of good work with supporting their relative and that overall, they had no complaints about any aspect of the quality of care.

One inspector spoke with a young person's social worker, who informed them that they were happy with the service being provided. The social worker reported that the young person was doing well since their admission to the designated centres and was engaged in a range of activities that they enjoyed. They also mentioned positive communication between themselves and the staff team supporting the young person, with the social worker receiving regular updates.

The inspectors also viewed the compliments folder and noted that a family member in their written feedback on the service thanked staff for their contributions and ongoing support provided to their relative.

While issues were identified on this inspection pertaining fire safety and staff training, the inspectors observed staff supporting the young people in a professional, person-centred and caring manner at all times over the course of this two-day inspection. They were attentive to their needs and the three young people were observed to be relaxed and comfortable in their home. Additionally, staff working in the centre had completed Children's First training and safeguarding training.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted on the quality and safety of care provided to the young people

Capacity and capability

There were clear lines of authority and accountability in this service. It was led by a suitably qualified person in charge who was supported in their role by a team leader and, a member of the senior management team.

The staffing arrangements were as described by the person in charge and, staff were provided with appropriate and as required training. While staff had the required training to meet the needs of the young people, one aspect of training required review.

The service was being audited as required to include an annual review of the quality and safety of care and, an unannounced six monthly review was recently completed. Actions identified in the review and auditing process, were being addressed in a timely manner.

Admissions to the service was undertaken in an orderly and systematic manner. Additionally, the young people and their family representatives had an opportunity to visit the centre and meet with staff, prior to moving in.

Regulation 14: Persons in charge

The person in charge was a qualified social care professional who also had an additional qualification in management.

Additionally, the had over three years' experience in a supervisory or managerial capacity in a health and social care setting.

They were found to be aware of the assessed needs of the young people, had systems in place for supervision of their staff team and, had systems in place for the auditing of the service.

They were also found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre as required by the Regulations and, aware that the statement of purpose had to updated annually (or sooner) as required.

Judgment: Compliant

Regulation 15: Staffing

The were adequate staffing arrangements in place to meet the assessed needs of the young people.

There were three young people residing in this service at the time of this inspection.Two of the young people were on 2:1 staff support each day and the other young person was on 1:1 staff support. This meant that there were five staff present each day to support the young people.

The actual rosters from 02 February to 26 March were reviewed by one of the inspectors and the following was noted:

- the person in charge had a regular presence in the centre (usually three days per week)
- a team leader worked Monday through to Friday each week
- five staff were on each day as required by the assessed needs of the residents
- 2 staff provided waking night cover

The person in charge said that as other young people moved into the centre in the future, the staffing arrangements would be reviewed so as to ensure they were adequate in meeting all young peoples assessed needs.

Six core staff files were viewed by one of the inspectors and it was observed that they all had vetting on file as required by Schedule 2 of the Regulations. Additionally, two agency staff files were viewed and they were also found to have vetting and references on file.

Judgment: Compliant

Regulation 16: Training and staff development

An inspector reviewed the systems for ensuring staff receive appropriate training and possess adequate knowledge for their roles. The appraisal identified areas requiring improvement.

On the second day of the inspection, an inspector met with two on-duty staff members to assess their knowledge of the medications they administered to young people. The inspector selected four medications and asked the staff to explain the reasons for the prescription and potential side effects. Only one staff member could provide an appropriate response to a single medication, indicating a need for improved staff knowledge.

The inspector asked the team lead and person in charge whether staff had access to information on prescribed medications for young people. They confirmed that no such information was available at the time.

Records showed that staff had completed medication management training. However, improvements were needed to ensure staff have access to adequate, up-to-date information on the medications they administer.

While improvements were required, an inspector did identify that staff were being provided with a large suite of training. An inspector reviewed the training matrix and the training records of six staff members.

Staff had undertaken a number of in-service training sessions which included

Safe administration of medication

- The management of epilepsy
- Safeguarding
- Cardio-pulmonary resuscitation (CPR)
- Children;s First
- Fire training
- Management of behaviou
- Infection prevention and control (IPC

The inspectors also reviewed the training records for two agency staff and found they had completed training in

- Children's First
- safeguarding
- management of behaviour
- fire training
- CPR
- IPC.

In summary, the appraisal of staff training and development arrangements identified a need to improve staff knowledge of the medications they administer.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centres was resourced for the effective delivery of care and support to the young people. It was led by a qualified person in charge who was supported in their role by an experienced team leader and, a member of the senior management team.

The provider had systems in place to monitor and audit the service. Although not due at the time of this inspection, an annual review of the quality and safety of care had been completed for 2025. Additionally, a six-monthly unannounced visit to the centre had been carried out in December 2025. On completion of these audits, an action plan and tracker was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- some open liquid medicines were not dated
- a back gate in the garden needed securing
- a risk related to a boiler needed review

These issues had been actioned and addressed at the time of this inspection.

The provider also had arrangements in place to support staff raise a concern about the quality and or safety of care provided to the young people. For example, six staff members spoken with said that if they had any concerns about any of the young people, they would escalate those concerns to the person in charge. However, all staff spoken said that they had no concerns at the time of this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admissions process for each young person to the centre was conducted in an orderly manner, taking into account their assessed needs.

The inspectors viewed one young persons admission plan and found that prior to moving in, they and their representatives were provided with information on the service. The young person was also introduced to the area and community they were moving into to so as to familiarise themselves with their surroundings.

Social stories were also used to support the young person with the transition to their new home. These stories were important as they helped the young person understand each step of the transition and help reduce any anxiety the young person may have had about moving into their new home.

The young person also got to visit the house (with a family member) prior to moving in as a way of getting used to their new surroundings and, to meet with the staff team.

The family of the young person was also met with and kept up-to-date about all aspects of the transition. In their written feedback on the service, one family member thanked staff for their ongoing support provided to their relative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the young people.

The statement of purpose also made reference to how the service operated in line with Child Protection & Procedure, Safeguarding Children
and Safeguarding Vulnerable Persons Policy.

Additionally, the statement of purpose informed that a comprehensive training plan was in place for all staff which included both mandatory and job specific training. Staff were also provided with refresher training, as part of a continuous professional development programme. This included access to Children;s First training and safeguarding training.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

Some minor updates were required to the statement of purpose however, when these were brought to the attention of the person in charge, this issue was addressed prior to the end of the inspection process.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

Quality and safety

The inspection found that young people received a service tailored to their needs. Completed assessments informed the development of care and support plans, which were well written and accurately reflected young people's needs.

Key areas, including risk management, premises, communication, safeguarding, and behaviour support, were examined and found to be compliant with regulatory requirements.

Concerns were identified regarding fire precautions, specifically young people's personal emergency evacuation plans and certain fire containment measures, which the provider needed to address.

In summary however, at the time of this inspection residents were receiving appropriate care and support in line with their assessed needs.

Regulation 10: Communication

The inspectors found that steps were being taken to support young people's communication. Communication guidance had been developed for the young people who required it. One of the young people was non-speaking. When meeting them, an inspector observed the young person utilising available visual aids and identifying what they wanted to the staff supporting them.

The review of information identified that the young person was utilising a "moving schedule" to predict their routine. The board is now broken down into headings: next, then, and finished. This consistent approach is very important to the resident, and the person in charge has identified that it has been successful for the young person.

During the inspection, the inspectors observed the staff team interacting with residents in a caring manner. The young people appeared happy to be in the staff members' company, and inspectors observed them laughing and joking with the staff on several occasions.

Judgment: Compliant

Regulation 13: General welfare and development

Following the review of a large volume of information and observations over the two days and discussions with representatives for the three young people, the inspectors were satisfied that the young people's general welfare and development were being promoted. The young people were receiving a good service, and they appeared happy in their environment.

An inspector reviewed two of the young people's person-centred plan documents and found that the young people were being encouraged to identify things they wanted to work towards, or, in some cases, staff were acting as advocates to help them identify things they may enjoy. The three young people were also attending school placements, and if required, the provider was transporting them.

With the staff's support, the three young people had been documenting their activities in scrapbooks. The inspectors reviewed these and found visual evidence of the young people taking part in activities such as horse riding, in-house activities such as baking and drumming lessons, going for walks, celebrating Christmas, and visiting an aquarium.

In summary, Inspectors found that the three young people were receiving a good level of care and that their overall welfare and development were being actively supported.

Judgment: Compliant

Regulation 17: Premises

Th premises were observed to be spacious clean, well maintained and decorated to suit the individual style and preference of each young person.

One young person had their own apartment within the house and it was observed to be nicely decorated taking into account the young persons preferences and choices. Another resident had an apartment area in the main house and this was also observed to be decorated to their individual preferences.

The main house provided adequate private and communal space for the young people, to include adequate social, recreational and dining accommodation.

Each young person had adequate space for the storage of their personal belongings personal belongings and adequate facilities were available for the laundering of their clothes.

A playground area was provided for in a secure setting to the back of the premises and this contained two swing sets for the young people tp avail of in times of good weather.

The three young people living in the house appeared settled and comfortable in their surroundings on the day of this inspection. They were observed relaxing watching TV and or listening to music, playing games and sitting chatting with staff in the kitchen having their lunch.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors found that appropriate risk management strategies were being employed. This conclusion was reached following the review of two residents' risk assessments and also a study of adverse incidents which had occurred over the previous two months.

The risk assessments were linked to residents' care plans, needs assessments, and behaviour support plans. Upon reviewing the risk control measures implemented to maintain their safety, an inspector found that, while some measures were restrictive, they were proportionate to the level of risk and necessary to ensure resident safety.

An inspector studied the adverse incidents which had occurred in the service for the previous two months. The review identified that, while incidents were occurring, the staff team were maintaining residents' safety and responding to risks appropriately.

Incidents were under review by the person in charge, and where possible, learning was being identified.

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.

Equipment was being serviced as required by the regulations. For example, the fire alarm system and emergency lighting was services in November 2025 and again in February 2026. Additionally, the fire extinguishers were last serviced in September 2025

Fire drills were being conducted as required and each young person had an up-to-date personal emergency evacuation plan in place.

However, the personal emergency evacuation plans required review and updating so as to ensure staff had adequate guidance on how to safely evacuate the centre

when there were only two staff on duty. For example, all children needed some level of support and or prompting during a fire drill. However, it was unclear from the plans as to which young person would be evacuated first, when the staffing levels dropped from five to two.

Additionally, a bedroom door in an apartment (not in use at the time of this inspection) required review so as to ensure it provided adequate protection, in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

An inspector found that suitable arrangements were in place for the intake, storage, administration, and recording of medication. The inspector determined this after reviewing these practices with the team lead on duty.

The inspector found that the young people's medication was being stored correctly, that their weekly stock checks were completed by the staff team, and that their monthly stock checks were completed by the services management team.

The review of information identified that there were no concerns regarding the administration of medication to young people, and that staff members had received training on this. There were also systems in place to ensure that, if required, medication was stored and returned appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the provider had effective systems in place to support the ongoing assessment and review of the young people's needs in line with Regulation 5. An inspector reviewed the information for three young people and found that up-to-date personal plans had been developed, reflecting their assessed health, social, and behavioural support needs.

The inspector found that the personal plans were well written, person-specific, and had a strong focus on understanding the young people's strengths and the areas where they required support. Following the review, the inspector was satisfied that the personal plans and other support plans provided the reader with adequate information on how to support each young person and help them achieve positive outcomes.

Inspectors also noted that multidisciplinary involvement was occurring where necessary. Some of the young people were receiving input related to medical needs, mental health supports, and positive behaviour support. The review of information identified that if the young people required support, the provider ensured that they could access it.

Overall, the provider demonstrated a commitment to delivering individualised supports through structured assessment and responsive personal planning processes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider had effective measures in place to promote positive behavioural support. The inspector reviewed two of the young people's behaviour support plans.

The inspector found that the plans were prepared by a behaviour support specialist, specific to each young person. These plans provided clear guidance to staff on proactive and reactive strategies tailored to each individual.

Discussions with the person in charge and a review of the information confirmed that a low-arousal and consistent approach was very important for the young people. Using visual aids for some of the young people was essential to ensure they were aware of planned activities and were also being offered choices. An inspector observed the visual aids being used in this format. Later in the day, an inspector also observed a young person becoming upset. Staff present at the time provided support in line with the young person's behaviour support plan and did so in a caring and supportive manner.

Inspectors also found that the staff team had received suitable training in supporting residents during challenging incidents. A review of adverse incidents that occurred in the service in February and March showed that, while incidents were occurring, they were being appropriately managed by the staff team. Staff members followed the young people's behaviour support plans, maintained their safety, supported them to calm down, and assisted them after incidents.

Discussions with the person in charge also identified that the number and intensity of incidents had greatly reduced for some residents. The initial transition to the service had been difficult, but the young people had settled, and the staff team was also developing relationships with them.

In summary, the findings highlight that the provider has implemented effective behavioural support systems for young people.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed the systems in place to ensure that young people were safeguarded from all forms of abuse. The review found that appropriate safeguarding measures were in place within the designated centre.

A child safeguarding statement was displayed in the service, along with information on who to contact if safeguarding concerns arose.

Inspectors spoke with 5 staff members across the two days. Staff members were asked how they would respond to safeguarding concerns. Inspectors were satisfied that the staff members knew how to appropriately respond to and report concerns.

As part of the review of information prior to the inspection, the inspectors reviewed information that had been submitted by the provider, including notifications relating to safeguarding concerns. The inspectors reviewed adverse incidents which had occurred in the service for the previous two months and confirmed that the person in charge and the provider were submitting notifications when required.

The review of information also confirmed that when safeguarding concerns were raised, the safety of the young people had been prioritised, and that the person in charge and a member of the provider's senior management team had conducted investigations, met with the young people, and notified the relevant bodies.

Overall, the inspection identified suitable practices in place to safeguard the young people.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Corrib Lodge OSV-0009127

Inspection ID: MON-0050089

Date of inspection: 26/03/2026

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 comprehensive document has been developed outlining all medications prescribed to each service user, including the indication for use and potential side effects. This document has been reviewed and signed by all staff members. It will also be discussed in detail at the scheduled team meeting in April 2026. Copies of this document are maintained in each service user's medication file and are also available beside the medication cabinet in the office. Standard protocols are in place to guide staff in the event of any adverse reactions to medication, including the appropriate actions to be taken.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All service users' PEEPs have been reviewed, updated, and communicated to the team. Clear guidance has been provided on fire drill evacuation procedures, including specific staff responsibilities for evacuating each service user. This ensures greater clarity and supports safe evacuation of the centre, particularly during periods when only two staff members are on duty. These updates will be revisited and discussed further at the upcoming team meeting in April. A fire drill has also been completed in line with the revised PEEPs to reinforce these procedures. The PIC has requested the installation of a new fire door in the external apartment separate from the main house. This work is scheduled to be completed next week.	

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	02/04/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	23/04/2026