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:	Macotar Lodge Services
Name of provider:	Corlann
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	09 April 2026
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0043865

About the designated centre

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

Macotar Lodge Services is a designated centre operated by Corlann. The centre can cater for the needs of up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large bungalow house, located in a village in Co. Galway. Residents have their own bedroom, shared bathrooms and communal use of a sitting room, utility, kitchen and dining area. There is also a staff office and staff sleepover room, and residents have access to a garden area, to use as they wish. Staff are on duty both day and night to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 April 2026	09:00hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to assess the provider's compliance with the regulations. Prior to this inspection, the Chief Inspector of Social Services was notified about a change of person in charge for this centre, which came into effect the day before this inspection. The new person in charge was unable to attend, and in their absence, the inspection was facilitated by the previous person in charge, and the person participating in management. The inspector also met with three members of staff, and three of the residents. Overall, this was a very positive inspection, where the provider had sustained high levels of compliance with the regulations since the last inspection. Multiple examples were found over the course of the day, where care and support was provided to a high standard, with some improvements required to aspects of medication management, which will be discussed later on in this report.

At the time of this inspection, there was one bed vacancy and a resident was receiving treatment in hospital. The other three residents were presenting well, and getting on with their daily routines. The provider did recognise the changing needs of these residents, and didn't have any plans to return to operating this centre at maximum capacity. The centre comprised of one bungalow house located within a village in Co. Galway, with each resident having their own bedroom, shared bathroom and toilets, and communal use of a kitchen and dining area, sitting room, and utility. There was also a staff office and sleepover room, and residents had access to a large garden to the front and rear of the premises. The centre was well-maintained, clean and had nice homely touches, providing residents with a comfortable living environment. Since the last inspection, a large fish tank had been installed to the sitting room, which provided a new sensory and focal point to this room. Some residents who liked tabletop activities, had set up a little station for themselves in this room, where they often liked to spend time doing jig-saws. Some internal maintenance works were underway at the time of this inspection, and plans were in place to complete some re-decoration works to communal rooms once this was completed.

These four residents primarily required care and support with regards to their assessed personal and intimate care needs, some had manual handling and falls management requirements, others had specific health care needs relating to epilepsy management, one had advancing cognitive care needs, others required on-going skin integrity management, some had communication needs, and all required staff support to get out and about. Many were of an aging profile and did have high support needs, with the provider very much aware of the need to maintain regular oversight of their changing needs. One of these residents had transitioned to the centre within the last year, and was getting on very well living with their peers since they moved in. Due to the needs that some residents had, there was often a staff nurse on duty which provided good oversight and support particularly in relation to health care needs. Three staff were on duty each day, with a fourth regularly

rostered to support social activities and scheduled events. Two staff were also routinely on duty each night, providing a waking a sleepover arrangement.

Upon the inspector's arrival, they were greeted by a member of staff. In the kitchen area, one of the residents was sitting down engaging with their tabletop activity, which was something the inspector observed this resident to do on several previous inspections. Staff informed the inspector that since she last met with this resident, there had been a change in their care, whereby they now required full manual handling support, and were a full-time wheelchair user. Due to their communication needs, they didn't speak with the inspector, but did give a small wave of greeting. Later that day, this resident headed out with staff and their peer to a nearby town, with plans to pick up some items ahead of their upcoming birthday celebrations. Staff told the inspector that although there had been a change to this resident's care care and support, this had not impacted their love for getting out and about. This resident had recently gone to Croke Park to watch their nephews play, continued to go to watch matches when they could, loved to head off on day trips, and responded very well to regular family engagement. Due to the on-going efforts in this centre with regards to the promotion of this resident's particular social care, this was recognised at senior management level, who proposed staff to present the success and achievement of this resident's social goals, as part of a formal forum that is initiated by this provider. In preparation for this, staff were in the process of doing a photo collage of the goals that this resident had reached thoughout the year, with a nominated staff member identified to present this. The second resident that the inspector met with moved into the centre within the last year. They were sitting at the kitchen table, and staff introduced the inspector to them, and told them why she was visiting their home. They were after getting ready with the support of staff, and were waiting to leave to go to their day service in a nearby town, which staff brought them to. This resident took great pride in their appearance, with the inspector complimenting their choice of nail colour, and brightly framed glasses. Staff informed that this resident loved puzzles, crosswords and jigsaws, which were left on the kitchen table at all times within the resident's reach. The inspector was told that this resident had settled in very well and often went home to visit family, as well as welcoming them into their home. The third resident was having a lie on in bed, and later met with the inspector at the kitchen table when they got up. At the time of the last inspection, this resident told the inspector that they were about to retire from day service, which had since happened. Again, staff took time to explain to this resident who the inspector was and why she was in their home. When asked what their plan for the day was, the resident said that they were hoping to relax at home. Staff told of how this resident loved gardening and twice a week went to a local garden centre where workshops were held. Since their retirement, they had settled into their new routine very well, and later that afternoon, they headed off to a local town with staff to do some shopping. Overall, there was a friendly, warm and relaxed atmosphere in this house. Although the assessed communication needs of these residents didn't allow for the inspector to directly engage with them for very long, staff were observed to confidently interpret each resident's wishes. They spoke respectfully to each resident, and there was a very kind manner in which they went about supporting these residents. It was clear that what was witnessed by the inspector was a routine

morning in this house, and where the activities that residents responded well to very much informed the plan for the day.

There were two vehicles available to this service, which gave opportunity for residents to be able to get out and about very often. From speaking with staff and reviewing various documents, these residents loved to go shopping, often went out to hotels for tea and treats, went to parks, liked garden centres, went to various GAA matches played at county and local level, attended beauty appointments, went to parties, recently took part in local parades, and loved to go to trad sessions. One resident in particular, had booked tickets to a music tribute night, and were heading to that with the support of staff. Staff told of this resident's love for this specific artist, and of how they have visited their hometown in the last number of months and got to see a statue that was displayed in their honor. This provider recognised the need for a consistent staff team for these residents, and had maintained oversight of this to ensure it was sustained. Most of these staff members had supported these residents for a very long time and were very familiar to them. Over the course of this inspection, staff were observed to be courteous of residents, were very familiar with their assessed needs, and knew their roles and responsibilities in ensuring they were provided with the care and support that they required.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Since the last inspection of this centre in June 2024, the provider had sustained effective systems and care and support practices, resulting in good levels of compliance with the regulations being again found upon this inspection.

The person in charge held the overall responsibility for this service, and was appointed very recent to this inspection. In their absence, the previous person in charge attend to facilitate this inspection, and they knew the service and the residents very well. The role of person in charge was supported by the centre's staff team and line management structure, and there were regular meetings scheduled between both so as to allow for staff to discuss residents' care and support arrangements, and also to allow for the routine review of operational matters. Where changes or issues arose, it was evident that these were discussed quickly with all staff, and that escalation to senior management was promptly made, as and when required.

There was a well-established staff team supporting these residents, with three staff typically on duty each day, and two staff at night. Due to the assessed needs of some residents, nursing support was available to them, and this was maintained under very regular review. Although rare in occurrence, relief staff were required from time-to-time, with the provider ensuring that only regular relief staff were

appointed to provide this cover. There were good arrangements in place for staff training, with a number of refresher trainings scheduled for staff, and due to commence in the coming weeks.

The oversight of the quality and safety of care was very much promoted through staff engagement with the person in charge, and through various audits and provider-led visits that occurred. Although for the most part, audits and internal reviews did identify where improvements were required, at the time of this inspection, the provider was in the process of reviewing their methodology of review, to ensure that going forward, this placed increased emphasis on the review of more relevant aspects of care and support, specific to that delivered to residents.

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring that a suitable number and skill-mix of staff were at all times on duty. Due to the assessed needs of these residents, nursing support was available to them and this was kept under regular review. There was a well-established team working in this centre, which provided continuity of care to residents, as it assured that they were only supported by staff who knew them and their assessed needs very well.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was maintained under regular review, and where refresher training was required, it was scheduled accordingly. Supervision was also occurring on scheduled basis for each staff member.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was resourced to meet the assessed needs of the residents, and the operational needs of the service delivered to them. Regular meetings were happening between the person in charge and their staff team, which provided staff with the opportunity to have discussions around residents' care and support arrangements along with any other business. The person in charge also maintained frequent contact with their line manager around operational matters.

The monitoring of the quality and safety of care in this centre was largely attributed to the regular presence of local management, frequent communication between staff about residents' care, and regular review of incidents that were happening. In addition, there were also a number of internal audits that were occurring, as well as the provider's own six monthly visits. Although these had identified areas of improvement that needed addressing, those facilitating the inspection did inform that these were subject to further review to adapt the methodology, so that going forward, these monitoring systems would be able to focus more on the oversight of more relevant aspects of service delivered to these residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that provided residents with the care and support that they were assessed as requiring. The provider had arrangements in place to ensure they experienced a good quality of life, with much of their week comprising of planned activities that they loved and responded very well to. There were adequate staffing and transport arrangements in this centre, which allowed residents to get out and about every day. Although there were very positive findings to this inspection, aspects of medication management did require attention.

Residents' needs were re-assessed on a regular basis, and any changes required to their care and support arrangements were quickly communicated to all staff, and included within updated personal plans. The provider was cognisant of the potential changing needs of some of these residents, and effectively utilised staff handover, incident reports, and outcomes of residents' re-assessments to inform any changes needed to care and support arrangements. There was a good incident reporting culture in this centre which was working well, with those facilitating this inspection, speaking of plans to further enhance this system through increased emphasis on the reporting of near miss incidents. The purpose of this was to enhance identification and trending processes for residents' changing needs, with the view that this would better inform preventative risk management activities, and any other changes to the service that may be necessary.

Some medication errors had been detected prior to this inspection, and these were since rectified. This was an aspect of this service that was maintained under regular review, with all staff having up-to-date training in medication management. However, this inspection did find where some improvements were required to aspects of prescribing practices, and also in relation to the information available to guide on the identification of medicines dispensed via blister packs.

Fire safety was taken seriously in this centre, with staff carrying out various routine fire safety checks. Fire drills were going well, with records of these assuring that staff could support these residents to evacuate in a timely manner. The management of known risks was also an aspect of residents' care that was maintained under very regular review, with staff being proactive in implementing all control measures, to ensure residents were at all times was safe and protected from harm.

The centre itself was very well-kept and had effective maintenance and repair arrangements, which meant that should works be required to the house, these were quickly reviewed and addressed. Some minor redecoration works were identified to be needed to some areas of the centre, which the inspector was informed would be scheduled once current internal maintenance works were fully completed.

Regulation 13: General welfare and development

The provider had ensured that these residents were afforded with multiple opportunities to regularly get out and about. One resident did attend day service during the week, while the rest enjoyed a wrap around service. Due to their assessed needs, sensory based activities were often part of residents' plan for the day, to include, table top activities, relaxation time, meaningful drives and day trips, regular engagement with family, gardening sessions in the community, and plenty of one-to-one time with staff. Others really enjoyed getting out into the community, and liked to go shopping, and attend personal appointments. In more recent times, the provider had ensured that each resident was supported to open their own bank account, and staff were in the early stages of supporting residents in how to use these.

Judgment: Compliant

Regulation 17: Premises

The centre was spacious in layout, and provided ample space for residents to spend time together, and to also spend time apart, if they so wished. The house was clean, nicely presented, and very homely. Where any repair works were required, there was a process in place for staff to report this, and for it to be quickly

addressed. At the time of this inspection, there were some maintenance works underway, which staff had ensured did not impact the residents. The inspector did observe that while the centre was maintained to a high-standard, some rooms and door frames would benefit from re-decoration works. Those facilitating this inspection informed that there was a plan in place to complete this, once current maintenance works were completed.

Judgment: Compliant

Regulation 26: Risk management procedures

Where risk was identified in this centre, it was quickly responded to so as to ensure the safety and welfare of these residents. There was a good incident reporting culture in this centre, and all incidents reported were subject to review, and appropriate controls implemented, when required. Risk assessments were in place for all resident identified risks, and there was also a risk register maintained for all identified organisational risks. Risk management was a regular topic of conversation between staff and local management, with any new measures quickly communicated, and oversight maintained to ensure these were being consistently implemented.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that fire precautions were in place, to include, fire detection and containment arrangements, all fire exits were maintained clear, regular fire safety checks were being carried out, and all staff had up-to-date training in fire safety. Fire drills were often occurring, with the outcome of these assuring that staff could support these residents to evacuate in a timely manner. For residents with additional evacuation needs, the provider had responded to this by installing fire exits in the bedrooms of residents who required bed evacuation, and also vibrating bed alarms to the bedrooms of residents with hearing impairments.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management was an aspect of this service that was subject to on-going monitoring, with each staff member having up-to-date training in medication.

Suitable storage arrangements were in place, and there was a good response where medication errors were identified.

There was a low administration of as-required medicines in this centre; however, during a review of associated documentation, the inspector observed that the following required the attention fo the provider:

- The maximum dose of as-required medicines was not always clearly documented
- Where multiple different as-required pain relief medicines were prescribed for a resident, clear indications for use were not documented to guide staff on how to know which form of pain relief was to be prioritised for administration
- Where the same medication was prescribed regularly and also on an as-required basis, any contraindications to be considered with regards to administration times, was not clearly documented
- Protocols around the use of some as-required medicines required review to ensure these were accurate against prescription records

In addition, the information available at the centre in relation to medicines dispensed via blister pack system also required review. For example, the inspector completed a review of regular medicines dispensed via blister pack system for one particular resident, with two medicines unable to accurately identified using the identifiable information guidance available.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were subject to regular re-assessment, and updates were made accordingly to their personal plans. There was a key-worker system in place for this, which was working well in this centre. Personal goal setting was also completed with each resident, and there was a significant emphasis placed on ensuring that this was meaningful to each resident. For example, for one resident who had assessed cognitive needs, their goals were based on activities that this resident responded well to, to include, family engagement, going to see matches being played, and sensory stimulating day trips.

Judgment: Compliant

Regulation 6: Health care

Residents with assessed health care needs, had the arrangements and supports in place to support them with this aspect of their care. Resident were supported to

attend medical appointments as scheduled, had access to the allied health care professionals that they required input from, and regularly visited their GP for review. There was a particular emphasis on epilepsy management, with staff clearly informing the inspector of the specific care and support required to be given to residents. Protocols were in place for this, and staff were maintained up to date with regards to any changes to residents' health care status.

Judgment: Compliant

Regulation 7: Positive behavioural support

In response to the assessed needs of these residents, there were some restrictive practices in use so as to ensure their safety. These related to lapbelts, chest harnesses, bedrails and bumpers. The provider did have a process in place for the involvement of allied health care professionals in the decision for these to be used, and ensured that they were subject to regular re-assessment and review.

Judgment: Compliant

Regulation 8: Protection

The provider did have procedures in place to guide staff on how to identify, respond, report, and monitor any concerns relating to the safety and welfare of these residents. A few months prior to this inspection, some safeguarding concerns had arose, which were responded to effectively by the provider. At the time of this inspection, all staff had up-to-date training in safeguarding, and there were no active safeguarding concerns in this centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Macotar Lodge Services OSV-0001506

Inspection ID: MON-0043865

Date of inspection: 9/Apr/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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A full review of regular medicines dispensed is being completed. The drug identifier chart has been updated to reflect all medicines dispensed within this designated center. The Individual Medical Administration Record has been reviewed by the prescribing GP to ensure that the dosage and maximum dosage of medication to be administered is clear to all staff administering. All protocols to be reviewed. Protocols to be reviewed to clearly reflect, when as required medication is to be administered, the timeframe for administration and contraindications to be considered.	

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 29(4)(b)	The person in charge shall 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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/Jun/2026