



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

Issued by the Chief Inspector

Name of designated centre:	The Lodge
Name of provider:	Corlann
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	18 March 2026
Centre ID:	OSV-0004826
Fieldwork ID:	MON-0044684

About the designated centre

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

This designated centre is operated by Corlann, and can provide residential care for up to two male and female residents, who are over the age of 18 years, who have a disability. The centre is located within a town in Co. Clare and comprises of one single storey property, that has a main house aspect to it, and also has one apartment area. Residents have their own en-suite bedroom, and access to kitchen and dining facilities, living area, and bathrooms. There is also a courtyard that these residents can access, if they so wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 March 2026	08:30hrs to 15:00hrs	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. The day was facilitated by the person in charge, and feedback was attended by one of the senior members of management. The inspector also got to meet with a social care worker, and with both of the residents that live at this centre. Overall, this was a positive inspection where many examples were found of where care and support was being provided to a high standard. There were some improvements required to aspects of fire safety and governance and management, which will be discussed in more detail later on in the report.

The centre comprised of a large bungalow house located within a town in Co. Clare. This house was home to two residents who had lived there for a number of years, and got on well living together. In the main aspect of the house, there was one en-suite resident bedroom, a shared bathroom, staff office, staff bedroom, toilet, utility, and open plan kitchen, dining and living area. One resident had their own apartment area, that was connected to this main building, where they had their own entrance hallway, en-suite bedroom, and spacious kitchen and living area. The house was well-maintained, very clean, bright and spacious. Lots of homely touches had been added through soft furnishings and personal touches, with each resident having decorated their own bedroom areas as they wished. For the purpose of fire evacuation, both residents had an additional fire exit in their bedroom. Due to the mobility needs of one of these residents, the provider had sought the input of occupational therapy back in August 2024, who made various recommendations about the design and layout of certain aspects of this centre, so as to support the safety and mobility needs of this particular resident. Although the provider was proactive in implementing these, one recommendation relating to ramps hadn't been completed, which will be discussed again later on.

The two residents were presenting well at the time of this inspection, and were enjoying getting out and about very regularly. They primarily required staff support in relation to their identified health care needs, falls management, social care, positive behavioural support, and with some minor aspects of their personal care. They were supported by a well-established staff team, who knew them and their assessed needs very well. Two staff were on duty during the day, with a sleepover staff in place at night right through until 10am every morning. This was working well at the time of this inspection, but due to the known assessed needs of these residents, this arrangements was kept under very regular review by local management.

Upon the inspector's arrival to the centre, they were met by the social care worker, who had been on sleepover duty. They were supporting one of these residents with their personal care, and the second resident was already up and about, and was finishing off their breakfast in the kitchen. The inspector spent a bit of time with this resident, who had a very keen interest and flare for art and craft work. They

brought the inspector into the living area, where staff had set up a specific art and craft station for them. This area was very cleverly designed, and provided the resident with a lot of storage space and display areas for their wool, decorative beading, paints, and other utensils. Additional lighting has also been provided to this area, which the resident was able to turn on themselves to show the inspector previous work they had completed. They were in the process of making a new knitted throw and told the inspector they were planning to use white and purple wool. They spoke of how they attended various jewellery and art and craft courses each week, and had just finished a mosaic tile art piece, that they showed the inspector a photograph of. They had their own mobile phone, and spoke of how they relied on it to log their plans and outings for the weeks ahead. They showed the inspector how they recorded planned visits home to see family, various days they were scheduled for day services, and the days they were to attend their various courses. They also spoke of their new job in a local hotel, and how they were very much enjoying this. They also showed the inspector their new electric armchair, which had been purchased for them. They demonstrated how they used the remote to recline, and said it was very comfortable. They also brought the inspector down to see their bedroom, where they had a low-low bed, that they were also able to independently use. Soon after, they were collected by day services and headed off for the day. The second resident briefly greeted the inspector, but didn't engage directly with her. This resident also had a keen interest in arts and crafts, and was very much interested in rug making. They were also heading out for the day to a knitting group, and headed off early that morning.

Due to the busy social lives of these two residents, given the structure of their mid-week schedules, the centre typically closed from 10am in the morning, and re-opened in the afternoon once the residents returned. One of them did take a day off during the week, and liked to get their post organised on that day, generally bought the RTE Guide, and did their laundry. At weekends, residents maintained their social outings, and liked to go out for coffee and lunch, one of them went home to family every second weekend, went shopping, did the grocery list with staff, one of them loved a lie on at the weekend, sometimes went to the cinema, and were also just as happy to spend time at home to rest. One resident was involved in a local religious group, and along with attending mass each Sunday, their involvement in this group had provided them with many new opportunities. For example, they were now involved in the choir, and also went to Lourdes and Knock with this group, with the support of staff. Personal goal setting was important in this centre, and staff held key-working meetings with residents to decide upon what goals they wanted to work towards. Staff were vigilant in planning for these, and in ensuring residents were adequately supported along the way.

Fundamental to how this centre operated was the staffing arrangement that was in place. Due to the particular assessed health care and falls management needs that these residents had, they needed consistency in care, which was very much provided to them. Staff had supported these residents for a number of years, and were very proactive in identifying various trends and patterns to inform better and safer care for them. The resident that the inspector did speak with, spoke fondly of staff, and mentioned different staff members that they associated various activities with. In advance of the provider's recent annual review of this service, they sought

written feedback from both residents. One of these forms was reviewed by the inspector, which gave positive feedback in terms of staff support, living environment, meals and mealtimes, and the care they received.

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

Capacity and capability

This was a well-run and well-managed centre, that ensured residents' were receiving a high quality of care and support, in accordance with their assessed needs. While the provider was found to be in compliance with most of the regulations they were inspected against, there were some improvements required to aspects of governance and fire safety.

There was a well-established local management team in place for this service, and the provider had also ensured that the centre was adequately resourced to meet the needs of these residents. The person in charge held the overall responsibility for the service, and had regular meetings with their staff team to discuss and review of residents' care and support arrangements, along with any other business. They also maintained regular contact with their line manager to review operational matters. Six monthly provider-led visits were happening in line with the requirements of the regulations, and were in the process of review so as going forward, to allow for a more focused review of specific aspects of care and support relevant to that delivered in this centre.

There was regular oversight maintained of the staffing arrangement, which was primarily a female staff team which was working well in this centre. Due to particular assessed needs of both residents, continuity of care through staffing was recognised by the provider as being a very important aspect of this service, and they had ensured that this was being sustained for these residents.

While this provider was found to be responsive to both the needs of these residents and to the operational needs of the service delivered to them, their response to a particular recommendation made to them around the entry and exit points of this centre, in respect to one resident's assessed needs, did require review.

Regulation 14: Persons in charge

The person in charge held a full-time role, and was regularly present each week at the centre to meet with the residents and their staff team. They knew the residents' needs very well, and were also familiar with the operational needs of the service

delivered to them. They did have responsibility for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to fulfill their managerial duties in this centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring that an adequate number and skill-mix of staff were at all times on duty. It rarely occurred where relief staff were required to provide additional cover, and when it was needed, only familiar relief staff were allocated for duty. There was a planned and actual roster in place, which clearly identified each staff member and their start and finish times worked. At the time of this inspection, the provider was in the process of recruitment, with a clear induction programme in place for any new staff member.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was maintained under regular review, to ensure each staff member had received the training they required to carry out their duties. Where refresher training was required, this was scheduled by the person in charge. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Although there were aspects of this centre's governance and management arrangements that were working very well in this centre, improvements were required in relation to the provider's response to recommendations made in relation to this centre, following an occupational therapy assessment that was conducted in August 2024.

This assessment was primarily sought to review the general living environment of a resident who had assessed mobility needs, and who also required regular falls management interventions. The outcome of this assessment resulted in multiple recommendations being made, which the provider had implemented, all bar one.

The outstanding recommendation was in relation to the adjustment of the gradient of external ramps, so as to ensure the safety of this resident when utilising entry and exit points. The resident who this recommendation was intended for could mobilise independently around the centre; however, when exiting and entering the house, they did need the support of a staff member to safely walk over these ramped areas. At the time of this inspection, the provider did not have any work-plan in place for the completion of these works, had not updated risk assessments with mitigation measures that were to be implemented, and had not identified within their last three provider-led visits that these works were still outstanding, so as to include within the action plans from these visits.

Judgment: Substantially 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 of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Residents' enjoyed a good quality of social life in this centre, that was very much supported by the arrangements the provider had in place with regards to staffing and transport. Residents' own individual interests and preferences were very much known and respected by this staff team, with the layout and design of this centre, providing residents with the choice to spend their time together and independent of one another, if they so wished.

Fire safety was often discussed with both residents, and each had their own fire exit in their bedroom. Fire drills were occurring, demonstrating these residents could be evacuated in a timely manner, with a minimum staffing drill scheduled to occur subsequent to this inspection. Fire detection systems were installed throughout the house, and all fire exits were maintained clear from obstruction. Prior to this inspection, the person in charge identified some maintenance works were required to the outdoor pathways leading from a number of fire exits to the fire assembly point, and had raised this with the provider to address. Residents did have a good understanding of the fire procedure; however, there were some aspects of fire safety that did require further review by the provider.

The assessed needs of these two residents were well-known by staff, particularly in relation to epilepsy and falls management. There was regular involvement from

allied health care professionals when needed, and effective systems were in place with regards to assessment and personal planning, ensured supporting documentation was subject to on-going review. Risk management was also another aspect of this service that was working well in ensuring residents were maintained safe, with various risk assessments also subject to on-going review and updates.

Personal goal setting was an important aspect of this service, that staff took great vigilance in, with regards to planning goals in consultation with both residents, and ensuring robust action plans and progress updates were maintained around residents' progression towards achieving these. Of the records reviewed by the inspector, these were found to evidence very regular reviews, and clear involvement of both residents which had lent this process to being very much resident-led and driven.

Regulation 13: General welfare and development

The provider had ensured that these residents had regular opportunities to get out and about to engage in social activities, in accordance with their own wishes and personal preferences. These residents preferred routines were well-known by staff and well-documented, and every effort was made to ensure that they often got to attend classes and courses, to go to day-services, and to get out and about in the community. One resident had been supported to secure employment in a local hotel, and was enjoying this. Both residents were also supported to maintain regular contact with family and friends, as well as maintaining links with their local community.

Judgment: Compliant

Regulation 17: Premises

The design and layout of this centre, provided both residents with a homely living environment, that gave the space to spend time together, or independent of each other, as they wished. The centre was very well maintained, was spacious and bright, clean, and warm. Where repair and maintenance works were required from time to time, the provider had a system in place for this to be quickly reported and addressed.

Judgment: Compliant

Regulation 26: Risk management procedures

The identification of risk in this centre was largely attributed to the regular presence of management, on-going engagement with staff about residents' care and support needs, and also through the centre's incident reporting system. Where risk was identified, it was responded to quickly so as to ensure the safety and welfare of these residents was maintained. Any new control measures were promptly communicated between all staff, and implementation overseen by the person in charge. The risks associated with each of these resident's care were well-known, particularly in relation to epilepsy and falls management. There were multiple risk assessments in place in this centre, to include a risk register that was maintained for the oversight of operational risks, all of which were in the process of review by the person in charge at the time of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did have fire safety precautions in place in this centre; however, some of these required additional review, to include:

- Upon a walk-around of the centre, it was identified that some fire doors were not closing properly. Although the person in charge took immediate action to have this addressed, the frequency of how often fire containment checks were being carried out, did require review to ensure these were effective for this centre
- Provision of emergency lighting had not been made to the side of the house where both residents' fire exits from their bedrooms were located
- The fire procedure for the centre required review to ensure it better informed on the specific action to be taken by staff, in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were effective systems in place for the re-assessment and personal planning of residents' needs. Residents were supported to be involved in this process if they so wished, and it was clear from the documentation reviewed by the inspector, that these were often updated in line with any changes required. Personal goal setting was completed with each resident, with key-working meetings held to decide with residents what goals they wanted to choose, and also to monitor for the progress made towards achieving these. Progress records gave very clear account of how residents were getting on, noted any barrier and challenges that had impacted goal attainment, and of how residents overcame these.

Judgment: Compliant

Regulation 6: Health care

Where residents' had assessed health care needs, the provider ensured that suitable arrangements were in place to support them with these. Residents had access to a wide variety of allied health care professionals, and staff were at all times available to support them to attend medical appointments. Epilepsy management was a fundamental aspect of the health care provided in this centre, and staff were very aware of their role and responsibility in support residents with this particular health care need. Although there was much documentation in place supporting this, aspects of the personal plan did require additional review, so as to provide better description around the specific seizure types that residents may present with, so as guide on staffs ability to clearly distinguish between these. This was brought to the attention of the person in charge, who was making immediate provisions for a review of these documents to be completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support was very much promoted in this service, and a behaviour support specialist was available to the centre, as and when required. Residents who did require this type of care and support, were supported by a staff team that knew them well, and daily positive interactions that these residents needed were well-documented. At the time of this inspection, there were no restrictive practices in use.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to recognise, report, respond to, and monitor for any concerns relating to the safety and welfare of residents. All staff had up-to-date training in safeguarding, and at the time of this inspection, 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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	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 The Lodge OSV-0004826

Inspection ID: MON-0044684

Date of inspection: 18/03/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A risk assessment has been developed in relation to the outstanding occupational therapy recommendation regarding the installation of ramps with the appropriate gradient. The risk assessment outlines the current control measures in place to mitigate risk to the resident pending completion of the required works.</p> <p>The outstanding action has been escalated to senior management, and a formal work plan is being progressed to address the required environmental modifications. A defined timeframe for completion will be agreed and monitored.</p> <p>The risk assessment has been added to the centre’s risk register and will be subject to ongoing review by the Person in Charge.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review of the fire safety arrangements within the centre has been completed following the inspection.</p> <p>A structured fire safety check system for fire doors has been implemented and is now taking place daily in order to monitor the effective functioning of all fire doors. Any identified issues will be promptly reported and addressed through the provider’s maintenance system.</p> <p>A review of emergency lighting provision to the rear of the property has been completed following the inspection. Existing emergency lighting is in place at the rear of the property, adjacent to the residents’ bedroom fire exits. This was reviewed with the centre’s fire servicing contractor, who confirmed that there is an appropriate level of illumination to support safe evacuation from this area. Existing faulty lighting was replaced on 25/03/2026. The existing emergency lighting system will continue to be included in routine quarterly servicing and maintenance checks. Additionally, the provider will ensure that the adequacy of emergency lighting for all escape routes is reviewed as part of regular fire safety audits and provider-led visits.</p>	

The fire procedures for the centre have been reviewed and updated by the Person in Charge on 30/03/2026. These now clearly outline the specific actions required of staff in the event of fire.

The Central Emergency Evacuation Plan has been updated and is displayed on the notice board in the staff office and copy attached to the Emergency Procedures by the front door. Accessible evacuation information is available for the residents in the main house and apartment.

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 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	31/07/2026
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/03/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/03/2026
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the	Substantially Compliant	Yellow	30/03/2026

	event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
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