



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

Issued by the Chief Inspector

Name of designated centre:	No.2 Brooklime
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 February 2026
Centre ID:	OSV-0005129
Fieldwork ID:	MON-0040579

About the designated centre

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

A full-time residential service is provided in this designated centre for a maximum of nine male adults. The designated centre comprises of two houses, less than one kilometre apart, on the outskirts of a town outside Cork city.

One house is a detached bungalow where up to five residents can live. The other house is a detached, dormer-style house which can provide residential supports for up to four adults. Although they are in the same designated centre, the two houses are run separately with each assigned a social care leader and staff team. The person in charge has governance, operational management and administration responsibilities for both houses. The centre is staffed at all times with staffing levels varying based on the number of residents present and their support needs.

Residents in the centre have been diagnosed as functioning in the range associated with moderate to severe levels of intellectual disability, and may including those who are autistic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 February 2026	09:30hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform the renewal of the registration of the designated centre. The overall findings of this inspection found that the residents in this respite were receiving a good quality and person centred service. The designated centre is currently registered for nine residents, but with the latest application that had been submitted to renew the registration of the designated centre the registered provider was looking to reduce this to eight residents. This would enable one of the two homes of the designated centre to have a second sitting room. The two homes were located close together on the edge of a town.

The inspector met with three residents in the first home that was visited. One resident chatted with the inspector while they were having their breakfast. This resident spoke about their day service and how they were going to do exercise classes that day. They also spoke about how they enjoyed spending time with their family particularly at the weekend. Another resident came into introduce themselves to the inspector before they went off to their day service. Another resident was met at the door who was heading out with staff. The residents met said how much they liked their home. Another resident was met during the visit to the second home. They had returned from their day service. They chatted about their day service and were discussing that they used their tablet device for taking pictures and videos. They showed the inspector a video of a social event they had attended. This resident also spoke happily about the music sessions that were being held in the house regularly. This resident was heard chatting to staff and having tea with them and enjoying their company. The other residents were out for the day and were not met by the inspector.

The person in charge and the staff team were met during the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interaction with the residents. The staff team were seen supporting the residents to undertake their preferred activities.

The premises was well maintained. Both houses were well decorated and had modern kitchens available to the residents. Both houses had adequate space and bathrooms for residents. Both houses had two sitting rooms which gave residents a choice of where to relax. Residents had handrails where required to help with their mobility. One room for relaxing could also be used as a sensory room for residents. Residents bedrooms were well decorated and contained items that related to residents' interest. The residents had adequate storage space for their belongings and had photographs that were important to them on display.

There were outdoor areas in both houses were well set up, maintained and could be used by residents in better weather.

As this inspection was announced, residents were given the opportunity to complete residents surveys. Seven of these surveys were completed by residents with the assistance of staff. The residents did not identify any concerns in these surveys and indicated that they liked where they lived and the staff supporting them.

The next two sections of the report present 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 the service being delivered.

Capacity and capability

There was an appropriate management structure in place in the designated centre. The person in charge was knowledgeable of the residents and their needs. There was a staff team in place with the skill mix to support the residents and were also knowledgeable of the residents' needs. The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

Documentation associated with the designated centre was current, available and under review such as the directory of residents, statement of purpose, contracts of service and the insurance cover. They met the requirements of the regulations and were reviewed in a timely manner in line with the regulations also. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. Documentation in relation to the application to register the designated centre, had been submitted and had the information required by the regulations.

It was identified that a new resident may be moving in to the designated centre in the near future. Extensive planning and work had been undertaken to ensure this move to the centre was smooth for the person, their family and the existing residents in the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations, including the statement of purpose and proof of insurance. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appointed on a full time basis. The person in charge was suitably qualified and had the relevant skills and experience required by the regulations, such as three years management experience.

It was evident that the person in charge knew the residents and their individual needs well and was working to ensure there was a person centred service in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staff skill mix was appropriate in supporting the residents. There was a planned and actual staff rota in place which showed the staffing levels available to the residents on a given day. Staff rotas for January and February 2026 were reviewed. This review showed consistent staff members and staff levels were used for the designated centre. Staffing levels match those as set out in the designated centre's statement of purpose. The staff member's working with residents during the inspection knew them well. Staff were able to discuss residents interests and the activities they liked to undertake.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured there were effective systems in place for the training and development of the staff team. The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly. The inspector reviewed the training matrix for all 29 staff working in the centre. It was evident that the person in charge was maintaining a good oversight of the training needs of the staff. Some training courses remained outstanding for staff but dates for these training sessions were scheduled in the weeks following the inspection.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. There was a schedule shown to the inspector on the day for the completion of supervision for staff members in the centre for the current year.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory of residents was made available to the inspector on the day of the inspection. This directory recorded when residents did not spend a night in the designated centre. The information required under Schedule 3 of the regulations was included in the directory for example, the name and address of the resident and their next of kin.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a suitable governance structure in place with staff members reporting to a person in charge. The person in charge had support from senior management within the organisation.

The annual review of the quality and safety of care and support in the designated centre was completed in March 2025. This annual review contained information on what the residents were undertaking in the centre such as new activities for residents and also contained highlights of the residents' year. Residents and staff members had completed surveys on their views of the service provided. These surveys reflected positively on the residents' experience in the designated centre.

The registered provider's six monthly unannounced visits were taking place every six months with the last two visits completed in June 2025 and December 2025 as required. This visits documented such actions as training oversight, which were being completed by the person in charge and the management team in the designated centre. There was an audit schedule for the year and this was being

completed in the designated centre. Audits being completed included areas such as rights restrictions, safeguarding and fire.

Staff team meetings were taking place on a fortnightly basis in the designated centre. The last staff meeting had taken place in the week preceding the inspection. Topics discussed at these team meetings included complaints, training needs and safeguarding.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a person identified to move into one houses of the designated centre. The management of the designated centre had undertaken a comprehensive compatibility assessment to ensure it was suitable for the other residents for the person to move in. The service requirements for the person was well documented and the multidisciplinary team had been involved in the potential move. The resident and their family were being consulted on the move.

The residents had individual service agreements in place for the residents which met the requirements of the regulations and were available for the residents in an easy to read format.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been reviewed in the last 12 months. The statement of purpose contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were

reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with. Positive behaviour support plans and input from a positive behaviour support specialists were in place and available to the residents.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had goals for the year created and these goals were realistic and reviewed. The information guide about the designated centre was available to the residents and had been reviewed in the last 12 months.

The premises was well maintained and was providing residents with sufficient communal and private space. The fire safety equipment in the designated centre was serviced and was in good working order.

Regulation 17: Premises

The registered provider had maintained the premises well. The designated centre was designed and laid out to meet the number and needs of residents living in the centre. There was ample communal and private spaces for the residents. The designated centre was clean and well maintained. The bedrooms of the residents were designed and decorated in a manner that reflected the interests of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide in relation to this designated centre. A copy of this guide was available to the residents in the designated centre. This guide outlined included the information required by the regulation including the services and facilities provided and the arrangements for visitors in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Staff were completing fire safety checks on a daily, weekly and monthly basis in the designated

centre. Fire doors checked during the inspection by the inspector were operating correctly.

All residents had personal emergency evacuation plans in place which were reviewed in the last 12 months. Fire drills were taking place on regular basis.

The emergency plan in the event of a fire was displayed throughout the centre. There was a fire safety overview guidance for staff and fire evacuation procedure, which identified where the residents may go and stay if the designated centre needed to be evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year. It was evident that residents were accessing psychologists, speech and language therapists and occupational therapists from the documentation in their plans.

The residents personal plans also contained information how residents like to be interacted with, how they like to communicate and how they wished to be communicated with. The residents had assessments complete to meet their health care needs and had plans in place to how these needs were being met. Intimate care plans were in place for residents to explain what support was required in this area.

Residents were active in the centre with their activities being recorded. Residents had completed annual meetings to set goals for their year. These goals had been reviewed throughout the year. Some of the residents took pictures on their own devices of activities they undertook. The residents were going on trips around Ireland visiting tourist stops and going to seaweed baths for example.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were in place for residents that required them. These support plans were reviewed periodically. These plans provided guidance to staff on how to work with the residents in this area. These behaviour support plans contained information on how to manage the residents environment and how skills could be thought to the residents to enable more positive behaviour. Residents had

support with their mental and had access to a positive behaviour support specialist when required.

Restrictive practices in the designated centre were reviewed and sanctioned by the organisation's rights committee. These restrictions were reviewed also at the local management level. Restrictions were used minimally in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The residents had easy to read documentation available to them in the designated centre and their information in their personal plan such as their likes and dislikes was available in this format also. Residents had communication devices which they used to take photographs, listen to music and to make video calls to family members.

Residents were offered choice in activities and food in residents meeting that were taking in place in the centre. Residents had a monthly meeting in each location where an easy to read news document was discussed with residents. Outings, life events and celebrations were also discussed at these meetings along with health and safety and fire drills.

The designated centre also offered sufficient communal and private spaces for the residents and with the application to renew the registration of the designated centre the residents will have access to another sitting room.

The inspector heard and saw staff treating the residents in a kind and respectful manner. The staff spoke respectfully about the residents. Residents information was securely stored in the designated 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant