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:	Hazelwood
Name of provider:	Corlann
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	02 April 2026
Centre ID:	OSV-0008554
Fieldwork ID:	MON-0041344

About the designated centre

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

This designated centre is located in Co Clare, accessible to community services including educational opportunities and day services. The three residents living in Hazelwood received supports in their home 24/7 by the staff team. The designated centre is a detached dormer bungalow. All areas on the ground floor are fully wheelchair accessible, with wide door ways and even floor surface throughout. Each resident has their own bedroom. There is a kitchen/dining room, sitting room, bathroom/shower room and utility room. The staff office and sleep over room is located on the first floor. Access to the front of the building is facilitated with a ramp. There are large garden areas to both the front and rear of the property. Residents are supported through a social model of care with staff support reflective of the assessed needs of the residents by day and night. Nursing supports was also provided to residents in their home to meet their health care needs.

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 2 April 2026	09:30hrs to 14:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre Hazelwood. This designated centre was registered to provide full-time residential services to a total of three adult residents. This inspection was completed to make a decision regarding the registered provider's application to renew the registration of the centre for a further three year cycle.

Overall, residents were provided with a good level of care and support in their home. There was evidence of effective oversight of the centre to ensure the safety of residents. However, the use of restrictive practices in the residents' home, and to support them to receive medical care required review to ensure it was the least restrictive measure, and it respected the rights of the residents.

The residents living in Hazelwood at the time of this inspection had lived in a campus-based setting before their transition to Hazelwood. The residents' home was a two-storey home in a rural location near a small village. There were two sitting rooms, a kitchen/dining room, a utility room and four bedrooms located downstairs. Residents had restricted access to the upstairs of their home where the centre's office, a bathroom and a store room were located. The residents also had restricted access to the utility room where the centre's kettle was stored.

Despite the restricted access to areas of the centre, it was observed to be warm, comfortable and suitably decorated. Photographs of residents, their families and friends were on display throughout their home. This included photographs from hotel breaks, picnics and concerts attended by the residents. Each resident had their own private bedroom which was decorated to a high standard with soft furnishings chosen and purchased by the residents to personalise their rooms. A large garden was also located to the back of the residents' home however, residents had restricted access to this area.

Residents were supported by staff each day to engage in activities and events that they enjoy. Staff noted that residents regularly access a 'hub' which was located on the campus-setting they had lived in prior to their move to Hazelwood. Staff spoken with noted that the residents met with friends and staff they knew while there. On the day of the inspection, residents went for a walk in a local scenic area. Staff noted that one resident in particular loved the outdoors and this was important for them. Photographs in the residents' home showed that the resident was regularly supported to engage with nature and the outdoors.

Residents living in Hazelwood were non-verbal communicators. Although the inspector could not seek the views directly from the residents about what life was like in their home, they spoke with the three staff members on duty, observed interactions between residents and staff and reviewed documentation. Three questionnaires had also been completed by residents and their representatives

about the care and support they received in their home as part of the inspection. All of the feedback provided was positive.

Residents were observed to use gestures, vocalisations and body language to communicate their wishes and preferences. When one resident vocalised, staff knew this meant that the resident did not want to have their dinner and they were provided with an alternative option.

Staff spoken with noted that residents presented as relaxed and content since moving to Hazelwood. Increased space was available to the residents in their home and staff noted this had a positive impact on them. Residents were supported to welcome visitors into their home with family and friends visiting regularly. Staff spoken with also noted that a resident who used to live beside the residents in their previous home often visited for tea. At all times, respectful supports were provided to residents by staff on duty. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

Hazelwood was registered as a designated centre in August 2023. This centre provided supports to four residents while their home (which was part of another designated centre run by the organisation) was undergoing renovations in 2024. Following the completion of the renovations, these residents transitioned back to their newly renovated home. Following this, the registered provider submitted an application to reduce the number of residents who would live in Hazelwood to three. In 2025, the three residents met with on this inspection day moved into their home where they received full-time residential supports.

It was evident that the registered provider had demonstrated a high level of compliance with the regulations during the centre's registration cycle. Residents living in Hazelwood had been supported to move from a campus-based setting having lived there for many years. It was evident that efforts had been put in place to ensure residents were supported with this transition to their new home. It was evident that the environment was decorated to a high standard.

Staff spoken with throughout the inspection day felt well supported by the management team in the centre. It was evident that staff members could raise any issues or concerns through the supervision process, or as they arose directly with management. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the registration of the designated centre had been completed in a timely manner. This included the submission of prescribed information and the payment of the required fee.

Judgment: Compliant

Registration Regulation 8 (1)

The registered provider had ensured that a full application to vary the conditions of registration of the designated centre had been completed in 2024. This ensured that the centre would meet the assessed needs of the three residents who moved to the centre in 2025 by reducing the capacity of the centre from 4 to 3.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. The person in charge commenced this role in November. This person worked full-time and it was evident from a review of documentation that they held the necessary skills, qualifications and experience to carry out the role. The inspector also met with the person in charge on the day of the inspection. It was evident from discussions that they had effective oversight of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. The inspector reviewed the training records of 18 staff and found that all staff had been supported to receive the following training;

- Fire safety
- Management of behaviour that is challenging
- Safeguarding
- Manual Handling

- Infection prevention and control
- Children's First.

The inspector also reviewed evidence that 22 staff had received supervision with management in the centre in the previous three months.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. Residents were supported by three staff each day. Two waking staff provided supports to residents at night. Night staff reported to a night manager who reported into one person in charge in the organisation each day. It was also noted that the person in charge completed unannounced visits to the centre at night each quarter where they met with night-duty staff.

Auditing was carried out by the person in charge and the staff team to ensure effective oversight and monitoring in the designated centre. This included unannounced six-monthly visit reports completed in April and October 2025. In addition, an annual review of the service provided to residents had been completed in March 2026. This review was comprehensive in nature, and it identified actions and areas for quality improvement.

Monthly reviews of accident and incidents reports were completed by the person in charge. Findings and learning from such events were discussed at individual weekly resident meetings and monthly staff team meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that it outlined the specific care and support needs for residents living in Hazelwood.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had ensured that the Chief Inspector had been provided with notice in writing within three days of adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre's incident report records from 01 January to 01 April 2026. This review noted that the incidents recorded had been notified as required. It was also noted that no allegations of a safeguarding nature of serious injuries to residents had occurred during this time.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. Despite the need to review restrictive practices in the centre, it was evident that residents were supported in line with their assessed needs to ensure their safety. It was evident that residents were supported to maintain friendship and connections with those they knew from the campus-based setting they had lived in for many years. It was also evident that supports were being provided to establish local links in the residents' new community.

Staff spoken with were aware of the assessed needs of residents and their goals. It was evident at all times that supports provided to residents were provided in a kind and respectful manner. It was also observed that staff had an awareness of residents' safety and the measures in place to prevent risk or harm to residents.

It was evident that there was suitable storage of medicines in place. Residents' medicines were stored securely in a locked cabinet in their home which was accessed by nursing staff. Staff recorded the dates liquid medicines were opened and should be disposed of to ensure residents' safety. None of the medicines reviewed by the inspector were observed to be expired. However, some inconsistencies were observed as to when one resident should receive a specific medicine.

Regulation 10: Communication

Residents were supported to communicate in line with their assessed needs. Residents' personal plans included information about residents' communication styles. This included how residents may present when experiencing pain. For one resident, it included a list of words and vocalisations that one resident may use and what this means for them.

One resident had been supported to develop a goal to ensure they were assisted to communicate their wishes. Support had been sought from the resident's speech and language therapist and staff training was due to take place after the inspection.

Judgment: Compliant

Regulation 11: Visits

Staff spoken with noted that residents were supported and facilitated to have visitors if they wished. A visitors log was available in the centre, and the inspector was requested to sign this on arrival to the residents' home. There was also evidence in residents' files where family contact such as visits and phone calls were documented.

There was sufficient communal and private space for residents to spend time with family and friends when they visit.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was designed to meet the number and assessed needs of residents. Management had sought the support of an organisation for persons who are visually impaired to ensure the centre was accessible to meet the assessed needs of one resident. This assessment was completed before the resident moved to Hazelwood to ensure the centre was suitable to meet their needs.

The ground floor of the residents' home was fully accessible from a mobility perspective. However, it was noted that residents did not have full access to some areas of their home and garden. This is discussed under regulations 9, residents' rights.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect to the designated centre. This guide included the information required under this regulation to include a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were prescribed by their general practitioner (G.P). The dose, route and time of administration was documented on the residents' medicines prescription records to guide staff on the administration of medicines as each of the three residents required support from staff with this. One resident had a protocol in place to ensure they received a specific medicine if they presented with seizure activity over a specified period of time. However, it was noted that the resident's medicines prescription record stated that the resident also received this medicine should they present with three or more seizures of a different type. This was not documented on the protocol for this medicine which meant the guidance for staff was not consistent. This required review with staff on duty noting that they were going to contact the resident's G.P on the day of the inspection to have this rectified.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had been supported to develop goals in line with their needs and interests. Staff spoke about one resident's goal to visit sensory rooms to identify what sensory items they may like in their new home. Another resident who was described by staff as an animal lover was being supported to re-engage in equine therapy with plans for this to be completed at their home in Hazelwood. Photo-books had been developed to record resident's engaging in events and achieving their goals. The pictures of residents included shopping for items for their home, birthday celebrations, using their bank card to purchase items and enjoying the sunshine.

Multi-disciplinary support was provided to residents on a regular basis. This was provided by a team of allied health and social care professionals including social workers, G.P's, speech and language therapists, occupational therapists, physiotherapist, nursing staff and psychologists.

Judgment: Compliant

Regulation 6: Health care

Healthcare plans were developed to support the healthcare needs of residents. Residents were supported by staff to attend medical appointments and records of these appointments were documented in their personal file. Health records including weight records were also documented. It was also evident when a resident declined blood pressure checks that this choice was respected.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each of the residents had been supported to develop a positive behaviour support plan. This included details to ensure staff were guided on how to support the residents, in line with their assessed needs. For example, one resident's plan identified that they should be facilitated to leave social situations as soon as they indicate that they would like to leave. One-to-one staffing and individualised transport was provided to the resident to ensure this request could be facilitated at all times.

Judgment: Compliant

Regulation 9: Residents' rights

It was observed that residents had restricted access to areas of their home. This included access to the back garden, a utility room and the upstairs of their home. However, from a review of the documentation relating to restricted practices, it was not evident that these measures were the least restrictive. For example, staff noted that the rationale that residents could not access their back garden was due to road safety concerns. However, it was observed that there were two gates that could be locked at each side of the back garden to prevent residents' access to the road. It was not evident that this had been considered in the documentation reviewed.

Restrictive practices were also used to support a resident to receive medical care such as wound cleaning, immunisations and an x-ray. This included the use of physical and chemical restraint. Staff spoken with noted that they determined that these restrictive practices were in line with the resident's will and preference. The documentation relating to these procedures noted that they may be used due to the resident's 'reluctance' to participate in health interventions. The documentation recording these restrictive practices did not outline that the resident had been informed of the medical interventions, or the restrictive practice prior to their use. It also did not include if the resident had displayed through gestures or vocalisations whether their will and preference for such procedures had been determined. Therefore, it was not evident that the resident participated in, or consented with supports provided in accordance with their wishes. It was noted that there were plans for the organisation's human rights committee to review the restrictive practices in place for this resident after the inspection had taken place.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 9: Residents' rights	Not compliant

Compliance Plan for Hazelwood OSV-0008554

Inspection ID: MON-0041344

Date of inspection: 2/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: 02/04/26 GP contacted regarding protocol for medication to be administered for seizure activity. • 03/04/26 Protocol updated to guide staff on the administration of medication for seizure activity. • 03/04/26 Epilepsy care plan updated and all staff have been informed.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • 4/04/26 Meeting held with Assistance Director of Nursing and the maintenance dept to review keypad access to the designated centre. • 12/04/26 The keypads to the side exit to the garden have been deactivated so residents can access the back garden area. • 12/04/26 Restrictive practice document updated to reflect the removal of this restriction. • 12/04/26 Meeting with Clinical Nurse Specialist. An appendix to be included in the clinical hold document has been developed for staff engaging in a physical restraint outlining that the resident has been informed of the medical intervention and how their will and preference was determined. • 30/04/2026 The Human Rights Committee reviewed all restrictions for the resident. Report to be sent from the Committee with recommendations by the 15th May.	

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	3/Apr/2026
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and	Not Compliant	Orange	31/May/2026

	consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	12/Apr/2026