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:	Drombanna
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	27 July 2026
Centre ID:	OSV-0002652
Fieldwork ID:	MON-0050901

About the designated centre

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

Drombanna consists of a detached two-storey house located in a small housing development, in a rural area, but within a short driving distance of a city. It also consists of an apartment located within a residential apartment complex, in the same city. The centre provides full-time residential support for a maximum of five adult residents. The two-storey house can support four residents and one resident lives in the apartment with staff support. The centre can provide services for residents with intellectual disabilities and autism. All residents have their own bedrooms, while other facilities in both the apartment and the house include bathrooms, sitting rooms/lounges, kitchens and staff rooms. Residents are supported by a team comprised of the person in charge, team leader and care workers by day and night.

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
Monday 27 July 2026	14:00hrs to 18:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced risk inspection, completed to monitor the provider's compliance with specific regulations and to inform the decision to renew the registration of this designated centre. This centre was previously inspected in April 2026 and January 2025 as part of the current registration cycle. The findings of the inspection in April 2026 resulted in the provider being issued with an urgent action regarding Regulation 16 Training and staff development. There were significant findings during that inspection that required a warning meeting to be held with the provider on 26 May 2026. The provider's response to the findings of the April 2026 inspection were outlined in the provider's compliance plan response submitted to the Chief Inspector of Social Services on 17 June 2026. The purpose of this inspection was to determine if the provider had adequately addressed the issues identified and progressed with the actions as outlined in the compliance plan response.

It was evidenced during this most recent inspection the provider had ensured increased oversight and governance as outlined in the compliance plan to address areas where previous non-compliance had been identified. This included ensuring a review of the required staffing resources to support the assessed needs of the current residents, increasing the number of staff employed in the designated centre and providing staff with training in areas necessary to support the residents for whom they were working with. The staff team working in the designated centre were providing a good quality of service to the residents and the overall findings of the inspection were positive.

On arrival at the main house there were no residents present. The inspector was informed by the person in charge that one resident was being supported by staff in hospital after becoming unwell in the days prior to the inspection. The person in charge outlined the investigations that were planned and had been completed to date and the medical team that was leading the resident's plan of care.

The inspector did not visit the apartment which is also part of this designated centre where another resident lived during this inspection. However, the inspector was informed that the resident was being supported by residential staff to attend medical appointments in recent months which was working well for them. The staff spoken to were aware of challenges that were being experienced by the resident recently and outlined the ongoing supports available from allied healthcare professionals.

The inspector met two residents in the afternoon once they had returned from their day service and completed their usual routine. The inspector was introduced to one resident in the sitting room were they were watching television and enjoyed a hot drink prepared by a staff member. Staff spoken too outlined a number of different activities that the resident had recently enjoyed during the warm weather which

included swimming in the sea with the resident reported to appear to enjoy the sensation of the water.

The second resident was asked by the team leader if they would like to meet with the inspector before they left for a planned activity in the evening. The resident agreed to speak with the inspector in their sitting room which was located upstairs in the main house. The resident stated they had a good day at their day service. They were looking forward to a social outing with a staff member and wished to complete a jigsaw that they were working on prior to leaving the designated centre.

The inspector met with the person in charge and team leader during the inspection. Both provided updates on actions to date since the previous inspection. All documentation requested for review by the inspector was provided during the inspection. The inspector also spoke with two other staff who were supporting the two residents in the evening in the main house of the designated centre. One had worked for many years with the provider and in the designated centre and the other staff had commenced working in the weeks prior to this inspection. Both were observed to be aware of the preferences and routines of the residents for whom they were providing support. One staff outlined the benefit for the residents having regular staff supporting them, which included consistent approaches with daily routines as well as supporting the residents to enjoy activities such as swimming and attending sporting fixtures regularly.

In summary, there was evidence that residents were being consistently supported to engage in activities of their choice which included group activities and individual meaningful activities. There was a core staff team available to support the residents, new staff had been provided with induction and training in recent months. Follow up appointments had been completed for three of the residents with dental services. The progression of review by an occupational therapist and speech and language therapist were provided by the person in charge. The provider had ensured the designated centre was supported to address the issues outlined in the April 2026 inspection report.

The next two sections of this report will 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 provided.

Capacity and capability

The focus of this inspection was to review the progress made to date by the provider to address the issues identified in the April 2026 inspection and the effectiveness of the actions outlined by the provider to the Chief Inspector. Overall, this inspection found progress in relation to the previous inspection findings were being made to ensure effective care and support was being provided to the

residents from a consistent core staff team in recent months. The provider demonstrated that the actions outlined to the Chief Inspector following the April 2026 inspection had been addressed. This included regular meetings taking place during May, June and July 2026 by a specific governance group that had been established by the provider after the April 2026 inspection to address the concerns raised regarding this designated centre.

The inspector reviewed the meeting notes of these meetings and noted that senior managers were present at all of the meetings and supports from other departments where identified as being required were also present. Details of actions were evidenced to be completed or there was ongoing monitoring documented. The inspector was informed all reports and updates were being sent to the provider's governance board and there was ongoing monitoring on the provider's tracking system of all of the actions outlined to the Chief Inspector.

While some core staff were still working additional shifts, the extent of the additional hours had reduced in recent weeks. The ongoing recruitment and induction of new staff had supported this and the planned rotas for the weeks after the inspection evidenced that the requirement for core staff to work additional hours would be further reduced. The person in charge outlined the recruitment of staff that had taken place following the inspection. There were five new full-time staff employed, two of these were to complete their pre-employment training in the weeks after this inspection. Two staff, that had been working in the designated centre and were familiar to the residents, had increased their contracted hours.

The staffing resources available to support the residents both in their home and in the community were outlined to the inspector. This included an additional staff resource in place at weekends to provide support when two residents were present. In addition, there was a decreased dependency on the use of agency staff in the designated centre. The most recent requirement for an agency staff was on 18 July 2026 to support the residents during a night shift. Another staff familiar to the residents was also present in the house during this shift. The inspector was informed there were regular agency staff requested if required who were familiar to the residents. There was also a protocol in place in the designated centre should staff on duty not know the agency staff presenting for duty. In addition, a centre specific checklist had been developed which the senior staff on duty was responsible to complete when working with an agency staff member.

An unannounced provider led internal audit had commenced earlier on the same day in the designated centre. Both auditors were present when the inspector arrived. The auditors met with the inspector during the inspection and spoke of their plan to provide the governance board with a copy of their audit findings prior to the next planned governance meeting scheduled for 13 August 2026.

Regulation 15: Staffing

The provider had reviewed the staffing resources within the designated centre following the April 2026 inspection. Recruitment for additional posts had resulted in new staff members joining the core staff team. This included one staff who had been working in the designated centre increasing their contracted hours and another moving from a relief position to a permanent role. Where vacancies had occurred in recent months these posts had also been filled. Two new staff were in the process of completing their pre-employment training at the time of the inspection.

A full review of the seven day roster had been completed with additional staff resources provided to ensure each resident was being supported with a minimum of 1:1 staffing during the day in the designated centre and in the community. A waking staff remained in place at night time to provide support to one of the current residents.

New staff who were not familiar to the resident living in the apartment were provided with opportunities to spend time with the resident while they were attending their day service so that the resident could get to know them. In addition, shadowing shifts were also scheduled in the evening time with another staff familiar to the resident in the apartment.

The local management team demonstrated the ongoing monitoring of staff working hours. There had been a reduction in unplanned leave in recent months and the requirement for core staff to fill gaps in the roster was decreasing. The inspector reviewed a selection of dates from actual rosters from 15 June 2026 and planned until 2 August 2026. There were details of appointments for residents, staff training and changes to shift patterns to facilitate shadowing by new staff when supporting residents both in their day service and in the designated centre.

The inspector was informed there had been a dependency on agency staff in the initial weeks after the inspection while awaiting new staff to complete their training when additional staff resources were put in place to support the assessed needs of the residents. No agency staff had been required to work in the designated centre since 18 July 2026., The planned roster showed staffing resources from the core staff team were currently available over the coming weeks to provide support to the residents.

The provider was found to have adequately addressed all of the actions outlined in the compliance plan response submitted to the Chief Inspector for this regulation following the April 2026 inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff working in the designated centre in April 2026 had completed the required assessments on medicines administration by 19 April 2026. This was a response to the urgent action issued to the provider during the

feedback of the last inspection. The team leader had updated the training matrix relating to medicines management to include details of which staff had completed or required two assessments such as new staff and which staff required refresher training and one assessment in-line with the provider's medicines management policy. At the time of this inspection one new relief staff member was required to complete these assessments on return from planned leave. This was clearly documented on the training matrix reviewed by the inspector.

The staff team was comprised of a person in charge, team leader, 11 care workers and seven relief care workers at the time of this inspection. The training records for the current staff team were reviewed during this inspection.

The provider had facilitated on site, face-to-face training in crisis prevention and intervention (CPI) for the staff team during May, June and July 2026.

All new staff had completed their induction and mandatory training which included safeguarding, fire safety and CPI.

The supervision records for all of the staff team had been updated to reflect supervisions that had taken place since April 2026 and supervision scheduled for the remainder of the year. This included probationary supervisions of the new staff members. The dates of supervision that had taken place for the person in charge were updated on the schedule during the inspection.

Face-to-face food safety training was scheduled to take place in September 2026 for 10 staff members.

There was scheduled training in first aid for staff members in September and October 2026. Three of the current staff team required refresher training in this area on or before November 2026 and the booked training ensured this training would be completed prior to the current training expiring for these staff.

Epilepsy awareness training was also scheduled to take place in October 2026. Two of the staff members' current training in this area was due to expire during August 2026. The refresher training for one of these staff had been booked the week prior to the inspection but due to circumstances outside of their control the staff was unable to attend on that date. The team leader advised that with the current staff resources it was possible to ensure at least one staff with up-to-date training in epilepsy training would be available at all times to support the resident.

Judgment: Compliant

Regulation 23: Governance and management

The provider had taken actions to address the issues of concern that had been identified in the April 2026 inspection and outlined in the compliance plan response submitted to the Chief Inspector.

A review of the provider's monthly audit template in the designated centre was completed and amended to ensure the person in charge completed regular review of documentation to ensure all events are reported to the Chief Inspector as required by the regulations.

There was documented evidence of regular meetings taking place of a governance group during May, June and July 2026 which had been set up by the provider to monitor this designated centre following the April 2026 inspection. Details of actions being taken, support from other departments where required, such as the training department, and responding to gaps in staffing resources were evident in the meeting notes reviewed by the inspector.

The governance group continued to monitor the progress being made to address all of the actions identified to be addressed in the designated centre.

The inspector was informed by the person in charge that the planned upgrade works of both bathrooms were scheduled to commence and progress in the weeks after this inspection. This action was not part of the April 2026 inspection findings as both bathrooms were functional but had been identified in the provider's internal audits as areas that required updating.

The inspector met with two of the provider's internal auditors during the inspection who confirmed that the provider had communicated with auditors in relation to the review of all relevant information while completing audits in designated centres. An internal audit was being completed on the day of this inspection with the audit findings to be made available to the governance group before the next scheduled meeting on 13 August 2026.

The inspector was informed by the person in charge that updates were being provided by senior management to the provider's board.

The designated centre had also been subject to an inspection in June 2026 from the Health and Safety Authority (HSA). The findings of that report were made available to the inspector to review. The recommendations had been responded to by the provider which included a review of staff training in regards to chemicals. The provider's training department was reviewing the current training and on-line modules to address this. Health and safety was added to the agenda of team meetings. A health and safety representative from the staff team was to be nominated. The person in charge provided updates on progress being made with the findings of that report to the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted the required retrospective quarterly notifications to the Chief Inspector following the April 2026 inspection.

The person in charge had ensured the required quarterly notifications for the second quarter of 2026 had been submitted as required. There had been a requirement to introduce new restrictive practices in the designated centre to ensure the safety and to provide support to one of the residents in the main house since April 2026. These were reviewed by the provider's restrictive practice committee. This included the installation of a sounder bell on the front door to alert staff if the door was opened in the main house. This was not deemed to adversely impact the other residents. A restriction to lock the front door had been considered and a social story prepared for one of the residents but this had not been required to be implemented to date in the designated centre.

The provider had ensured that a change to the person in charge monthly audit template was made to include a review of the required notifications to be submitted to the Chief Inspector.

Judgment: Compliant

Quality and safety

The findings of this inspection provided evidence that the provider had taken actions since April 2026 to ensure residents were being supported to receive care in-line with their assessed needs.

All residents were being supported with dedicated staff during the day when in the designated centre. Residents were being supported to engage in regular activities such as swimming, social outings and trips to scenic locations. Three of the residents had gone on a train to Dublin in June. Two had attended a garden festival and the other had gone to Dublin Zoo. Staff spoke to the inspector about this trip and how well it went. They felt the resident who had not gone to the garden festival this year would like the event and they hoped this would be something to attain next year for the resident.

The staff spoke of one resident getting a season ticket to attend sporting fixtures. New scenic locations had been identified which were quieter for the residents and these had been visited many times during the recent good weather. One resident had recently commenced a work placement which was described as going well.

The inspector was informed some new staff on the team were supporting residents to engage in more baking, cooking activities and making healthier meal choices. Staff also spoke of the ongoing communication between the day service staff and the residential staff to support one resident with their communication needs. Another resident who enjoyed attending a gym was being supported to meet with a trainer to develop individual sessions.

Three residents had been supported to attend allied health care professionals which included dental professionals. The assessments from an occupational therapist for two residents were being planned with a pre-assessment meeting taking place the day after this inspection. The person in charge had ensured residents' personal plans had been reviewed by the key worker for each resident. The social care leader and person in charge provided support with these reviews. The inspector reviewed sections of two residents' personal plans during this inspection. The progression of goals was documented and meaningful activities being supported regularly. Health care plans were subject to recent review and updates documented following health care appointments.

There were no obstructions to any fire doors evident during the inspection. Staff spoke of the advanced planning that had been undertaken to support one resident to stop placing a chair in front of the sitting room door, which included developing a social story. However, the resident was reported to have coped well with the change and there had been no issue since the chair was removed. A recommendation in the HSA June 2026 report to review the closing mechanism on the fire door separating the apartment from the main house was in progress at the time of this inspection.

The provider had identified during internal audits in 2024 and 2025 the requirement to upgrade two of the bathrooms. The inspector was informed the works to complete these upgrades were expected to begin in the weeks after this inspection.

Regulation 12: Personal possessions

The provider ensured the personal property owned by a resident who had been discharged from the service was returned to that resident.

The person in charge also outlined progress that had been made in supporting two residents with greater access to their finances which included mobile banking facilities in recent months. Residents were being supported with the management of their finances, had their own bank cards and were in receipt of regular bank statements. The team leader outlined to the inspector the regular checks that were in place to ensure ongoing oversight of the residents' finances within the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

A review of the risk registers for both the main house and apartment had been competed following the April 2026 inspection. Two separate risk logs were created to ensure relevant control measures specific to each location were contained in the respective risk log.

There were no escalated risks in the designated centre at the time of this inspection.

Individual risks assessments for residents had been reviewed and updated where required to include new control measures. For example, the installation of a sounding bell on the front door in the main house.

Measures to support one resident who had previously placed a chair in front of the sitting room fire door preventing it from closing had been put in place. This included a social story and a trial at times of the day that would least impact the resident. However, staff outlined how well the resident responded to the change and removal of the chair. The resident could open the door back to the fullest but it was no longer restricted from closing in the event of the fire alarm activating.

An updated protocol had been developed for the staff team in the event of a resident leaving the designated centre without staff support. The guidance outlined the actions to be taken to ensure the safety of all residents at that time.

The provider had also ensured all staff were aware of the protocol/contingency arrangements to be followed in the event of unplanned staff absences. The person in charge outlined how there had been a decrease in unplanned absences since the April 2026 inspection. There were more staff resources available to fill gaps if they did arise which reduced the requirement of core staff members to work excessive hours.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The actions outlined to be taken to address the issues of concern following the April 2026 inspection for this regulation had evidence of being addressed by the provider.

Each resident had an annual assessment completed within the last 12 months.

The information regarding the fluid consumption of one resident had been reviewed and all documents were deemed to have consistent information and guidance for staff. The inspector was unable to review all of this resident's documents at the time of this inspection as they were being supported in a local hospital to address a medical condition. However, the inspector was provided with copies of updated

protocols by the team leader and person in charge which included the guidance for staff on the administration of PRN medicines (medicines only taken as the need arises) which had been reviewed on 20 April and 17 June 2026. The guidance for staff to support the resident with a known medical condition had also been updated on 21 April 2026.

All core staff had attended action plan training in April 2026. This was described as being a positive training for the team. Residents' personal goals had been reviewed with the residents and their key workers. There was documented evidence of progress taking place in the goals that were being progressed at the time of the inspection. For example, one resident had started work placement in a local garden nursery another resident was enjoying attending sporting fixtures.

All three residents who required dental reviews had been supported by the provider to attend a private dentist. The residents were supported by the staff team and appointments were adapted to suit individual residents. For example, one resident who needed to attend the hygienist was supported to attend for multiple short visits which they were able to tolerate better than a longer appointment. The hygienist facilitated this approach.

The person in charge outlined the progress made seeking occupational therapy input for two residents. There was a pre-assessment meeting planned the day after this inspection. The inspector was informed the key workers for each resident would be scheduled to be on duty when a site visit will be scheduled after the pre-assessment being completed.

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 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant