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:	Castleview
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	24 April 2025
Centre ID:	OSV-0002659
Fieldwork ID:	MON-0046946

About the designated centre

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

Castleview is a designated centre operated The Rehab Group. The designated centre provides community residential services to four adults with a disability. The designated centre consists of two houses located within a close proximity to each other in a town in County Tipperary close to local facilities including shops, pubs, banks and restaurants. The first house is a large detached two-storey house which comprises of three individual resident bedrooms, a sitting room, two activity rooms, a kitchen, dining room, a utility room, a sleepover room, a staff office and a number of bathrooms. The second house is an individualised apartment which comprises of an open plan sitting/dining and kitchen, one bedroom and a bathroom. The staff team consisted of team leaders and care staff. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 April 2025	09:45hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support. The inspection was carried out in one day by one inspector.

The inspector had the opportunity to met with three of the four residents in their home throughout the inspection as they went about their day. On the day of the inspection, one resident had left to attend their day service and was on a planned visit with family for the evening of the inspection.

The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. The inspector also spoke with three members of the staff team and reviewed records pertaining to the care and support provided in the centre and the governance arrangements in the centre. Overall, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support and enjoyed a good quality of life.

On arrival to the first house of the centre, the three residents had left to attend their day services. The inspector carried out a walk through of the house accompanied by the person in charge. The designated centre comprised of a large detached two-storey house which comprises of four individual resident bedrooms, a sitting room, two activity rooms, a kitchen, dining room, a utility room, sleepover room, a number of bathrooms and a staff office. The inspector found that the centre was decorated in a homely manner with residents' personal belongings and pictures of the residents and their family. In general, the house was clean and well maintained. However, there were some areas in need of attention including the septic tank and areas of the front boundaries which were in need of repair.

The inspector briefly visited the second house which was an individualised apartment. The resident welcomed the inspector into their home and showed the inspector their open plan kitchen and living room. The apartment comprised of an open plan kitchen and living room, one bedroom and a bathroom. Overall, it was well maintained and decorated in line with the residents preferences. For example, the TV was located at the preferred height for the resident and sensory equipment was located in the living room. The resident then communicated that they wanted the inspector to leave their home and this was respected.

Later in the afternoon, the inspector met with two residents as they returned home from their day service to the first house. The two residents appeared happy to be returning home. One resident was supported by staff to prepare for the evening and spent time in the kitchen and their bedroom. They spoke positively about living in the house and the care and support provided by the staff team. Positive interactions

were observed between the residents and the staff team. The inspector met the second resident in the sitting room as they watched TV and spent time on their tablet. They appeared comfortable in the presence of the staff team and management. As noted, the third resident was on a planned visit with family for the evening of the inspection.

In addition, the inspector reviewed four recent surveys completed by the residents to feedback on the care and support of the service to the provider. Overall, the surveys contained positive reviews on the care and support they received in the service.

In summary, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were areas for improvement in the annual review, premises and safeguarding residents finances.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs. However, some improvement was required in the annual review.

There was a defined management structure in place. The person in charge was in a full-time role and they held responsibility for two other designated centres operated by the provider. The person in charge was supported by experienced team leaders in the day-to-day management of this designated centre. There was evidence of regular quality assurance audits taking place to ensure the service provided was safe, appropriate to the residents needs and actions taken to address areas identified for improvement. However, some improvement was required in the annual review to demonstrate consultation with residents and their representatives

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records demonstrated that the staff team had up-to-date training. The inspector reviewed supervision records for a sample of the staff team and found that some staff members were overdue supervision meetings. This had been self-identified by the provider and plans were in place to address same.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place. The designated centre was operating with two staff on approved leave and this was managed by the staff team and regular relief staff. This ensured continuity of care and support to the residents.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. In the first house, the three residents were supported during the day by three staff members. At night, the three residents were supported by one waking night staff and one sleep over staff. In the second house, the resident was supported by one staff member during the day and a waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records for the staff team, it was evident that the staff team in the centre had up-to-date training in areas including fire safety, de-escalation and intervention techniques, safe administration of medication, manual handing and safeguarding. A number of the staff team had also completed training in human rights, assisted decision making and epilepsy awareness.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records it was evident that the staff team were provided with supervision. However, some of the staff team were overdue supervision meetings in line with the provider's policy. This had been self-identified by the person in charge and there was a schedule of supervision meetings planned for the rest of the year. Staff spoken with noted that they felt supported by the management systems in place.

Overall, this meant the staff team were provided with the required training and support to ensure they had the necessary skills and knowledge to support and respond to the needs of the residents and to promote their safety and wellbeing.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was also responsible for two other designated centres operated by the provider. The person in charge was supported in their role and the day-to-day management of the centre by experienced team leaders.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2024. While the annual review demonstrated consultation with one representative as required by the regulations, it did not demonstrate comprehensive consultation with the residents on their views on the care and support provided in the service. The system for capturing the consultation with residents and their representatives required review. The provider had completed six-monthly unannounced provider visits to the centre carried out in May 2024 and November 2024. In addition, local audits were being completed in areas including restrictive practices, finances and medication. These audits ensured that the service was safe, meeting the needs of the residents and meeting the requirements of the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents in a safe and homely environment. However, there were areas for improvement identified in safeguarding residents finances and the areas of the premises in need of attention.

The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents personal, social and health needs. The personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their assessed needs.

The inspector found that the service provider had appropriate and effective systems in place to keep residents safe. However, the previous inspection found that the arrangements in place for the general oversight of residents finances required improvement. While the provider demonstrated actions had been taken including an update to the provider's policy on residents finances and a review of each residents financial arrangements, further work was required to ensure that residents finances were safeguarded.

Regulation 10: Communication

The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. Each residents' communication needs were outlined in their personal plans which guided the staff team in communicating with the resident. The staff team spoken with demonstrated an clear understanding and knowledge of the residents communication methods and were observed communicating with residents throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. Overall, the designated centre was well maintained and decorated in a homely manner. The residents bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own.

However, there were areas of premises in need of attention. For example, parts of the boundary fence and wall of the first house were in need of repair and did not present in a homely manner. In addition, the septic tank of the first house had been identified as in need of attention. It posed a restriction at times on using the outside patio area and a downstairs toilet. While, the provider evidenced that the septic tank had been reviewed by external companies, there was no clear time lines were identified for the issue to be addressed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the four residents' personal files. Each resident had an up to date comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry, as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed in line with the provider's policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to safeguard residents. There was a safeguarding policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. A self-audit tool had been completed in 2024 to ensure that the practices and procedures in the centre were appropriate and effective. In addition, a centre specific safeguarding guidance was in place to ensure day-to-day practices protected the residents. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The residents were observed to appear content and comfortable in their home.

However, the previous inspection found that the oversight arrangements where residents were supported in the management of their finances by others required improvement. While, the provider demonstrated that they had updated their policy and reviewed the supports in place for all residents, this continued to be an area for improvement. For example, three residents in the centre were supported in the management of their finances by others and the inspector found that the oversight arrangements in place were not transparent and therefore did not appropriately safeguard the residents finances.

Judgment: Not compliant

Regulation 9: Residents' rights

A rights based approach to care and support was well adopted within this centre. Residents made decisions about their care and support through weekly meetings and personal care planning. All staff spoke about residents in a professional and caring manner. All interactions observed between staff and residents were kind,

respectful and in line with resident needs. The staff team had been supported to complete training in human rights.
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	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castleview OSV-0002659

Inspection ID: MON-0046946

Date of inspection: 24/04/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The annual review for 2025 will include comprehensive consultation with residents and their representatives. This will be completed by the 10/09/2025	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The boundary fence and stone wall of the first house will be repaired by the 31/082025. • The septic tank of the first house will be repaired/replaced by the 30/11/2025.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • The oversight arrangements for supporting residents in the management of their finances by others will be reviewed and measures will be put in place to ensure transparency by the 31/12/2025.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	10/09/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2025