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:	Tus Nua
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	29 January 2026
Centre ID:	OSV-0002662
Fieldwork ID:	MON-0040672

About the designated centre

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

Tus Nua is a designated centre operated The Rehab Group. The designated centre provides community residential services to three adults with a disability. The centre is located in a town in Co. Tipperary close to local facilities including shops, banks and restaurants. The centre is a detached two-storey house which comprises of three individual resident bedrooms, entrance hall, two sitting rooms, two kitchen/dining room (upstairs and downstairs), a utility room, relaxation room, a number of bathrooms and a staff office. Staff support is provided by a person in charge, team leader and care staff.

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 29 January 2026	09:00hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform a registration renewal decision. Overall the residents were found to be happy, well supported and had a good quality of life.

There were three residents living in the centre on the day of inspection and no vacancies. The inspector had the opportunity to meet with the three residents throughout the course of the inspection day.

The inspector met with one resident on arrival to the centre and they were observed relaxing in their hallway before they headed out to their day service. The resident used non-verbal methods of communication and gave the inspection a wave. They appeared happy and comfortable in their home.

The inspector then completed a walk around the centre and this was facilitated by the centres team leader. One resident was still in bed at this time and therefore their room was visited later in the day so as not to disturb them. The premises is a detached two-storey house which comprises of three individual resident bedrooms, entrance hall, two sitting rooms, two kitchen/dining room (upstairs and downstairs), a utility room, relaxation room, a number of bathrooms and a staff office.

The home was clean, bright and homely and the inspector noted music playing from a residents radio during the day. Residents all had their own bedrooms and these had been personalised and decorated with personal belongings, pictures, posters and photo's. The residents relaxation room was noted as a quiet space with low lighting, a bean bag, foot massager and heated blankets. The team leader communicated that this was a place residents regularly came to relax. There was a well-maintained garden to the rear of the property with an outdoor seating area and a swing.

During the course of the day, the inspector endeavoured to determine the resident's views through observation of non-verbal communication, monitoring care practices and reviewing documentation. One resident sat with the inspector later in the day as they reviewed documentation. The resident did not communicate verbally and used expressions, gestures and sounds. The inspector found that they appeared content sitting with staff and the inspector.

The third resident was seen relaxing in their home at different times throughout the day. The resident enjoyed having things in a certain way and this was respected by staff and other residents. The resident was observed enjoying a cup of coffee as they walked around their home making happy sounds. The resident joined the inspector and the team leader in the office later in the day and showed the inspector where different folders should be filed.

The residents enjoyed regular meaningful individualised activation. All three residents attended day services. The inspector noted that residents all had individualised social goals in place and residents personal plans had pictures of different activities and goals they had attended and achieved such as going to a race car track, attending a family wedding and riding on a helicopter. Residents had recently enjoyed seeing a Christmas light show in Dublin and regularly enjoyed going to the local swimming pool to use the water slide. Residents enjoyed family visits and days out and these were supported by staff.

The centre had its full staffing complement in place on the day of inspection. The centre had a full time person in charge, a team leader and care assistants. The centres person in charge was on leave at the time of inspection and a suitably qualified member of management was covering the role of person in charge in their absence. The residents enjoyed support from a team of regular staff who were familiar with their needs and preferences. Staff spoken with were knowledgeable regarding the residents needs and reporting pathways, should a concern arise.

The three residents had completed satisfaction questionnaires which had been issued to the centre as part of the registration renewal process. Residents had completed these with support from staff. All questionnaires communicated high levels of satisfaction with the service provided in areas including staffing, activation, food and living environment. One questionnaire noted that the resident liked having their own sitting room and kitchen.

In general, the inspector found that the residents were happy living together in Tus Nua. Their home was clean, bright and well maintained, they had a familiar staff team and there were ample choices of activities available to them every day. There were no complaints communicated with the inspector on the day of inspection. Inspection findings found that overall compliance levels were very good in the designated centre.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

Overall, there were clear management and oversight systems in place to ensure that the service provided in Tus Nua was suitably monitored. The inspector found that the residents living in the centre were receiving good quality care and support and full compliance was noted in the regulations reviewed.

From a review of the roster, it was found that there were sufficient staffing numbers in place to meet the assessed needs of the residents. The provider had systems in place to monitor the quality and safety of the care and support provided such as six-

monthly provider visits and local audits, reviews and checks. Through a review of documentation, discussion with staff members, management and interactions with the residents, the inspector found that the provider's systems were effective and appropriately self-identifying areas in need of improvements.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received by the Office of the Chief inspector as part of the registration renewal process and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The centre had its full staffing complement in place and the residents enjoyed support from a team of regular staff who were familiar with their needs and preferences. There was an internal relief panel of familiar staff available to the centre, if required.

The inspector reviewed three months of the centres staff rota and found that this was well maintained and an accurate reflection of staff on duty. There were appropriate staffing levels in place to meet the needs of the residents. There was a picture version of the staff rota prominently displayed for residents to reference, along with a schedule for the day ahead. Monthly staff meetings took place in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a program of staff training and refresher training in the centre. The inspector completed a review of staff training records and found that staff had all completed training in areas including Fire safety, Manual Handling, Safeguarding, Behaviour management, Medication management, Childrens First, Food safety and Infection control. Staff training needs were regularly reviewed by management and further training was scheduled when required. Staff had also completed further internal training with the provider in areas such as risk management, data protection, autism awareness, and personal planning.

Staff all received one to one formal supervision with a line manager every three months. There was a schedule in place for this to be completed in line with the service policy.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents. This was submitted to the Chief inspector as part of the registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centres person in charge was on leave at the time of inspection and a suitably qualified member of management was covering the role of person in charge in their absence. The centre was also supported by a team leader, who facilitated the inspection day. There was a regular management presence in the centre and daily communication between staff and the management team.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. An annual review of the quality and safety of care and support in the centre in 2025 had been completed by the regional manager. Clear action plans and timelines had been developed following this review. A six-monthly unannounced visit was also completed by the service quality lead. This included consultation with residents and staff and identified areas for improvement and action plans were developed in response to this. Monthly reviews were also completed by the person in charge to review areas such as staff training, team meetings, risk, adverse incidents, complaints and medication management.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as

required by Schedule 1 of the regulations and was found to be an accurate description of the service provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider prepared and maintained policies and procedures as set out by Schedule 5 of the regulations. The policies and procedures were found to be up-to-date and had been reviewed within the last three years in line with Regulation 4

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety systems in place were ensuring that the service provided appropriate and safe care and support to the residents. The inspector reviewed a number of areas to determine the quality and safety of care and support including personal plans, social stories, accidents and incidents, risk management documentation, staff rotas, training records, safeguarding incidents and behavioural support plans.

The inspector spoke with the residents and the staff working with them and completed a walk around the designated centre. The provider had ensured that the premises was in a good state of repair and was suitable to meet the needs of the residents living in the designated centre. The residents were observed to be content and comfortable in their home and in the presence of the staff team.

Regulation 17: Premises

The house was maintained in a good state of repair and was suitable to meet the assessed needs of the residents. The premises was a detached two-storey house which comprises of three individual resident bedrooms, entrance hall, two sitting rooms, two kitchen/dining room (upstairs and downstairs), a utility room, relaxation room, a number of bathrooms and a staff office. The home was clean, bright and homely and the inspector noted music playing from a residents radio during the day. Residents all had their own bedrooms and these had been personalised and decorated with personal belongings, posters and photo's.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place in the centre for the assessment and management of risk. There was a service risk policy and this was regularly reviewed and guided risk management practices in the centre. The premises was in a good state of repair and environmental risks had been considered to keep the residents safe.

The residents had a number of individual risk assessment management plans on file to support their overall safety and well being. Risk assessments included a review of risks associated with areas including manual handling, challenging behaviours, transport and falls. Some restrictive practices were in use in the centre and rationale for their usage was clearly outlined in individual risk assessments and subject to regular review.

The residents had a personal emergency evacuation plan (PEEP) in place and this highlighted the residents' support needs in the event of an unplanned emergency evacuation.

The inspector reviewed a sample of adverse incidents occurring in the centre. The centre used an online system for recording these. There were minimal adverse incidents occurring in the centre and the inspector found that the Chief Inspector of Social Services was notified of any adverse incidents when required by Regulation 31. Any adverse incidents were immediately reported to senior management and control measures implemented when required.

There was a service risk register in place which identified environmental risks and health and safety measures in the centre were regularly audited and reviewed. The centre had an annual health and safety audit.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced regularly.

The residents had a personal evacuation plan in place which appropriately guided staff in supporting the residents to evacuate. Staff and resident were completing fire evacuation drills regularly and these simulated day and night time conditions. Staff and management were completing daily, weekly and monthly fire safety checks in areas including escape routes, fire safety equipment, electrics, and alarm systems.

The inspector completed a walk around centre and reviewed all fire doors. The inspector observed one fire door not closing fully during this review. This affected containment systems in the centres laundry facilities. This was communicated with the centres team leader and addressed on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents all had assessments of need and personalised plans of care in place and these were subject to regular review. These included a review of residents needs in areas such as health and wellbeing, communication, daily routines, mobility needs and socialisation. Recommendations made by members of the multi-disciplinary team were integrated into the residents plans of care. For example dietary recommendations made by one residents dietitian.

Residents experienced annual Person-centred planning (PCP) meetings which included a full review of their support plan, social goals and their plan for the year ahead. Residents, their families, key-workers and management attended these meetings. There was a key working system in place with staff and residents. Staff spoken with were clear on their role as key worker. Key workers supported residents to achieve their social goals. One resident had plans to attend a family wedding and their key worker and management were supporting them to purchase a new suit for the day.

The residents enjoyed regular meaningful individualised activation. All three residents attended day services. The inspector noted that residents all had individualised social goals in place and residents personal plans had pictures of different activities and goals they had attended and achieved such as going to a race car track, visiting sensory gardens, attending a family wedding and riding on a helicopter. Residents had recently enjoyed seeing a Christmas light show in Dublin and regularly enjoyed going to the local swimming pool to use the water slide.

Residents regularly enjoyed family visits and days out and these were supported by staff. Residents all had action plans and progress reports in place for set goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage behaviours that challenge. Two residents had behavioral support plans in place and these were regularly reviewed with a behavioural specialist. Further multi-disciplinary mental health supports were available to the residents if required. Behavioural support plans included proactive and reactive strategies to guide staff on how to best support the residents with behavioural expressions of need.

Some restrictive practices were in use in the centre and the inspector found that these were implemented in line with best practice. Rationale for their usage was clearly outlined in individual risk assessments and subject to regular review. Easy read guides on the use of restrictive practices had been developed and made available to the residents. The service had a restrictive practice committee who regularly reviewed the use of any restrictive practice in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents in the centre were safeguarded. All staff had completed up-to-date safeguarding training. There were no open safeguarding concerns in the centre on the day of inspection. There was a designated safeguarding officer in the service and their details were prominently displayed in the centre.

Staff spoken with were knowledgeable regarding the residents needs and reporting pathways, should a concern arise. Residents had safeguarding social stories available to them and all resident had intimate care plans in place which were regularly reviewed. Residents all had money management plans in place to support the safeguarding of finances.

Judgment: Compliant

Regulation 9: Residents' rights

The residents rights were respected in the centre. The service had developed a Charter of Rights. The residents choice and control were facilitated on a daily basis. This was seen in areas including activation schedules, menu choices and social goals. Residents experienced weekly meetings with staff where these areas were discussed and individual choices determined. Easy read guides and social stories regarding residents rights were developed and made available to the residents. Residents and their families were regularly consulted regarding their views on the service provided. The three residents had completed satisfaction questionnaires which had been issued to the centre as part of the registration renewal process. Residents had completed these with support from staff. All questionnaires communicated high levels of satisfaction with the service provided.
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 15: Staffing	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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant