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:	Oaklands Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	27 March 2026
Centre ID:	OSV-0002668
Fieldwork ID:	MON-0043662

About the designated centre

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

Oaklands Supported Accomadation is a designated centre operated by Rehab Group which provides a residential service to four adults with a disability. The service is provided in a detached two storey house with a large landscaped garden and recreational area. Adequate private and on-street parking is available. Each resident has their own bedroom (some en-suite) and various communal areas are provided for to include a sensory room, a fully equipped kitchen cum dining room and two sitting rooms. The house is situated in close proximity to the local town and transport is provided to residents for social outings and trips further a field. The house is staffed on a twenty-four hour basis with a person in charge, team leader and a number of support staff.

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
Friday 27 March 2026	09:30hrs to 16:45hrs	Mary McCann	Lead

What residents told us and what inspectors observed

In summary, from what residents indicated and told the inspector and what the inspector observed, coupled with reviewing documentation, speaking to and observing staff, the inspector was assured that residents enjoyed a good quality of life and were well cared for by a consistent staff team.

Oaklands supported accommodation (Oaklands) is registered as a designated centre by the Chief Inspector of social services to provide care and support to four residents.In summary, from what residents indicated and told the inspector and what the inspector observed, coupled with reviewing documentation, speaking to and observing staff, the inspector was assured that residents enjoyed a good quality of life and were well cared for by consistent staff in the centre. There were three areas that required review maintenance of the premises, the availability of specialist behaviour support staff and ensuring the contract of care is transparent with regard to all fees paid by residents. This was an unannounced inspection carried out over one day to monitor compliance with regulations relating to the care and welfare of people who reside in designated centres for adults and children with disabilities.

This inspection was carried out to monitor the registered provider's compliance with regulations relating to the care and support of people who reside in designated centres for adults and children with disabilities.The inspector found there were three areas that required improvement, these included maintenance of the premises, availability of specialist behaviour support staff and ensuring the contract of care was transparent relating to the costs payable by residents. This is discussed further under each specific area.

The inspector was welcomed into the centre by staff and residents. All residents were on site and were having breakfast or relaxing in the sitting room. The inspector met with all residents, some of which were nonverbal but could make their needs known and had a good level of understanding. They indicated that they were happy living in the centre and were well cared for by staff. They all looked well dressed and were interacting in a relaxed way with each other and staff.

Oaklands is located on the outskirts of a busy within walking distance of a leisure centre, swimming pool and a short drive to shops, the bowling alley, cafes and other amenities.The inspector found that residents were provided with a good homely service. The inspector met all residents prior to them going to their respective day service. Residents told the inspector they were happy living in the centre and spoke about their day to day activities. Two residents spoke about going home and how they went home regularly.

Residents also spoke of how they had attended a television programme in Dublin and told the inspector they were delighted by this and proudly showed the inspector photographs of this occasion. Residents spoke of accessing the community through

their attendance at day services and in the evenings and at weekends accompanied by staff to activities for example bowling or shopping or going for a walk. Staff explained that one of the residents liked to spend time in the sensory room or on their tablet on returning from day services. Residents also confirmed that staff helped them in any way they requested.

All residents indicated that they had no complaints regarding the service they were provided and knew if they had a complaint they could talk to staff. One staff was on duty when the inspector arrived, they had slept over in the house and were assisting the residents with getting ready to go to day services. Another staff came to at 9:45 am. They explained that they had come to the centre to support a resident attend the general practitioner for their annual medical review which included blood analysis.

Residents stated they could choose the things they wanted to do with one resident stated he chose to go to Special Olympics training and staff were available to support them to attend.

They confirmed they got on well together and spoke of going on holidays together last year and were hoping to repeat this adventure again this year. Staff on duty were attentive to residents needs and relayed a good knowledge of the day to day living that the resident partook in. There was an emphasis on retaining and developing independent skills for example preparing their own breakfast, doing house hold-chores and engaging in health promotion activities for example walking and swimming.

Staff engaged in a positive way with the inspector and spoke positively and energetically about the residents with the main focus being on the rights, choices and the importance of a good life for residents. They assisted the inspector, ensuring any documents requested were made available swiftly.

There were two vehicles available to the centre. These were used by day service staff to support resident attend different day services and activities. Residents attend two different day services. One resident attended dance classes in a neighbouring town and were supported by staff to do this. One of the other residents told the inspector that staff supported them with transport to go home.

Oaklands is a spacious five bed roomed two storey house. Three ensuite bedrooms were available to residents and the other resident had exclusive used of a bathroom which is located beside their bedroom. There are two sitting rooms, a sensory room, a kitchen cum dining room and a utility area. Parking is available to the front of the building and a large garden is available to the back of the building with a patio area and garden furniture. Oaklands is located on the outskirts of a busy town. The inspector observed that bedrooms were personalised and living areas were clean and bright with personal items of residents displayed.

The inspector also met with four staff and the person in charge. From engagement with the residents and observations in the centre by the inspector and reviewing information, the inspector found that the residents were supported to enjoy a good

quality service by an established consistent staff team who were familiar with the resident's preferences and assessed needs

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements

Capacity and capability

Overall the inspector found that the management team generally had systems relating to oversight and governance of the centre.

A clearly defined management structure was in place. The person in charge and team leader provided the day to day management of the centre. They were supported by the regional manager. All three attended the feedback meeting and gave assurances that any improvements identified would be addressed promptly.

The person in charge worked full-time and was responsible for another centre which was located locally. The person and charge and Team leader demonstrated a good understanding of the residents' assessed needs and had developed good corresponding care plans to address assessed need identified.

The person in charge had a schedule in place for staff supervision and was regularly present in the centre and spoke with staff frequently. Team meetings were occurring and minutes were available of these meetings for staff to refer to if they were unable to attend. Training in addition to the mandatory training was provided to staff for example food safety, hand hygiene, safe management of medication. All these procedures enhance the safety and quality of the services provided to residents who told the inspector they were very well looked after and enjoyed a good quality of life. Actions for the last inspection with regard to risk management, policies and safe infection prevention and control were completed.

However three areas required review, these related to the provision of specialist behaviour personnel, this is discussed further under regulation 7 : Positive behaviour support, contracts for the provision of services to ensure full transparency with regard to fees payable by residents, which is further discussed under regulation 24 : Admissions and contracts for the provision of services and maintenance of the centre which is further discussed under regulation17.

Regulation 14: Persons in charge

The person in charge had the required qualification and experience required for the post of person in charge.

The person in charge was responsible for the day to day running of the service and was provided with support and supervision from their manager. The person in charge attended the centre two days per week. A full-time team leader was available at all times in the centre. The person in charge was also person in charge of one other centre which was located locally.

An out-of-hours management on call rota was in place to provide support to staff out of hours.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in this centre met the needs of the residents

Staff were available in the centre at all times and residents told the inspector that staff were always available to assist them. This meant that residents received assistance and support in a timely manner which supported their dignity and respect. There was an actual and planned rota showing staff on duty during the day. The inspector reviewed the staff rota from the 9th of March 2026 to the 5 April 2026. There was one sleep over staff on duty and two to three staff on duty when residents returned from day services depending on what activities the residents wished to attend for example on the night staff did Special Olympic training when was three staff in duty, extra staff were on duty when for example on the morning of the inspection a resident had a medical appointment and extra staff were on duty to accompany the resident to the medical appointment. Staff displayed a caring supportive kind attitude to staff when they requested assistance.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had completed mandatory training as required by the regulations, which included fire safety training, positive behaviour support and safeguarding residents from abuse.

the inspector reviewed the staff training records from 1January 2025 to the date of inspection.

Staff had also undertaken training in manual handling, food safety, medication management and first aid. All staff were also trained in LAMH communication training. Refresher training was completed at regular intervals.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place contributed to the delivery of a good service to residents and good levels of compliance with the regulations reviewed.

Audits were carried out by the person in charge and staff to review the quality and safety of the service These included audits of fire safety, finances, health and safety, medication, infection control, and restrictive practices. The registered provider was aware of the requirement to complete an unannounced visit every six months. The last unannounced visit was completed on the 18 February 2026. The inspector reviewed this report and found that it detailed many areas of good practice and also detailed the deficits identified in a lack of specialist behaviour support personnel and maintenance issues.an action plan was in place to address these issues.

The last annual review of the service was completed on 13 January 2026 The inspector noted that it identified areas of good practice, areas for improvement and actions were identified at the end of the report with persons responsible for completing the actions.

Staff meetings were held on a regular basis and minutes were available. This ensured that staff that were unable to attend were aware of issues discussed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had agreed a written contract of care on admission with each resident.

This contract laid out the services offered to residents and any the fees payable. However under weekly bills contribution a fee was quoted as payable by each resident regardless of whether they were in the service or at home. There was no detail as to what this fee included.

Judgment: Substantially compliant

Quality and safety

This centre provided a good person centred service to residents.

There was good evidence of staff working collaboratively with families. There were two vehicles available in the centre to support residents attend day services, assess the community and attend appointments. Resident's wishes were respected and visitors could attend as they wished. There were two sitting room areas and one of these could be used as an appropriate area for residents to spend time in private with their loved ones. All residents had access to good health care and there was good monitoring on residents health with annual reviews including blood analysis being completed annually.

Regulation 17: Premises

Overall, the centre suited the needs of the residents and provided them with a suitable living environment,however there were some maintenance issues that required attention.

These included the kitchen kicker boards where the paint was chipped and an upstairs en suite which had loose cracked tiles.

Oaklands is a spacious five bed roomed two storey house. Three en suite bedrooms were available to residents and the other resident had exclusive used of a bathroom which is located beside their bedroom. There are two sitting rooms, a sensory room, a kitchen cum dining room and a utility area. A large well maintained garden is available to the back of the house with a patio area and furniture. A sensory room was available and staff spoke of how one residents enjoyed using this room, which was well decorated and provided a relaxing area for residents..The inspector observed that bedrooms were personalised and living areas were homely clean and bright with personal items of residents displayed

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' files and found that residents had comprehensive assessments in place regarding their assessed needs, with

corresponding person centred care and support plans in place to address these needs.

The inspector reviewed a sample of these plans and spoke with the team leader regarding these plans and they displayed a very good knowledge of the needs of residents and how residents liked their care to be delivered. Annual reviews were completed and there was good evidence of the voice of the resident at these and involvement of family members.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve good health and wellbeing.

Where health care support was recommended residents were facilitated to attend appointments in line with their assessed needs. if a resident was admitted to an acute hospital staff confirmed they would support them while they were in hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was one resident who had a behaviour support plan in place. This had not been reviewed recently as there was no behaviour support specialist staff to assess the resident and complete a revised plan.

There were occasions when the resident would display behaviour of concern. Staff explained to the inspector that they were awaiting the support of a specialist behavior therapist to review the resident and review the behaviour support plan. The behaviour support specialist staff had ceased working in the centre in May 2024 and no replacement had bee appointed. All staff had undertaken training in management of behaviours of concern. There was a low level of restrictive procedures in the centre and restrictive practices in place were applied in accordance with national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents told the inspector that they felt safe and could raise concerns safely if they had reason to do so and that they were treated well by staff and had no complaints.

There was evidence in documentation reviewed and from speaking with residents that they were supported to participate in decisions about their care and support and to have their voice listened to. Weekly residents meetings were taking place where residents could discuss the running of the centre and activities and menus of their choice. There were adequate staff to ensure residents could do individual activities and two vehicles were available to the centre. One resident used Lámh which is a manual sign system used in Ireland to support communication for children and adults with intellectual disabilities and communication needs. to communicate and all staff had undertaken training in Lámh Social stories and easy to read guides were available in the centre to assist residents to understand procedures and policies.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oaklands Supported Accommodation OSV-0002668

Inspection ID: MON-0043662

Date of inspection: 27/03/2026

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • The Person in Charge has reviewed the Contract of Care to include a list of utilities that are paid from the weekly bill fee that is paid by Residents. Each Resident signed the updated contract on 21.04.26.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The kitchen will be replaced by 01.11.26. • The en-suite bathroom will be replaced by 1.11.26	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • A Positive Behaviour Support Plan was implemented for the Resident on 22.04.26. • A protocol containing staff guidance in relation to spitting behaviour was created by the	

Behaviour Therapist and implemented on 21.4.26.
• The Behaviour Therapist implemented an ABC form and scatterplot on 21.04.26 with a view to gathering information to further inform future behaviour guidance documents.

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	01/11/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	21/04/2026
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	22/04/2026

	intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			