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:	Navan Adult Residential Service
Name of provider:	The Rehab Group
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	18 August 2026
Centre ID:	OSV-0002674
Fieldwork ID:	MON-0046771

About the designated centre

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

Navan Adult Residential Services is located on the outskirts of a town in Co. Meath and is operated by The Rehab Group It provides community residential services for a maximum of five male and female adults. The designated centre is a two-storey house which consists of two living rooms, a kitchen and dining area, a conservatory, a staff sleepover room, two bathrooms and five individual bedrooms, two of which are en-suite. There is a garden to the rear of the centre which contains another building that consists of an office, utility room and sensory room. The centre is located close to amenities such as shops, cafes and banks. The centre is staffed by a person in charge and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Tuesday 18 August 2026	11:00hrs to 19:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on this unannounced inspection, the inspector found that while residents enjoyed a good quality of life, improvements were required particularly in relation to fire precautions which impacted the provider's ability to ensure a safe evacuation in the event of an emergency. Other improvements required related to personal plans and premises. These points are discussed in detail later in this report.

During the inspection, the inspector met four of the five residents living in this centre. One resident chose not to engage in a full conversation with the inspector and instead came in and out of the room on a few occasions and exchanged brief pleasantries. One resident was on a family visit so the inspector did not get to speak with them. However, the inspector had the opportunity to speak to their family representative which is discussed later in this section.

All five residents attended a day service programme five days a week. Residents were supported to have a meaningful day in line with their interests. For example, they enjoyed going for walks, having quiz nights, and going out for day trips. On the day of this inspection, one resident attended the gym, another declined to go out as they wanted to complete cleaning of their bedroom and the other two residents said they wanted to stay in and relax. Every Tuesday the staff planned a communal evening of fun based in the house with different weeks offering different activities. A quiz was planned for the evening of this inspection with one resident confirming to the inspector that they enjoyed those evenings and were looking forward to the quiz.

The residents appeared very relaxed and content in their home and moved around freely. They also appeared comfortable in the presence of their supporting staff and the person in charge. For example, a resident was chatting with the person in charge and discussing plans and how their day went. Three residents told the inspector that the staff members who worked in the centre were nice. They said that staff offered them choices regarding what food they ate and activities they participated in.

In addition to the person in charge, the inspector had the opportunity to speak with the four staff members on duty. The person in charge, along with the staff members, demonstrated that they were familiar with the residents' support needs and likes. Staff were observed to interact with residents in a relaxed and respectful manner. For example, one staff member was observed to greet a resident and ask them if they wanted any help when they appeared to be looking for something.

The provider had arranged for staff to have training in human rights. One staff member spoken with felt that they always considered a person's human rights when working with them and that the training helped keep that in focus.

The inspector spoke in-person with a family representative. Feedback received from this person indicated that they were satisfied with the service provided to their relative. They felt their family member was safe living in the centre and that their needs were met. They also said that they had no concerns and would feel comfortable raising a concern if they had one. They said their family member got on fine with their housemates and that the staff were nice.

There was a front and back garden that were accessible to the residents. Both gardens had mature plants and some potted flowers. The back garden had garden furniture for use during good weather. While the house was tidy and had adequate space for the residents the inspector found that certain areas required a more thorough cleaning and some areas required repair or painting, as detailed later in the report.

At the time of this inspection, there were no visiting restrictions in place and there were no volunteers used. One complaint had been received the week prior to this inspection, and it was under review.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affect the quality and safety of the service being provided.

Capacity and capability

This unannounced inspection was undertaken as part of ongoing monitoring of compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in November 2024.

The inspector found that there were adequate governance and management arrangements in place, such as the completion of required provider-led unannounced visits to the centre.

Staffing levels were appropriate to meet the residents' needs and the staff team was found to have access to training in different areas to support staff members to carry out their roles and support residents' assessed needs.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. For example, they held qualifications in social care, special education for adult autism and a certificate in management.

They were supported in this centre by a team leader who had some administration hours dedicated to them to support the person in charge to maintain appropriate oversight and support.

The person in charge was very familiar with the residents' needs and could outline their individual health and social care needs on the day of the inspection.

They were also found to be aware of their legal remit in line with the regulations, such as notifying the Chief Inspector of Social Services when adverse incidents occurred in the centre. They were also found to be very responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

This inspection demonstrated that there were sufficient staffing levels in place with staff who had the appropriate skills to meet the assessed needs of the residents.

The centre had a full complement of staff, which facilitated continuity of care to the residents.

The inspector reviewed a sample of rosters across four months from May to August 2026. There was a planned and actual roster in place which contained the full names and titles of staff working in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, for example, safeguarding and fire safety, as well as refresher training where required.

The inspector reviewed the certification of eight training courses and the training oversight document for all training completed by the staff team, including a relief staff member. This review demonstrated that staff members had received training in key areas and additional training specific to residents' assessed needs.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- Children First
- cardiac first response
- training related to positive behavioural support
- medication management
- autism awareness
- fire safety
- training related to infection, prevention and control, for instance hand hygiene.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in the 'what residents told us and what inspectors observed' section of the report.

From speaking with one staff member, they confirmed that they received formal supervision four times a year and that was an opportunity for them to raise concerns should they have any. The inspector's review of supervision records for another staff member on duty confirmed the same.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and management arrangements were effective in ensuring the service was consistently and accurately monitored.

The provider had arrangements in place for an annual review. The inspector reviewed the most recent version, and it included family and resident consultation.

There were arrangements for unannounced, provider-led visits every six months and the inspector found that they were taking place as required by the regulations, evidenced by a review of the reports from September 2025 and March 2026. In addition, there were weekly and monthly reviews completed by the person in charge covering different areas, for example safeguarding, training, complaints, health and safety.

A review of the records of the team meeting minutes from January to June 2026 showed that incidents that occurred within the centre were reviewed for shared learning with the staff team to promote consistency of approach to facilitate better care for residents.

All four staff members on duty communicated that they would feel comfortable going to the person in charge if they had any issues or concerns.

Judgment: Compliant

Quality and safety

The inspection found that residents were receiving a good service that met their needs. However, improvements were required to fire precautions and some improvements were required to aspects of the premises, and in relation to some residents' support plans.

While the provider had ensured there were many appropriate firefighting and detection systems in place in the case of an emergency, several improvements were noted as being required. For example, one fire containment door did not have the required self-closing device fitted.

For the most part, the premises were found to be suitable for the residents, however, there were some maintenance and housekeeping issues identified. For example, some minor mildew was observed in a resident's en-suite bedroom.

Residents' needs were assessed and there were plans in place to guide staff as to what supports residents required. However, some plans required more detail to ensure they contained all applicable information.

The provider had ensured that there were suitable arrangements in place to safeguard residents. For instance, staff were appropriately trained to recognise and respond to signs of abuse.

There were suitable arrangements in place regarding positive behavioural support, communication and risk management.

For example:

- residents were supported to understand important information through the use of easy-to-read material
- there were behaviour support plans to guide staff to effectively support residents during times of distress
- there was a risk register in place, and it was maintained by the person in charge.

Regulation 10: Communication

Communication was facilitated for residents in accordance to their needs and preferences.

Residents in this centre communicated through verbal means. There were communication support plans for each resident and staff spoken with were familiar with how residents communicated. For example, one resident kept checking on the inspector when the inspector had a cup of coffee. A staff member explained that it was the resident's way of finding out when the cup was empty as they wished to tidy it away and would not be able to be fully at ease until it was tidied up. Once aware of this, the inspector assured the resident that they would let them know when they were finished so they could take the cup.

Information regarding safeguarding and complaints was clearly displayed and these topics along with residents' rights were discussed with residents at their regular residents' meetings.

Residents had access to phones, televisions, a radio, and Internet access. Additionally, staff had received training on good communication.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises were appropriate to meet residents' needs. For instance, residents had access to cooking and laundry facilities. While the premises was tidy and generally in a good state of repair, there were some cleaning and maintenance issues that needed to be addressed.

For example:

- minor mildew was observed in two bathrooms and one bedroom windowsill
- a resident's shower drain required cleaning as there was substantial build-up of residue in it
- some windowsills required sanding and repainting as the paint was peeling in areas
- some doors or door frames required repainting in areas
- the hall radiator had some rust on it
- a resident's toilet lid required replacement as it was damaged
- due to a leak that had recently been repaired, a resident's wall required repainting as the paint had cracked and bubbled; while this had been self-identified and the person in charge stated that works were due to begin by late September, no firm date had been scheduled.

Those issues detracted from the homely environment and posed a hygiene risk to residents.

The inspector found there were suitable communal and private spaces available for residents, such as there was a sun room and two sitting rooms. Each resident had their own bedroom, which was individually decorated. For example, personal pictures were displayed, and there was enough storage for their personal belongings.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. For instance, there was a policy on risk management available and an accurate risk register in place that reflected the risks identified in the centre.

Risk management arrangements included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices. For example, a resident had been assessed by an occupational therapist and recommendations for a handrail in their bathroom were found to be in place.

The inspector observed that the centre’s boiler was serviced within the last year and the centre's vehicles were serviced, taxed, insured and had up-to-date national car tests (NCT).

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not ensured that all fire safety systems met the required fire precaution standards, as several improvements were required regarding the fire containment measures, detection, and evacuation.

The inspector found that there were many adequate fire safety management systems in place. For example, there was firefighting equipment and internal emergency lighting was installed and regularly serviced, and residents had personal emergency evacuation plans (PEEP) to guide staff as to their evacuation supports required.

While most fire containment doors were fitted with self-closing devices, cold smoke seals and heat protection strips, a review of fire doors found that the staff office door was not fitted with any of those three listed precautions. Three fire containment doors, two of which were residents' bedroom doors, and one was the

kitchen-to-hallway door, would not fully close by themselves compromising the fire and smoke containment in the case of an emergency.

The inspector observed gaps between the door and frame of six fire containment doors. This meant that, in the event of a fire, these doors would not effectively prevent the spread of smoke and fire throughout the building.

Additionally, it was not evident if the glass in the office facing onto the hallway of the external building was fire-resistant, and there was no detector fitted to the hot press.

Based on a review of three fire practice drills completed during 2026, the provider had ensured regular fire drills were taking place, which included ones with minimum staff levels during hours of darkness as required. However, it was confirmed that an evacuation drill had not been undertaken in the last 12 months using alternative evacuation routes, which would ensure that residents could be evacuated from all areas of their home.

Overall, while there were fire precautions in place, several areas required further oversight or enhancement to ensure that the arrangements in place would sufficiently protect residents from the risk of fire in their home. The current arrangements could not ensure safe and timely evacuation for residents in the event of an emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

While residents had assessments and personal plans in place, some plans lacked sufficient detail to ensure consistent and safe care would be provided at all times.

From a review of two residents' files, the inspector found there was an assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care that, for the most part, provided clear guidance to staff as to the supports residents required and plans were informed by health and social care professionals. For example, there were plans in place for weight reduction with recommendations from a dietitian, there were plans for money management, mobility, and mental health.

However, one resident's diabetes care plan did not provide thorough guidance to staff on what to do in the event of high blood sugar. For example, it did not advise staff on the steps to take to support the resident in reducing their high blood sugar. While a staff member confirmed they would seek medical advice if they were concerned, the lack of thorough written guidance in the care plan meant that there was no consistent clinical threshold for staff to follow. This created a risk of inconsistent care if the resident was to become ill from their condition.

In addition, while there were comprehensive behaviour support plans in place, in the case of one resident, the plan did not signpost the reader to the use of a chemical restraint medication when required. The plans did not contain a post-incident section to guide staff on the best way to support the resident once the resident returned to their baseline presentation. For example, in the case of one resident, the person in charge stated that discussing the incident with them could result in re-escalating the situation and it was best not to refer to it; however, this information was not present in the plan. While the inspector was assured that this information was known, the plan required all relevant information to ensure all staff would provide consistent support.

Further information was required in residents' personal care plans as the plans did not discuss oral health, hand washing, hair care, nail care or shaving and more. While this information was known to the person in charge, the care plan required thorough guidance in all personal care aspects to ensure residents were receiving consistent applicable support from all staff members.

Overall, while there were many appropriate arrangements in place to ensure residents' support needs were met, further enhancement of certain plans was required to ensure staff would be appropriately guided and consistent in their approach when supporting the residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where necessary, residents had access to and received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. For example, they had access to psychiatry, psychology, and a behaviour specialist.

There were behaviour support plans as required for residents which outlined strategies that staff needed to follow to support the residents. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. While further information was required on certain aspects of the plan, this was addressed under Regulation 5: Assessment of need and personal plan.

All staff had completed positive behaviour support training. A staff member spoken with was knowledgeable about the residents' needs in this area.

While there were some restrictive practices in place, for example some residents were prescribed medication to help them when they were particularly distressed, these restrictive practices were found to support the residents. They were subject to periodic review by the provider's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse.

Staff were suitably trained to recognise and escalate any safeguarding concerns. There was a reporting system in place with a designated safeguarding officer (DO) nominated for the organisation and the identification of the DO was displayed in a hall.

While there were some reported safeguarding concerns in the centre, the inspector found that the provider had responded appropriately, ensuring that actions were taken to reduce risks and protect residents' wellbeing.

One resident said that they got on okay with their housemates and that, while occasionally, one of their housemates was loud and they did not like it, they confirmed that they understood their housemate was upset and they could go to their room when it happened.

A staff member spoken with was familiar with the steps to take should a safeguarding concern arise, including a witnessed peer-to-peer incident or an unwitnessed disclosure and confirmed that they would report the concern as soon as possible.

Additionally, from a review of two residents' accounts, it was found that staff completed daily checks of residents' finances and the person in charge completed a monthly reconciliation of the residents' bank statements to ensure their finances had appropriate oversight and were safeguarded from potential abuse. One resident's cash balance was counted by the person in charge in the presence of the inspector, and the balance was found to match that of the daily cash log. This demonstrated that the finance oversight systems in place were working.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Navan Adult Residential Service OSV-0002674

Inspection ID: MON-0046771

Date of inspection: 18/08/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The issue of mildew identified during the inspection has been addressed by removal, this has been included in the cleaning schedule to ensure it is monitored. This was completed on 25/08/2026. • The cleaning schedule has been updated to ensure proper cleaning of resident's shower and to ensure it is monitored going forward. This was completed on 25/08/2026. • The person in charge has liaised with the Housing Association to sand down the windowsills and repaint areas that were peeled. This was completed by 25/08/2026. • The radiator in the hall has been repainted. This was completed on 24/09/2026. • Toilet seat lid was replaced. This was completed on 25/08/2026. • The person in charge has liaised with the Housing Association to complete the repainting of ceiling and wall due to a leak that was recently fixed. This will be completed by 18/10/2026	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Evacuation drill using an alternative exit is scheduled to take place on 24/09/2026. • Fire Consultant was on site to review fire doors in the main house and the office to ensure all are of standard. This was completed on 18/09/2026. • Report of the review to be issued to the Housing Association, all issues identified will be rectified by 18/10/2026. • The glass in the office of the external building has been assessed, it is not fire resistant, this glass will be replaced by 18/10/2026. • Fire detector will be fitted to the Hot Press by 18/10/2026.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

• Additional information required in residents' personal care plans have been added- this was completed by 26/08/2026.
• Diabetes plan has been reviewed and updated to include guidance to staff on what to do in the event of the resident having high blood sugar. This was completed by 26/08/2026.
• Information about the chemical restraint, action to take post incident to guide staff as detailed in the protocol has been referenced in the behavior support plan. This was completed on 15/09/2026.

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	18/10/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	25/08/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	18/10/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	23/09/2026

	persons in the designated centre and bringing them to safe locations.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	26/08/2026