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:	Lifford Accommodation
Name of provider:	The Rehab Group
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	17 June 2026
Centre ID:	OSV-0002678
Fieldwork ID:	MON-0046769

About the designated centre

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

Lifford Accommodation provides full-time residential care and support for six adults with intellectual disability. The designated centre comprises two interconnected semi-detached houses. Residents in each house have their own bedrooms and also have access to shared bathroom facilities on both the ground and first floors. In addition, the house includes a communal sitting room, kitchen dining room and laundry room for residents' use. The centre is located in a residential housing estate in a town and is close to local amenities such as shops, cinema and cafes. Residents are supported by a team of support workers, with daytime staffing arrangements based on residents' assessed needs. Night-time staffing arrangements included a waking night and a sleep over staff member. Management support is available to staff outside of office hours through the provider's on call system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Wednesday 17 June 2026	09:30hrs to 18:10hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Lifford Accommodation were happy in their homes and felt safe. This was a good quality service where 15 of 16 regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). Some actions were required to strengthen risk management systems would further enhance this service.

This was an unannounced inspection that took place over one day. The inspector met with five of six residents and spent time in both properties that comprised the designated centre. All resident were happy to spend time with the inspector and to tell them about life in their home and in their community.

The inspector met with a resident at the first house who had decided to stay at home. They were working on an art project at the kitchen table. When asked, they showed the inspector information about an art competition called "what care and support means to me" which was facilitated by the Office of the Chief Inspector. The resident told the inspector that the person in charge had given them the information and that they planned to enter. During the time the inspector spent sitting with the resident, they spoke with affection about the person in charge and the staff team. They said that they were happy in their home and that they would not like to live anywhere else. They said that they liked the people that they lived with and while they sometimes had disagreements, that they were happy living together. The inspector spoke with the resident about times that they may feel worried. The resident said that they do sometimes have worries but that they speak with staff and that they help them. They said that they tripped and fell earlier that week and that staff took care of them. This was observed by the inspector on the day of inspection. The team leader was noted monitoring the resident for discomfort and providing support if required.

Later four others returned home for the evening. One person was in their room. They said that they had spent the morning shopping which they enjoyed. However, they were tired. The inspector noted that this resident presented as in good health and content. Staff told the inspector that they were following a healthy eating plan and appeared happier. This was significant as on previous inspections this resident did not wish to engage with staff or the inspector on inspection days.

A resident in the second house sat by the window and watched children playing on the green outside. They told the inspector that they liked to go to bed late as they enjoyed watching television. They said that they had new glasses that they liked. When asked a second person told the inspector that they liked their home. They said that there was "no fighting, no rows, no bad language and everyone is happy".

The registered provider had recruited a new person in charge for this centre. They were at a training course on the day of inspection which was located some distance away. While they were keen to return to the centre, this was not required as the inspection was competently facilitated by the team leader on duty and a team leader from another service nearby. The inspector found that clear systems and processes coupled with a dedicated core staff team meant that the centre operated smoothly in their absence. This was an indicator of strong governance.

From conversations held with residents and staff, from observations made and from a review of written documentation, the inspector found significant ongoing improvements at this centre. Issues identified during the previous inspection had been effectively resolved. For example, the provider had recruited a person in charge who had strong knowledge of the residents and the service. In addition, the team leader structure was enhanced which meant that there was a team leader present during weekdays and weekends. Staff spoken with were skilled and knowledgeable. They spoke of delivering a person-centred and rights-based service which focused on each person as an individual and of the service as their home. This was consistent with the observations made by the inspector during the inspection.

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

Capacity and capability

The inspector found that the effective governance and management arrangements at the centre, coupled with a skilled and dedicated staff team meant that good quality care and support was provided.

Sufficient numbers of staff were employed, and the roster arrangements were based on the needs of the residents. The person in charge was skilled and demonstrated competence. The registered provider had good governance oversight of the service, and the documentation systems were clear and comprehensive. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Example of compliance are provided under the regulations below.

Regulation 14: Persons in charge

The person in charge was new to the role but not to the service. They were previously employed as team leader. They were worked full time and a fitness

assessment completed found that they were skilled, knowledgeable and competent. They had the competence to meet with the requirements of the role.

Furthermore, they had experience of the regulatory process and the non compliant history of service. Therefore, they were aware of what was required to provide a good quality and safe service and of what mattered most to the residents living at this centre.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of their homes.

The inspector reviewed the rosters for six weeks prior to the inspection. This review found that the roster was well maintained, with clear indications of who was on duty and their role.

Where there were changes to the planned roster, cover was provided and this was recorded. Relief staff were employed by the provider and therefore consistency of care and support was provided. Staff told the inspector that in exceptional circumstances agency staff were required.

The registered provider and the staff team were proactive in reviewing resident's support needs and were willing to make changes to working schedules to meet with these needs. For example, a resident with changing support needs was provided with one to one support in the mornings to assist them to prepare for their day.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had an electronic record on which they recorded the mandatory and refresher training requirements of the staff team and provided reminders of when training was due.

The inspector reviewed a sample of modules for five staff members who were employed as team leaders and care workers. Modules safeguarding training, medicines management, positive behaviour support and hand hygiene. All modules for the sample reviewed were up to date. If required, bespoke training was provided. For example, due to changing needs of the service additional training in

understanding and support residents with diabetes was required. This was provided in March 2026.

Staff had access to both formal and informal supervision processes. This meant that they could met with the team leader on a planned or unplanned basis. A review of supervision records for four staff found that all had a formal supervision meeting in the past two months. In addition, Garda vetting records for three staff were checked by the team leaders and evidence provided for the inspector. All reviewed had up-to-date vetting disclosures.

Judgment: Compliant

Regulation 21: Records

The person in charge and the provider had a record keeping system which ensured that the records relating to Schedule 2, Schedule 3 and Schedule 4 were maintained and available for review.

The statement of purpose and the residents' guide were in date and subject to regular review. They were available in easy to read format.

Previous inspection reports were held in a folder and if required, compliance plan actions were provided to guide staff.

A review if a sample of records for residents, staff and for the service in general found that they were well maintained and easy to access.

Judgment: Compliant

Regulation 23: Governance and management

As outlined, the person in charge was new to the role. Staff told the inspector that they were regularly present at the centre and available to provide support by telephone or in-person as required. They had the support of team leader structure which meant that a team lead was at the centre each day. This meant that there was enhanced oversight of the service and this was a significant improvement on the governance arrangements found during the last inspection.

A review of documentation completed by the inspector found that systems were easy to access, organised and provided good guidance for staff. Team meetings were scheduled and these provided an opportunity to discuss policies, procedures and protocols for the service.

The provider had an audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. The staff team had check lists to complete and the team leader and person in charge had delegated audit responsibilities.

The inspector reviewed the six-monthly provider-led audit which was completed in March 2026. The annual review of care and support was completed by the person participating in management in April 2026. Feedback from residents' representatives was included in this process. Actions identified were documented on an audit action tracker which was reviewed by the person in charge monthly. It documented that 7 of 13 actions were completed and others were progressing (29 May 2026).

Team meetings were taking place on a regular basis and discussions were documented. They included opportunities to discuss safeguarding practices, positive behaviour support, risk management and complaints and compliments. Staff were facilitated to raise concerns and a plan was in place to address gaps identified if required. A review of the minutes of the staff meeting held in April 2026 found that discussions held had a rights focus and a person-centred approach.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for the centre. As there was a person in charge incoming to the service, this section required updating. It was completed the day after the inspection and assurances were provided to the inspector. Overall, the statement clearly set out what the services does, who the services is for and information about how and where the service is delivered. The service defined in the statement of purpose was evident in the day-to-day operation of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found a low level of incidents arising. If required statutory notifications were submitted to the Chief Inspector of Social Services in line with the requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy for residents at the centre and found that it was subject to regular review in line with the provider's policy. It was available in easy-to-read format for residents' use and a copies were displayed in the kitchen in each of the houses.

The inspector found that minor disagreements arose from time to time between residents and three of the most recent complaints were reviewed by the inspector. They provided evidence that residents were supported to understand the complaints process, make use of it and to ensure that their concerns were resolved to their satisfaction. This demonstrated good adherence to the provider's policy. Matters were addressed promptly and there were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a folder where the Schedule 5 policies and procedures were available to guide staff. A review completed by the inspector found that they were subject to regular review and were linked with national policy and relevant legislation where required.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. The premises provided were suitable for their assessed needs at the time of inspection. Additional work in relation to risk management was required and this will be expanded on later in this report.

Residents support needs were subject to ongoing review to ensure that the standard of care met with changing needs if required. Where required, support plans and guidance for staff was provided. Staff spoken with were familiar with residents' assessed needs and this had a positive impact on their day-to-day life at the centre and their ability to make decisions. Easy-to-read information and social stories were provided.

Overall, this was a very pleasant inspection, were a good quality and safe service was provided for residents.

Regulation 13: General welfare and development

Each resident at Lifford Accommodation received suitable care and support in line with evidence-based practice, having regard to the nature and extent of their disability and assessed needs and wishes. If people did not wish to participate in events, this was respected. For example, one resident was at home on the day of inspection as they did not wish to attend their day service that day.

All residents were provided with a range of home and community based activities for recreation and occupations. As outlined, some attended day services or other community groups. Some liked to go to a healthy eating and weight loss club. This meant that people were supported to take part in activities that matched their interests, capacity and developmental needs.

Judgment: Compliant

Regulation 17: Premises

A review of the two properties comprising this designated centre found that they met with the requirements of this regulation.

Each house provided a comfortable home with individual bedrooms provided. They were clean, tidy and suitably decorated.

Where maintenance matters were identified, the were reported and escalated. For example, there was a leak in the bathroom of one of the houses and some repairs were approved. This was planned for and progressing at the time of inspection. Where residents requested improvements, these were addressed. For example, during a routine fire drill as resident requested additional emergency lighting at the side of the house. This was provided.

Judgment: Compliant

Regulation 26: Risk management procedures

While the provider provider and the person in charge had some good risk management arrangements at this centre, a review of risk assessment and control measures would further strengthen compliance.

For example, the risk register was a comprehensive documented with evidence of handwritten notes and active review. The recruitment of consistent and experienced staff for the service remained the most significant risk. While this was well managed at the time of inspection, the provider had a specific risk assessment completed which was escalated to senior management.

If required, residents had individual risk assessments with corresponding control measures in place to mitigate against the risk identified.

However, a review of a resident's epilepsy risk assessment (26 January 2026) found that the use of the epilepsy monitoring device used at night time was not included as a control measure. In addition, its use was not documented on their epilepsy care plan. This required improvement.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector held discussions with residents, completed a tour of the centre and reviewed documentation. They found that the centre met with the assessed needs of residents and good arrangements were in place to support these needs.

All residents had annual reviews which were attended by their family members with the resident's consent. Family members were also provided with questionnaires to seek their input to the assessment process. The inspector reviewed two of four reviews and found that both were in date. Residents had key worker and regular key working session. These provided opportunities to discuss matters as they arose and to plan goals and activities. One resident was looking forward to a trip to Spain with their family in September. A second person planned to go shopping and attend a concert in a city nearby. As this resident preferred to return to their home at night, this was facilitated as part of their plan.

Overall, residents were provided with person-centred assessments and personal plans which respected the unique likes and dislikes of each person. The provider and the staff team supported the autonomy of each person and positive risk-taking was considered part of fulfilled life.

Judgment: Compliant

Regulation 6: Health care

A review of the healthcare arrangements completed by the inspector found that were adequately supported. The person in charge and the staff team were proactive in monitoring each persons' wellbeing and in seeking onward referral if required. Annual medical reviews were completed.

Residents had their own general practitioner (GP) and had access to allied health professionals if required. These included occupational therapy, chiropody, dental care and the mental health and intellectual disability team. Residents were support to understand their healthcare needs and to consent to treatment required.

For example, a review of documentation found that a resident had a chronic lymphatic condition. When the inspector met with the resident later that day, they told them about their illness. They said that they did not like sleeping upstairs and were happy as their bedroom was on the ground floor. They spoke of the actions that were taken to manage their condition and that they were supported by staff. This meant that actions recommended by the resident's occupational therapist were followed by the staff team.

A second resident experienced episodes of confusion and a dementia assessment was ongoing. However, the inspector found that this was carried out over a period of time rather than resulting in an immediate diagnosis. This meant that a timed and person-centred approach was taken.

Overall, the inspector, found that where possible each person was provided with good multi-disciplinary support, they participated in making healthcare choices where possible, and these choices were respected.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements to support residents with responsive behaviours and behaviours of concern.

The policy on positive behaviour support was available to guide staff and in addition, all staff had access to training.

Where required the support of a behaviour support specialist was provided. The inspector reviewed one of two positive behaviour support plans. This review found that it was updated in March 2026 and provided clear behaviour support strategies for staff. Positive behaviour support strategies included one to one time with staff and expressing commendations regarding their appearance or actions. The inspector noted the resident was at home on the day of inspection as they did not wish to go out. They were completing and art and craft activity and had one to one support of

staff. Later they went to pick up new glasses. On their return staff were noted admiring their appearance and praising their choice of glasses.

There were three restrictive practices reported by the provider to the Chief Inspector. Two were choices that the resident preferred relating to the storage of their cash and cards and having a personal food press. The third was a alert system for a resident who had risks relating to epilepsy which was used at night time only.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Lifford Accommodation OSV-0002678

Inspection ID: MON-0046769

Date of inspection: 17/06/2026

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The residents risk assessment has been updated to include the use of epilepsy monitoring mat as a control measure. It is also documented on the residents support plan, daily notes, staff daily check/ chores sheet, epilepsy plan and voluntary restrictive practice log/ self-check. This was completed on 18/06/2026.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/06/2026