



**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:	Whitehills
Name of provider:	The Rehab Group
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	15 June 2026
Centre ID:	OSV-0002683
Fieldwork ID:	MON-0046867

About the designated centre

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

Whitehills is a designated centre which comprised two houses and is registered to provide a residential service to six adults. This service is designed to provide a service to residents with a diagnosis of autism or Asperger syndrome and residents may also attend the services of the mental health team. Each resident had their own bedroom and are supported to attend their local community in line with their expressed wishes. Each resident also had the option to attend individual day services and some residents were also assisted to attend paid employment. Residents were supported by care assistants and team leaders and a sleep-in arrangement was in place to support residents during night-time hours. The centre was located in a suburban area of a large city. Transport was provided by the centre and public transport links were also readily available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 15 June 2026	09:30hrs to 15:50hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations and to follow up on issues that were required to be addressed following the last inspection in October 2024. The inspection was facilitated by the person in charge and team leader. The inspector also had the opportunity to meet with two other staff members and with three residents who were living in the centre.

Throughout the inspection, it was evident that staff strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the well-being and quality of life of residents. Overall, there was good compliance with the regulations reviewed on this inspection. The compliance plan submitted following the previous inspection had been addressed with improvements noted to staff rosters. While the provider had completed recent refurbishments to bathrooms and flooring in one of the houses, they needed to progress other planned improvements to the same house including the refurbishment of the kitchen, flooring to the ground floor, and repainting of the external walls. The external garden areas in both houses also required further and on-going maintenance.

Whitehills comprises two detached houses, with each house accommodating up to three residents. Both houses are located within close proximity of one another, in residential areas of the city suburbs and close to a range of facilities, amenities and shops. Both houses were visited as part of this inspection.

The inspector visited one house during the morning of inspection. It was a two storey, detached dormer style house. It was found to be spacious, bright and comfortably furnished in a homely style. Each resident had their own bedroom located on the first floor. One of the bedrooms had en-suite shower facilities and there was a separate shower room which was shared by two residents. There was a variety of communal day spaces provided including a large sitting room, dining room, kitchen and sun room. There was a well equipped laundry room which included storage for cleaning equipment, a staff office and or sleepover bedroom provided. Residents had access to a garden and patio area at the rear of the house. Extensive refurbishment works had been carried out to the house in recent years. The ground floor area of the house was wheelchair accessible with ramps provided to the front and rear doors. The house was found to be well maintained and visibly clean. However, the external garden area required further maintenance to improve the overall presentation of the grounds.

The inspector met with one of the residents who chatted about life in the centre. They advised that they were getting on well and continued to choose their preferred daily routine. They spoke of how they were looking forward to going on a home visit on the day and how they normally enjoyed weekly visits to their parents. They mentioned how they were looking forward to dining at home and how they had planned to stop off at the local supermarket to get some food items to bring home.

The resident also spoke of how they continued to enjoy food shopping and helping out with cooking meals in the centre. They spoke of how they had recently purchased a small cooler which they had placed in their bedroom and were enjoying having cold drinks as required. They told the inspector how they were enjoying the good weather and been on a trip to the local city with the support of staff over the weekend and had enjoyed sitting by the river watching the rowers. They appeared relaxed and content as they sat and chatted with the inspector and engaged in friendly banter with staff.

Staff advised that one resident was still in bed in line with their preferred routine. They advised that this resident normally attends a day programme one or two days a week and prefers to stay in bed until later in the day when not attending the day programme. The third resident was not staying in the centre at the time of inspection. Staff advised that they normally stay one to two nights a week and choose to stay at the family home on other nights. This resident attended day services during the weekdays and independently used public transport to go to and from day services and his family home. Staff advised the inspector that residents were generally independent, completed their own shopping, prepared and cooked their own meals, completed laundry, general cleaning, managed their own finances and some used public transport independently. Residents continued to get out and about to partake in a range of activities and outings. Staff spoken with and documentation reviewed showed that residents had recently enjoyed trips to Doolin in Co. Clare, to Limerick city, to a circus in Dublin, to a Galway United match and Knock religious shrine. Residents regularly went for walks in the local area, on shopping trips, eating out, scenic drives and some enjoyed going for a game of pool and another to the gymnasium. Residents had plans in place to partake in other activities over the summer months including going fishing, bird watching and visiting an animal pet farm.

The inspector visited the second house in the early afternoon. It was a large detached two-storey dwelling. Each resident had their own spacious bedroom, one bedroom had en-suite shower facilities and there was a shared shower room used by two residents. The shower room and en suite bathroom had recently been extensively refurbished and upgraded. New flooring had been provided to one of the bedrooms and two bedrooms had recently been repainted. One of the residents had enjoyed a few days stay in Westport while the flooring to their room was being replaced. There was a variety of communal day spaces provided including two large sitting rooms, kitchen dining room and small reading room. This supported residents to spend time relaxing in their preferred spaces. The inspector met with two of the residents who lived in the house. Both residents were in good form and told the inspector how they liked living in the house and of how they knew one another well having lived together now for nearly 19 years. They spoke positively about the recent improvements works carried out to the house, mentioning that the new showers were very good and how they they had been involved in choosing their preferred colours for the paintwork.

They mentioned how they could choose and decide how to spend their day, and could come and go from the centre as they wished. One resident told the inspector how they worked two days a week and used public transport to get to and from

work which was located at the other side of the city. They mentioned how on the day of inspection, they preferred to relax and read in the reading room or listen to music in their bedroom. The other resident told the inspector how they continued to enjoy various projects including repairing bicycles and of their more recent interest in repairing jewellery. They spoke about how they had a storage shed located in the garden which they used to store their tools and other equipment. They showed the inspector the new soldering iron tools which they had recently purchased. They spoke about how they enjoyed going to the local shops and of how they knew all the staff working there. They spoke about how they loved living in the area and felt a part of the local community.

There was consistent stable staffing arrangements in place which had a positive impact on residents experiences. Staff spoken with had a thorough understanding of each resident's unique needs, preferences, and interests. Residents were seen interacting with staff members throughout the day, enjoying friendly banter, engaging in conversations and it was clear that they had developed comfortable and trusting relationships with one another. All staff had completed training on a human rights based approach to care. Staff ensured that residents' preferences were met through daily consultation, bi-monthly house meetings and regular individual key working sessions. Residents spoken with reported that they were regularly consulted with and involved in decisions about their care and support. They stated that they had choices in their daily life and felt well supported by the staff team.

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 impacted on the quality and safety of residents lives.

Capacity and capability

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. This centre had a good history of compliance with the regulations. The issue regarding staffing rosters identified in the compliance plan from the previous inspection had been addressed.

The person in charge worked full-time and was responsible for one other designated centre located close by. They were supported by two team leaders with one based in each house. There were on-call management arrangements in place for out-of-hours. These arrangements were clear and available to staff in the centre.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of residents. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. There was a full compliment of staff in place with all staff having worked in the centre over the past number of

years. The inspector reviewed the staff rosters for 1st -21st June 2026 and noted that stable staffing arrangements were in place. Staffing rosters were found to clearly identify all staff on duty, including the hours worked by the person in charge and team leaders.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific support needs of some residents. Training requirements and opportunities were regularly discussed with staff at team meetings.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2025 was completed and set out further improvements to the service for 2026. These included planned upgrades to windows, insulation, kitchen, flooring and external painting to one of the houses. The provider had continued to complete six-monthly reviews of the service. The most recent review was completed in March 2026. Actions identified as a result of the review had since been completed.

The local management team continued to regularly review areas such as incidents, fire safety, infection prevention and control, medication management, staff training, restrictive practices and residents records. The results of a sample of recent audits reviewed indicated satisfactory compliance. Regular staff team meetings were taking place at which the results of audits and actions required were discussed to ensure sharing of information, inform learning and improvement to practice.

Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the assessed needs of residents living in the centre. There were normally two staff on duty throughout the day and one staff on sleepover duty at night-time in each house. The rosters reviewed for the month of June 2026 showed consistent and stable staffing arrangements and were reflective of staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff in various aspects of infection prevention and control, safe administration of medications, food safety, assisted decision making and a human rights based approach to care and support. There were systems in place to oversee training and to ensure all staff

were provided with refresher training as required. A review of the minutes of team meetings showed that training requirements were regularly discussed with staff.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being well managed. The compliance plan submitted following the previous inspection had been addressed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service. The person in charge was full-time and had a regular weekly presence in the centre. They were supported by a team leader in each house which enhanced the oversight and governance of the centre.

The provider had maintained stable staffing levels which supported continuity of care and contributed positively to the overall quality and safety of the service. There was evidence of ongoing consultation with residents to ensure they were involved in decision-making about their care and support, preferences, wishes and individual goals.

Judgment: Compliant

Quality and safety

Residents spoken with confirmed that they were consulted with, had control over decisions regarding their care and support, their daily routines and could choose to partake in their preferred activities. The provider had adequate resources in place to ensure that residents could engage in activities of their choice and the staff team promoted and supported residents to exercise their rights and achieve their personal goals.

Staff were familiar with, and knowledgeable regarding residents' up-to-date health care needs. Residents availing of this service were generally in good physical health, however, some residents required supports with mental health challenges. The inspector reviewed the files of three residents and noted that comprehensive assessments of the residents health, personal and social care needs had been recently updated. Support plans were in place for all identified issues, were found to be comprehensive, informative, person centered and had been recently reviewed.

Residents had access to general practitioners (GPs), out of hours GP service, medical specialists and access to a range of allied health professionals. The person in charge and team leader outlined how residents made decisions about their care, with some residents attending their own appointments independently.

Personal plans had been developed in consultation with residents, family members and their key working staff. Key working meetings took place on a regular basis. Documentation reviewed showed that residents had goals clearly set out for 2026. There were regular progress notes recorded with evidence that goals were being progressed and achieved.

The local management team had systems in place for the regular review of identified risk in the centre as well as regular reviews of health and safety, infection prevention and control and medication management. Individual risks to residents were identified, assessed, and managed with appropriate measures in place to support residents safety while promoting autonomy and quality of life.

The management and staff team continued to promote a restraint-free environment and there were no restrictive practices in use in one of the houses. There was some restrictive practices in use in the other house and these had been further reduced since the previous inspection.

All residents had been involved in completing fire drills and fire drill records reviewed by the inspector indicated that there had been no issues in evacuating the building in a timely manner.

Regulation 11: Visits

Visits to the centre were being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. There were no restrictions on visits to the centre. Residents were supported to maintain regular contact with their families and regularly visited family members at home.

Judgment: Compliant

Regulation 17: Premises

While the design and layout of the centre was suitable for its stated purpose and met residents' individual needs, some improvements were required to ensure that identified works were progressed and garden areas were adequately maintained. Both houses were found furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities in both houses.

The provider had continued to invest in the premises with further refurbishments to bathrooms and flooring recently completed. However, they needed to progress other identified improvements to the same house. The person in charge confirmed that funding had been approved to carry out further refurbishment works to the kitchen, ground floor surfaces, insulation, heating system and repainting of external walls. They advised that there was no time bound plan yet in place and that the provider was currently engaged in the tendering process.

The external garden areas in both houses required further and on-going maintenance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training, including in-house training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed provided assurances that residents could be evacuated safely and in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised, clear and informative. There was evidence that support care plans were regularly reviewed and updated as required. Staff spoken with were familiar with and knowledgeable regarding the assessed needs of residents.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. The inspector noted that individual goals were clearly set out for 2026. The inspector noted that some of the goals set out for 2026 had already been achieved while others were in progress. For example, a resident had recently attended a planned music concert and circus event in Dublin, a resident was making plans to go fishing in July and another resident had visited the airport to see the aeroplanes in preparation for plans to go on a short holiday abroad.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), medical consultants and health and social care professionals. A review of three residents' files indicated that residents had been reviewed by the GP, psychiatrist, psychologist, behaviour support therapist, diabetic nurse, dentist and chiropodist. Residents were also supported to avail of vaccine and national screening programmes if they wished.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Those who required support had access to a behaviour support specialist and had positive behaviour support guidelines in place. The person in charge advised that residents and staff had good support from the behaviour support therapist who regularly visited the centre. They advised that the behaviour specialist visited the residents and developed behaviour support guidance in consultation with the residents. They were also available to attend staff meeting and provide additional support and guidance to the staff team. The local team spoke of how the guidance was generally working well and how there had been a significant reduction in behaviour related incidents.

The local management team continued to regularly review restrictive practices in use. The inspector found that restrictions in use were being managed in line with national policy and were subject to regular review by the provider's rights and restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. Safeguarding was a standing agenda item and discussed at all staff meetings. The

local management team advised that there were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and respected in the centre. Residents spoken with during the inspection demonstrated an awareness of their rights and confirmed that they were supported to make their own decisions. Residents were supported to plan their own daily routines, including activities, outings and how they choose to spend their time.

All staff had completed training on promoting human rights in health and social care, in the role of communication in upholding human rights, in putting people at the centre of decision-making and in positive risk-taking. The human rights charter had been discussed with residents.

Residents had access to information and communication resources in the centre. These included access to telephones, televisions, Wi-Fi, and computers which supported residents stay informed and stay in contact with family, friends and the wider community. There were good consultation practices in place. Regular opportunities were provided to residents to express their views. Regular house and key worker meetings provided opportunities for residents to discuss their preferences, raise concerns and contribute to decisions about their care and the operation of the centre.

The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner. There were no restrictive practices in use in one house and minimal use of restrictive practices in the other.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitehills OSV-0002683

Inspection ID: MON-0046867

Date of inspection: 15/06/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Garden of premises one to be cut back/general tidy up by the 30/09/2026 Garden of premises two to be cutback/general tidy up by the 30/09/2026 Works to be carried out to replace the kitchen, ground floor flooring, upgrade heating system & insulation and repaint external walls, a project manager was appointed on the 02/07/2026 and works will commence on a phased basis following completion of tendering process to ensure the least possible disruption to the residents in Q4 2026, works to be completed in Q2 2027.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2027