Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	The Rehab Group
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	06 May 2026
Centre ID:	OSV-0003399
Fieldwork ID:	MON-0049872

About the designated centre

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

The designated centre is located in County Meath on the outskirts of a town. It is operated by the Rehab Group and provides respite services on a five or six day week basis to children with a disability between the ages of six to 18 years of age. People with Autism, intellectual, physical and sensory disabilities are supported in this centre by a team of care workers, team leaders and a person in charge. The centre has capacity to accommodate five children at a time in the house. The centre provides respite care for a maximum of 80 children. The centre is a detached bungalow which consists of a living room, a sitting room, sensory room, large kitchen with a dining area, a utility room, a staff sleepover room and five individual bedrooms. There was a well-maintained enclosed garden to the rear of the centre containing suitable play equipment. The activities on site includes access to a garden, sensory activities, toy room, computer games, tricycles, swings, sandpit and trampoline. In the community there is access to a playground, GAA facility, running track, play centres, cinema, beach walks, swimming, walks and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 May 2026	14:00hrs to 17:00hrs	Eoin O'Byrne	Lead
Thursday 7 May 2026	08:00hrs to 15:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

An unannounced inspection took place over two days. On the first day, the inspector engaged directly with the young people and observed the care and support they received during their respite breaks. The second day focused on reviewing governance and management arrangements, including systems to ensure the quality and safety of care provided to young people using the service.

The inspection findings were very positive. After a thorough review of documentation and observations over the two days, it was clear that young people were receiving a good standard of care during their time at the respite service. One area was identified as needing improvement, but all other areas were found to be in compliance with the regulations. Improvements were required to ensure that all instances in which a young person's behaviour negatively impacted a peer were submitted for review by the Chief Inspector.

Feedback from young people's families was gathered to understand their experience of the service. Four families were contacted by telephone, and two family members were spoken to in person.

Feedback from families was very positive. They reported high satisfaction with the service and no concerns. Several family members said the young people enjoyed attending and looked forward to their respite breaks. Some families expressed a wish for additional respite, highlighting the service's importance to both the young people and their families.

One family member described the service as the best they had received. Another praised the open and transparent communication with the staff, saying they felt well informed. Families also noted that young people were supported to participate in age-appropriate activities, with staff facilitating their choice of activities during their respite breaks.

During the inspection, the inspector had the opportunity to interact directly with the three young people in attendance.

The young people arrived at the service separately, either from school or directly from their family homes. On arrival, they appeared relaxed and content within the environment. One young person chose to spend time in the garden, using the available play and exercise equipment. Another young person spent most of their time in the kitchen area and also engaged in activities in the garden. The third young person followed their individual routine and was supported by staff to engage in activities that were meaningful to them, including extended periods in the kitchen area playing with toys, followed by time spent outdoors.

The inspector attempted to interact with one of the young people; however, the young person did not wish to engage, and this preference was respected. The inspector observed staff supporting this young person in making choices throughout the day, with a range of options offered for activities and routines. A structured schedule was particularly important for this young person, and the inspector observed staff consistently implementing the guidance outlined in the young person's positive behaviour support plan. This approach supported positive outcomes and contributed to the young person's comfort and settled presentation during their respite stay.

The inspector spent time with another young person in both the kitchen area and the garden. This young person was non-speaking and communicated through facial expressions and eye contact. The inspector found that staff supported the young person in a caring, respectful, and attentive manner. Choice was facilitated through the use of visual aids, and staff provided reassurance where required. The young person appeared content within the environment and comfortable in their interactions with staff members supporting them.

The third young person arrived from their family home and engaged in their established routines. The staff team facilitated the young person's participation in these routines, recognising their importance to the young person's wellbeing and sense of familiarity during their stay at the respite service. The inspector observed the young person being offered a range of activities; they clearly stated through non-speaking communication that they were happy to continue what they were doing and this was respected by the staff team.

During the inspection, the inspector observed that the staff team used a range of visual aids, including sentence boards, to support and promote young people's ability to make choices. The inspector found that a wide variety of visual communication supports were readily available to both staff and young people to enhance communication and understanding. It was also noted that, in recent weeks, members of the staff team had received LAMH training, which further supported their skills and competence in communicating effectively with young people using the service. The inspector found, upon reviewing team meeting notes, that a plan was in place to ensure LAMH learning continued, with signs reviewed weekly.

Despite many young people attending the service on a limited basis, with some attending once per month, the inspector found that comprehensive care and support plans were in place for each young person. These plans were well developed and provided sufficient, clear, and current information to guide staff in delivering individualised care and support.

The inspector observed that effective systems were in place to ensure young people's care and support information was reviewed as part of planning and handover before each shift commenced. During the inspection, the inspector observed care plans being discussed and read aloud during handover, ensuring all staff on duty were fully informed. This practice ensured that staff were aware of

each young person's individual needs, support strategies, and care plans prior to providing care.

The inspector found evidence that the respite staff team and management had advocated on behalf of young people and their families where required. This included ensuring that young people were appropriately linked with relevant multidisciplinary professionals and services to support their assessed needs.

The person in charge facilitated a tour of the respite service for the inspector. The premises contained a range of age-appropriate games and toys available throughout many of the rooms. There were designated sitting rooms and relaxation areas, as well as a sensory room to support the sensory needs of young people. Each young person had access to their own bedroom when attending the respite service.

The inspector found that the premises had been appropriately adapted to meet the needs of the young people using the service. In addition, necessary equipment had been sourced and put in place to support young people's individual needs and to promote their comfort and well-being during their respite stays.

The inspector observed that the atmosphere within the service was welcoming. As outlined earlier, young people appeared happy and comfortable in the environment. It was evident that staff members were familiar with the individual needs of the young people and demonstrated an understanding of how best to support them in a responsive and person-centred manner.

During the inspection, the inspector engaged with four members of the staff team. Each staff member demonstrated the appropriate knowledge and competence to support the young people using the service. When questioned, staff members clearly outlined the systems in place to safeguard young people during their respite breaks.

Staff also demonstrated a clear understanding of the arrangements in place for the safe administration and management of medication. In addition, they explained how potential or actual compatibility issues among respite users were identified, assessed, and managed to ensure the safety and well-being of all young people attending the service.

The inspector reviewed the staff team's training records and found that they had received appropriate and relevant training to support them in carrying out their roles and responsibilities. This training supported staff to meet the assessed needs of young people using the service.

A review of staffing arrangements also found that the provider had ensured adequate staffing levels were in place to safely and effectively support young people during their respite stays.

In summary, observations from the review of information across the two days of inspection identified that the young people availing of respite were receiving a high standard of care. The staff team were observed to support the young people in an

appropriate and caring manner, which contributed to positive, meaningful respite stays.

Capacity and capability

An assessment of the governance, management, and quality of care provided to young people using the respite service was completed. Overall, the findings of the inspection were positive. The service demonstrated effective systems in place to support the delivery of safe, person-centred care. Young people were supported by a knowledgeable staff team, and appropriate oversight arrangements were in place to promote continuous service improvement. One action was identified under Regulation 31 in relation to notification requirements; however, this did not detract from the overall positive findings of the inspection.

Regulation 15: Staffing

The inspector reviewed the service's staffing arrangements and found them to be appropriate. There was a well-established staff team in place, with some members working in the designated centre for over ten years.

The inspector examined a sample of staff rosters, including the current roster, one from February, and one from March. Comparison of the three rosters demonstrated a consistent staff team, which supported continuity of care for the young people attending the respite service. The review also identified that shift patterns were adjusted as required to meet the individual needs of the young people. Adequate staffing levels were maintained at all times to ensure their safety.

The inspector further reviewed Schedule 2 documentation for six staff members. This review confirmed that the provider had ensured all staff had up-to-date Garda vetting disclosures, verified identity documentation, documentary evidence of qualifications, and two written references on file for each staff member.

In summary, the inspector found that the provider and the person in charge had ensured that appropriate and effective staffing arrangements were in place to meet the needs of the young people and to promote their safety and well-being.

Judgment: Compliant

Regulation 16: Training and staff development

An inspector reviewed the systems in place to ensure that the staff team received appropriate training and possessed the necessary knowledge to fulfil their roles. This review identified that suitable and effective systems were established.

As part of the inspection process, an inspector reviewed the training records for the staff team. This review identified that staff had completed a comprehensive range of mandatory and role-specific training. Training completed included:

- Fire safety training
- Percutaneous Endoscopic Gastrostomy (PEG) feeding
- Managing behaviour that is challenging
- Children First training
- Infection prevention and control training
- Personal protective equipment (PPE) training
- Human rights and communication
- Epilepsy awareness training
- People handling
- First aid training
- LAMH training

Discussions with staff indicated they had an appropriate level of knowledge about the care and support needs of the young people. Staff were able to clearly describe safeguarding practices and the medication management arrangements in place to support young people. This demonstrated that staff were receiving relevant and appropriate training to carry out their roles effectively.

Observations on the first day of the inspection also identified that staff members carried out their duties in a professional and appropriate manner.

Monthly staff meetings were held in the service. Inspectors reviewed the records of two meetings from March and April 2026. These meetings provided opportunities for the person in charge to discuss matters relating to the service and to ensure staff were informed of their roles and responsibilities.

The supervision records for three staff members were reviewed. Inspectors found that supervision occurred in line with the provider's policy. Supervision was effectively used to monitor performance and support staff development. Action plans were developed where required to enhance staff competencies.

In summary, staff received comprehensive and appropriate training and supervision, ensuring they had the necessary skills and knowledge to meet the needs of the young people in their care.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the current governance and management arrangements and found them to be appropriate. The systems in place ensured that the staff team were sufficiently prepared to support and care for the young people availing of the respite service. These systems also ensured that the care and welfare provided to young people were appropriate and that their needs were met during each respite stay.

In reaching this conclusion, the inspector reviewed a large volume of information relating to the management of the service and the care and support provided to young people. The person in charge and the service management team, which included three team leads, conducted regular audits of service delivery and care practices. A sample of these audits was reviewed and found to be effective in identifying areas for improvement and in driving enhancements in the care and support provided to young people.

The inspector also reviewed the two most recent unannounced inspection reports, which were completed on 5 August 2025 and 3 February 2026. This review demonstrated that required improvements were being appropriately identified and that action plans had been developed as part of the inspection process. The inspector followed up on the actions identified in the February 2026 report and found that the service management team had addressed, or was in the process of addressing, all required actions.

In summary, the inspector found that the way the respite service was managed was working well, with systems in place to make sure staff were ready to care for the young people who use the service.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the preparation for the inspection, the inspector reviewed notifications submitted by the provider to the Chief Inspector. The inspection also included a review of restrictive practices and adverse incidents that had occurred within the service.

This review identified that improvement was required to ensure that all incidents where a young person negatively impacted a peer were appropriately notified to the Chief Inspector, in line with regulatory requirements. Inspectors identified that two such incidents had occurred in recent weeks; however, the required notifications had not been submitted for review.

The inspector was satisfied that both incidents were appropriately managed by staff and that the safety and well-being of young people were maintained at all times.

Notwithstanding this, the failure to submit the required notifications represents a gap in compliance with Regulation 31.

Judgment: Substantially compliant

Quality and safety

The inspection identified positive findings in relation to the quality and safety of care provided within the service. Systems were in place to support young people to experience safe, and person-centred respite care. A review of the regulations found that the service was compliant with the areas examined, including safeguarding, risk management, care planning and medication management.The inspection revealed positive results concerning the quality and safety of care provided by the service. Systems are in place to ensure that young people receive safe and person-centred respite care. A review of the regulations indicated that the service complies with the areas examined, including safeguarding, risk management, care planning, and medication management.

Regulation 10: Communication

The inspection found that young people were treated with respect and that their individuality, preferences, and communication needs were appropriately supported during their respite stays.

The inspector found that staff demonstrated a good understanding of each young person's communication style, preferences, and support needs. Information reviewed for two young people showed that care and support plans included clear guidance on how to communicate effectively with each young person, promoting their understanding and engagement while using the service.

Observations during the inspection identified that staff interacted with young people in a kind, respectful, and age-appropriate manner. The inspector found that young people were supported to express their wishes and preferences regarding their respite experience, including daily routines, activities, and personal care. The inspector observed visual aids being utilised to support some young people with making decisions. The inspector also observed a young person being supported by a staff member to make a plan/routine and then to utilise it.

Choice and sentence boards were being used with some of the young people. The inspector observed these being used effectively, with the young people being supported to express their wishes.

Records reviewed showed that young people and their families were kept informed and that relevant information was shared in a clear and accessible manner. There was evidence of ongoing engagement with families and, where required, with other professionals to ensure that communication remained effective and responsive to the young people's needs.

Overall, the inspection found that the provider and staff team ensured that young people's communication skills were promoted and respected.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that young people availing of the respite service were, as far as possible, supported to engage in activities that they enjoyed and that their wishes and preferences were respected by staff.

For example, some young people chose to participate in community-based activities such as swimming, visiting play centres, parks and playgrounds, or going out for meals. A review of activity records demonstrated that young people were offered a range of age-appropriate and meaningful activity options during their respite stays.

The inspector also found that where young people preferred to engage in activities within the house or garden, these preferences were respected. For example, on the first day of the inspection, one young person was offered a range of activity options; however, they expressed a preference to play indoors, and this choice was supported by staff.

Overall, the inspection found that young people were supported to make choices about how they spent their time during respite stays, which promoted their wellbeing, enjoyment, and autonomy.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk management systems in place within the service. This review identified that there were appropriate systems in place to identify, assess, manage, and respond to risks.

As noted earlier in the report, a number of adverse incidents had occurred within the service during the year. The review of these incidents identified that, while incidents were occurring on a regular basis, there were effective systems in place to manage and mitigate the associated risks. Staff had been provided with appropriate

training in managing challenging incidents, and review of incident records demonstrated that staff responded in a timely and appropriate manner. Staff supported young people in a caring and respectful way while also ensuring their safety and the safety of others.

As part of the inspection, the inspector reviewed risk assessments for two young people availing of the respite service. These risk assessments were specific to each young person, and clearly linked to their care and support plans. The inspector found that the risk assessments were concise yet provided sufficient guidance on how to support the young people safely.

The control measures identified within the risk assessments were appropriate to the level of risk identified and were implemented in a manner that was proportionate and not overly restrictive.

Overall, the inspector found that the provider had robust risk management systems in place that effectively supported the safety and well-being of young people availing of the respite service.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management and administration practices in place at the service and found them appropriate. Systems were in place to ensure that where young people were prescribed medication, this was checked into the designated centre safely and appropriately. All medication brought into the service with young people was had to be recorded on individual medication kardexes. There were examples of this not always being the case, where the staff team had taken adequate steps to ensure safe administration practices.

The inspector reviewed the medication storage arrangements with a team leader and was satisfied that appropriate measures were in place to ensure medications were stored securely and in line with best practice. Daily medication stock checks were completed, including checks of medication received on admission and the quantity of medication discharged with each young person.

The inspector found that staff members had completed appropriate training in the safe administration of medication. In addition, medication action plans had been developed for some young people, which provided clear and detailed guidance to staff on how to safely and effectively support young people in relation to their medication needs.

Overall, the inspection found that medication was managed and administered safely, in accordance with young people's prescriptions, and in a manner that promoted their health, safety, and well-being.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

During the course of the inspection, the inspector reviewed a sample of information relating to five young people who availed of the respite service. This review identified that the provider, the person in charge, and the staff team had ensured that appropriate assessments of the young people's needs were completed. Care and support plans had been developed in line with these assessments and provided clear and concise guidance on how best to support each young person.

The review further identified that the provider, the person in charge, and the staff team regularly acted as advocates for the young people. Multidisciplinary input was sought where required, and, in some instances, meetings were arranged to ensure the young people received the supports necessary to meet their identified needs.

In addition, the review of records relating to the young people's respite stays demonstrated that the young people were well cared for and that their individual needs were appropriately met during their time in the service.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the systems in place to support young people who required positive behaviour support. This review identified that, where required, young people were provided with appropriate and effective positive behaviour support interventions.

Some young people had experienced episodes of behaviours that challenged during their respite stays, which had the potential to place themselves or others at risk. As part of the review of adverse incidents, the inspector found that when such incidents occurred, staff responded in a timely and appropriate manner. Staff ensured that the young people were supported, cared for, and that the safety of the young people and others present was maintained.

The inspector reviewed two young people's positive behaviour support plans and found that they were well-written, and specific to each young person. The plans provided clear and detailed information regarding the possible triggers for behaviours, what the behaviours were communicating, and clear guidance on how staff should respond effectively and consistently.

The inspector also found that staff had received appropriate training in the management of behaviours that challenge. During the course of the inspection, the

inspector observed a staff member supporting a young person in a manner that was consistent with the guidance outlined in their positive behaviour support plan.

In summary, the inspector found that the provider and the staff team were ensuring that the behavioural support needs of the young people were being appropriately identified, managed, and met.

Judgment: Compliant

Regulation 8: Protection

The inspection identified that appropriate systems were in place to safeguard young people from the risk of abuse during their respite stays. The inspector found that all staff had received safeguarding training specific to working with young people, including completion of Children First training.

Discussions with staff confirmed that they demonstrated a good understanding of what constitutes a safeguarding concern, how to respond appropriately, and the relevant bodies that must be notified should a concern arise.

The inspector found that where safeguarding concerns had been identified, appropriate investigations had been completed, and safeguarding plans were developed and implemented to support and maintain the safety of the young people.

The inspector reviewed three active safeguarding plans that remained in place while the young people availed of respite services together. These plans related to situations where some young people had negatively impacted their peers during respite stays. The safeguarding plans provided clear and detailed guidance on how best to support each young person and promote positive and safe respite experiences

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
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Meadows OSV-0003399

Inspection ID: MON-0049872

Date of inspection: 07/05/2026

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The two incidents highlighted in this report have been reviewed and NF06s submitted in both cases. PIC met with team leaders on 12/5/26 to discuss the reviewing of incidents and the importance of considering potential safeguarding concerns for children who may witness the distress or behaviours of concern of others. Full team discussion will also take place on 20/5/26 at scheduled team meeting, to ensure this is always a consideration for future incidents.	

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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	20/05/2026