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:	Knocklofty Residential Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	29 April 2026
Centre ID:	OSV-0003637
Fieldwork ID:	MON-0041626

About the designated centre

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

Knocklofty Residential Service is a residential service operated by The Rehab Group. The centre has the capacity to provide a residential service to up to 11 adults with an intellectual disability. The designated centre is located in a rural setting in County Tipperary within a short drive to a town with access to facilities and amenities. The designated centre consists of three houses including a detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The centre is surrounded by a large garden area with vegetable patches and a variety of seasonal plants and flowers. The designated centre is staffed by care workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 29 April 2026	09:20hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration.This inspection was carried out by one inspector over one day.

The designated centre consists of three buildings located on large well-maintained grounds. The buildings include a detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The inspector completed a walk around inspection of the premises accompanied by the person in charge. The houses of the centre were observed to be generally well-maintained and decorated in a homely manner.

The inspector had the opportunity to meet nine of the 10 residents on the day of inspection. One resident had left for day services and had plans to attend an event in the evening so did not return to the centre.

On arrival the inspector visited the detached two-storey house which was home to three residents. The two storey house consists of a kitchen, living area, two sitting rooms, utility room, four residents' bedrooms, a staff bedroom and two office spaces.

The inspector was welcomed by one resident. The resident showed the inspector around their home. The resident told the inspector they decided to stay home as they felt unwell and spoke with the inspector about their life and places they previously lived. The resident highlighted that they were happy in the house. A second resident was preparing for the day and was observed spending time around the house. The third resident had left the centre to attend day services.

The inspector then visited the bungalow with attached self-contained apartment which was home to five residents. The bungalow comprises of a kitchen/dining room, living areas, two sitting rooms, four resident bedrooms, a staff bedroom and office space. The attached self-contained apartment comprised of one bedroom, kitchen/dining room and sitting room.

The inspector briefly met with four residents of the house as they were on the way to day services. The residents appeared happy and content in the house and noted plans for upcoming holidays and concerts.

The previous inspections identified that improvement was required in the design and layout of the house to meet a resident's evacuation and privacy needs. This had been addressed and the provider had completed a significant reconfiguration of the property. The resident showed the inspector their new bedroom with large accessible en-suite. They stated they were happy in their new room and had installed remote control features including blinds and radiator. Also, on the day of

the inspection, the inspector observed tradesmen present installing new flooring in the sitting room.

In the attached self-contained apartment, the inspector met the resident as they were watering flowers in front of their apartment. They said they were happy in their home. They resident showed the inspector their apartment which was well maintained and decorated in line with their preferences.

The inspector briefly visited the two self-contained apartments which were home to two residents. The semi-independent units were laid out similarly and both contained a kitchen, a living area and a bedroom. The inspector briefly met one of the residents as they were heading to day services. The resident told the inspector about plans for an upcoming holiday that they were looking forward to. As noted, one resident had left for day services before the inspection.

Later in the afternoon, the inspector met some residents as they returned home from their day services.

In the two storey house, the inspector had the opportunity to meet the other two residents. The second resident said they were happy in their home, liked the staff team and were retired. When the third resident returned home from day service, they showed the inspector some recent artwork they had completed and planned to give to a family member. The resident told the inspector they loved living in the house and the staff team.

In the bungalow, the inspector met with the three residents as they prepared for dinner. The residents appeared happy to be home and discussed their day. One showed the inspector their bedroom and stated that they were happy with it.

The inspector also reviewed ten questionnaires completed by residents, some with the support of staff. The residents' questionnaires had positive feedback on many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, one resident noted that while they get along with the people they live with, there are times that they don't. In addition, one resident highlighted that they were not satisfied with the transport available as it was unreliable. They did note that the taxis and day service vehicles can be accessed.

Overall, the inspector found that the residents were receiving a quality person centred service. The residents appeared content and comfortable in their homes. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, continued attention was required in the staffing arrangements, the transport arrangements required review and further clarity was required in relation to supporting one resident with their finances.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were management systems in place to ensure the provision of a good standard of care to the residents. However, the staffing arrangements required continued attention and the transport arrangements in place required review.

There was a defined governance structure in place. The centre was managed by an appropriately qualified and experienced person in charge. Quality assurance audits were taking place to assess and monitor the service including the annual review for 2025 and six-monthly provider audits. These audits identified areas for improvement and developed actions plans to address same. However, a number of residents highlighted their dissatisfaction with the centres transport. The transport arrangements required review.

The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the residents. However, the staffing arrangements required continued attention. For example, at the time of the inspection, the centre was operating with four whole time equivalent vacancies. There was a reliance on the staff team, regular relief and agency staff to cover the vacancies. This meant at times some shifts were not able to be covered.

The inspector reviewed a sample of training records which demonstrated that for the most part the staff team had up-to-date training. This meant that the staff team had the skills and knowledge to support residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for this designated centre alone.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed the roster for April 2026 and found that there was an established staff team in place which ensured continuity of care and support to the residents. On the day of this announced inspection, the staffing levels were in line with the planned roster.

During the day, the ten residents were supported by four residential staff members. At night, two waking-night staff and one sleep over staff were in place to support the 10 residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, the staffing arrangements required continued attention. On the day of the inspection, the centre was operating with four whole time equivalent vacancies. While, the provider was actively recruiting to fill the vacancies, to maintain the roster and minimise the impact on residents there was a reliance on the staff team, regular relief and agency staff to cover the vacancies. For example, in the period of January 2026 to April 2026, the two supernumerary team leaders covered an additional 101 hours and 10 sleepover shifts. Also, at times shifts were unable to be covered. In April 2026, four shifts were unable to be fully covered.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date mandatory training including fire safety, safeguarding, de-escalation and intervention techniques and safe administration of medication. Where members of the staff team required refresher training, this had been self-identified and plans were in place to address same.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the risk of injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time appropriately qualified and experienced person in charge who was supported in their role by two experienced team leaders. The person in charge reported to the regional manager who in turn reported to the head of operations.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review for 2025. The provider had also carried out six-monthly provider visits. The audits identified areas for improvement and developed action plans to address same. These audits also included positive feedback from families and residents on the care and support provided.

However, five of the residents raised their dissatisfaction with the transport arrangements through recent satisfaction surveys carried out in December 2025 noting that the transport was uncomfortable, unreliable and in the garage frequently. The last six monthly audit noted that there was a number of complaints in relation to transport. One resident noted in their questionnaire for this inspection, their dissatisfaction with the transport arrangements. The inspector acknowledges that taxis and alternative transport was available when required. However, the transport arrangements required further review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, some improvement was required in the systems for the management of finances.

The inspector found that the premises was designed and laid out to meet the needs of residents. The centre was clean, generally well maintained and presented in a homely manner.

The inspector reviewed a sample of the residents' personal files which comprised of an up to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their needs.

A previous inspection found the systems in place to support residents to manage and protect their finances required improvement. While it was demonstrated that the provider had taken a number of actions, this had yet to be resolved for one resident.

There were appropriate systems in place to keep the residents safe. For example, the residents communicated with the inspector that they liked living in the designated centre. Safeguarding plans were in place for identified safeguarding risks. A review of incident and accident records demonstrated that they were appropriately managed and responded to. In addition, there was suitable fire safety equipment in place and fire drills had been carried out.

Regulation 12: Personal possessions

A previous inspection of this centre had identified that the provider's systems in place to support residents to manage and protect their finances required

improvement. While a number of actions had been taken, further clarity was required in relation to the support in place for one resident to manage and protect their finances.

For example, the resident was supported with their finances by others. The financial support assessment and risk assessment identified that the resident needed some support with finances. A meeting had been held with the social worker in March 2025 and a meeting regarding assisted decision making was held in March 2026 where the resident expressed their preference as to who had involvement in the management of their finances. However, in the service there remained limited oversight of the residents' finances as the most recent bank statement the resident had was dated May 2025.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner, well maintained and laid out to meet the needs of residents. The designated centre comprised of three buildings including,

- A two storey house consisting of a kitchen, living area, two sitting rooms, utility room, four residents' bedrooms, a staff bedroom and two office spaces.
- A bungalow comprising of a kitchen/dining room, living areas, two sitting rooms, four resident bedrooms, a staff bedroom and office space. The attached self-contained apartment comprised of one bedroom, kitchen/dining room and sitting room.
- And, two-semi independent units both containing a kitchen, a living area and a bedroom.

Previous inspections found that the design and layout of the centre did not appropriately meet a resident's evacuation and privacy needs. This had been addressed. The provider carried out a significant reconfiguration of the footprint of one of the houses to provide a large bedroom and attached en-suite to meet the residents needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20 including a summary of the services and facilities, the

terms and conditions, the arrangements for consultation with residents, how to access inspection reports, the complaints procedure and the arrangements for visits.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre which demonstrated the all persons could evacuate the service in a safe and timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of needs in place which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed a sample from six residents' personal files and found that they were up to date, appropriately identified the residents needs and guided the staff team on how to support the residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. All staff had received training in safeguarding vulnerable adults. Staff were found to be knowledgeable in relation to keeping the residents safe and on how to report allegations of abuse. A number of residents told the inspector that they liked their home and were observed to appear relaxed and content in their home.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Knocklofty Residential Service OSV-0003637

Inspection ID: MON-0041626

Date of inspection: 29/04/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Recruitment efforts continue. There were four vacancies at time of inspection (2 x 17.5 hours and 2 x 33.5 hours). Two offers have been made to candidates and both were initially accepted, however one of these has now withdrawn. One candidate is in pre-employment checks. • A recruitment fair was held on 27/05/2026 in Clonmel and one potential has been offered a post. • Vacancies has been advertised during week commencing 01/06/2026. • The Provider is currently in the process of recruiting a number of international staff, one of these newly recruited staff have been assigned to this service, start date has yet to be confirmed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Funding has been secured for an additional vehicle to be purchased for use in Provider's services in Clonmel and Knocklofty. It is anticipated that this vehicle will be available by the 30/09/2026.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions:	

• A meeting has been arranged for 16/06/2026 to meet the resident and their representatives to discuss options for the PIC to have enhanced oversight of the resident's finances.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/06/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2026
Regulation 23(1)(a)	The registered provider shall	Substantially Compliant	Yellow	30/09/2026

	ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			