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:	Shalom
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	04 February 2026
Centre ID:	OSV-0003639
Fieldwork ID:	MON-0040671

About the designated centre

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

Shalom is a designated centre operated by The Rehab Group. It provides a community residential service to five adults with an intellectual disability. The designated centre is a two story house in County Tipperary. It is located on the outskirts of a large town adjacent to a day service and another designated centre located with access to local facilities and amenities. The designated centre consists of two open plan kitchen, living and dining areas, a lounge, five individual resident bedrooms, one staff room/office and a number of bathrooms. The designated centre is staffed by social care workers and care staff. 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:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 February 2026	09:00hrs to 16:40hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a registration renewal decision. Overall, the findings indicated that the provider was striving to deliver care in a person centred manner and the residents in the centre were engaging well in their community. High levels of compliance were noted in all areas of the regulations reviewed.

There were five residents living in the centre on the day of inspection. The inspector had the opportunity to meet with four residents in the morning and in the afternoon as they went about their daily routines. One resident was sitting outside the centre waiting for their bus at the beginning of the day as the inspector arrived to the centre. The resident greeted the inspector and shook hands and chatted for a couple of minutes about the weather and local news. They communicated they were keeping well when asked before getting their bus to day services.

The person in charge was on temporary leave on the day of inspection and the inspection was facilitated by the centre team leader. The centre's regional manager was also available by phone throughout the day. The inspector completed a walk around the premises at the beginning of the day. Residents were all getting ready for their day, finishing breakfast, waiting for their buses, putting on their coats and getting bags ready. Staff were supporting residents with these tasks and the inspector noted kind and familiar interactions between staff and residents.

The designated centre consisted of two open plan kitchens, living and dining areas, a lounge, five individual resident bedrooms, one staff room/office and a number of bathrooms. Overall, the premises was in a very good state of repair. The house presented as clean and homely. Paintwork had been completed in some areas since the centre's previous inspection. Residents had all personalised and decorated their bedrooms in line with their preferences and the inspector noted lots of pictures of GAA stars, family, holidays and days out on display throughout the centre.

The five residents had completed satisfaction questionnaires prior to the inspection day, with support from the centre team leader. In general, feedback in these was positive and residents reported feeling happy living in the centre and satisfied with areas such as their home, mealtimes, the staff and living with peers. One resident wrote "I like my room", another wrote "I am happy going out" and another wrote "I get on with the people I live with most of the time".

One resident requested to speak with the inspector privately in the morning and this request was accommodated. When asked, the resident told the inspector that they liked their home and their bedroom. However, the resident told the inspector that they were not happy at the moment as there were too many new staff in the centre. This was reviewed further as part of Regulation 15. The inspector noted that while

there was a consistent staff team supporting residents for the most part, the centre had experienced some changes in 2025 with some long-standing staff retiring.

From speaking with residents and reviewing daily notes, the inspector found that all residents attended regular daily activation through day services and employment and all residents seemed to enjoy this. Residents also enjoyed regular day trips and weekend activities such as meals out, swimming, going to local matches, yoga, bowling, shopping and going for a drink in the local pub. One resident told the inspector about a trip to Cork they had planned in the coming weeks with a staff member. Another resident enjoyed plane watching and visited the airport every six weeks to enjoy this.

The inspector met with some residents again as they were returning home in the afternoon. They appeared comfortable and relaxed in their home getting cups of tea and asking staff what they were having for dinner. One resident was noted in their living area enjoying their drinks and watching history shows on their television. They appeared very content relaxing in their space.

Overall, the inspector found that residents appeared to enjoy living together in Shalom and were leading meaningful lives in line with their own personal likes, goals and aspirations. Inspection findings indicated that the management team were implementing consistent oversight and monitoring systems to ensure the residents safety and to maintain high quality standards in the centre.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Overall, there were robust management and oversight systems in place. There was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The centre was led by a person in charge who was supported in their role by a team leader. The person in charge was on temporary leave on the day of inspection.

Residents were supported by a suitably qualified staff team. The staff team had experienced some changes in recent months and the provider was endeavouring to provide continuity of care to the residents during these changes. Staff spoken with

on the day of inspection were very knowledgeable regarding the residents and their individual needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application to renew the registration of the centre to the Chief Inspector of Social Services as part of the registration renewal process. This was submitted in a timely manner and contained all requested prescribed information including the centre Statement of purpose and certificate of insurance.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the centre's actual and planned rosters for December 2025 and January, February and March 2026 and found that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis. There were two staff vacancies on the day of inspection. The provider was actively recruiting to fill these posts on the day of inspection. The centre was ensuring continuity of care for the residents by using consistent regular relief staff from the provider's day service to fill shifts when needed.

The staff roster was maintained appropriately, and the times worked by each person were accurately reflected. The inspector found that staff had the necessary competencies and training to support residents living in the centre. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care and support. Staff meetings occurred monthly in the centre and these were used as an opportunity to discuss topics such as residents needs, risk, quality, policies and procedures and health and safety.

One resident told the inspector on the morning of the inspection that they were not happy as there were too many new staff in the centre. Following a review of the staff team in place and discussion with the centre team leader it was noted that the centre had experienced some changes in 2025 with some long-standing staff retiring. No new staff had started in the centre for six months prior to the inspection day and the provider had endeavoured to provide consistency where possible for the residents following this change by using regular relief staff during the recruitment period.

Judgment: Compliant

Regulation 16: Training and staff development

There were good levels of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling, and fire safety. There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Supervision of staff was occurring consistently. A schedule was in place for staff to experience one to one supervision with a line manager every three months. Staff meetings occurred monthly in the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the centre had an appropriate contract of insurance in place to protect residents against injury, loss or damage to property. This was reviewed as part of the registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre. There was a management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The person in charge was on temporary absence on the day of inspection and a suitably qualified and experienced person was managing the centre during this period. There was also a full-time leader in place.

Local governance was found to operate to a good standard in the centre. Good quality monitoring and auditing systems were in place. Local audits and checks were taking place regularly and the team leader sent weekly reports to the person in charge and management team which included reviews of areas such as medication management, finances and infection control.

The provider was completing six-monthly unannounced reviews of the quality of care and support in the centre. The inspector read the last review from September 2025 and found that the review included an action plan which was followed up and progressed by the person in charge. An annual review of the care and support

provided had been completed for 2025. This was appropriately self identifying areas in need of improvements.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place and this had been submitted to the Chief inspector as part of the registration renewal process. This was found to contain all items set out in Schedule 1 and was an accurate description of the service provided.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre. The inspector reviewed a number of areas during the inspection to determine the quality and safety of the support provided such as a risk management systems, personal plans, financial records, fire safety systems, the premises and safeguarding procedures. Overall the inspector found that the residents were in receipt of a safe and high quality service which had been tailored to suit their preferences and needs.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Regulation 12: Personal possessions

Significant work had been done in the centre in recent months to support residents to retain control of their personal finances. All residents had personal financial accounts in their own name on the day of inspection. There were a number of systems in place to safeguard residents' finances. Residents' cash balances were checked twice per day by staff and bank statements were reviewed and cross checked with spending records every three months. The centre team leader also checked cash balances weekly. The inspector completed a review of three residents' balances during the inspection and found that they were correctly recorded and all recent transactions were accounted for.

Residents all had a personal inventory record which was appropriately maintained and regularly reviewed to ensure their personal property was accounted for and protected. Staff had developed easy-read money management documents to guide residents with their personal finances.

Judgment: Compliant

Regulation 17: Premises

The designated centre consists of two open-plan kitchen, living and dining areas, a lounge, five individual resident bedrooms, one staff room/office and a number of bathrooms. Overall, the premises was in a very good state of repair. The house presented as clean and homely. Paintwork had been completed in some areas since the centre's previous inspection. Residents had all personalised and decorated their bedrooms in line with their preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. The centre had an up-to-date risk management policy in place. Residents all had individualised risk assessments in place which were subject to regular review. Individual risks associated with resident care such as mobility risks had been carefully considered. The service health and safety officer completed an audit on the health and safety measures in the centre annually. There was a policy in place to guide positive risk taking for residents in the service.

There was an online incident reporting system in use and the inspector reviewed records of any adverse incidents which had occurred in the designated centre in recent months. Accidents and incidents were discussed at staff meetings and plans were put in place to reduce potential risk of possible recurrence and to support residents to continue to maintain a safe environment both in their home and local community.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety systems including fire detection, containment and fire fighting equipment. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment throughout the centre. Staff were completing regular fire safety checks on areas including emergency lighting, the fire detection system and emergency escape routes. A suitably qualified fire safety specialist was regular attending the centre and servicing fire safety equipment. Easy-read fire safety information was noted prominently displayed in the centres hallway.

The inspector reviewed fire safety records, including fire drill details. The provider demonstrated through their drills that they could safely evacuate all residents under day and night time circumstances in an efficient manner. This was an action that had been appropriately addressed since the centres previous inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The designated centre was suitable to meet the assessed needs of the residents living there. Residents all had individual assessments of need and personal plans. Residents all experienced an annual person centred planning meeting with their key workers, family members and management where they discussed their current plan of care and their goals for the year ahead. Residents all had appointed key workers and experienced regular one to one key working sessions to discuss topics such as social plans, safeguarding and personal finances. Some residents needed support from multi-disciplinary health and social care professionals such as dietetics and occupational therapy and recommendations made by them were implemented into their plan of care. Residents were supported to attend appointments when required.

All residents attended regular daily activation through day services and employment. Residents also enjoyed regular day trips and weekend activities such as meals out, swimming, going to local matches, yoga, bowling, shopping and going for a drink in the local pub. One resident told the inspector about a trip to Cork they had planned in the coming weeks with a staff member. Another resident enjoyed plane watching and visited the airport every six weeks to enjoy this.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents living in the centre presented with behavioural expressions of need and they were supported to manage these. Behavioral support plans were in place when required and these were developed by the service behavioural therapist. Easy-

read guidance was available to residents working with the service behavioural therapist. Staff had all completed up-to-date training in behaviour management.

Some restrictive practices were in use in the centre and rationale for their use was made clear in corresponding risk assessments. The use of any restrictive practice was regularly reviewed with the behavioural therapist and approved by the provider's human rights committee.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented safeguarding oversight systems which were guided by clear written policies and procedures to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. All residents had up-to-date intimate and personal care plans in place. There were a number of systems in place to safeguard residents finances as was discussed under Regulation 12.

There were minimal safeguarding incidents occurring in the centre. One safeguarding allegation had arisen in the days prior to the inspection and appropriate action was being taken by management on the day of inspection to follow national safeguarding policy and ensure the resident's safety. There were no other active safeguarding concerns in the centre on the day of inspection. Overall the inspector found that formal and interim safeguarding plans were implemented when required and appropriate pathways followed.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant