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:	Unannounced
Date of inspection:	27 August 2025
Centre ID:	OSV-0003639
Fieldwork ID:	MON-0048076

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 27 August 2025	09:00hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and the purpose of this inspection was to monitor the centres levels of compliance with specific regulations and review the safeguarding measures in place in the centre. Overall, the inspector found good levels of compliance with the regulations reviewed and appropriate safeguarding measures in place.

There were five residents living in the centre on the day of inspection and the centre was at full capacity. The inspector had the opportunity to meet with all five residents in the centre throughout the course of the day. The inspector endeavoured to determine the residents experience living in the centre through speaking with the residents, observing care practices, speaking with staff and management and reviewing residents documentation regarding the care and support provided.

The inspector met with two residents on the morning of the inspection as they were heading out to day services. Both residents were wheelchair users and had access to a service vehicle. Both residents greeted the inspector and appeared happy to be heading out for the day. The inspector had the opportunity to meet with a further three residents in the afternoon as they returned home from day services and activities. All residents appeared happy and relaxed in their home and were getting ready to have their dinner. Residents were chatting with each other and with staff and talking about their day. One resident was heading out to the local shop to buy some milk for the house, and they were doing this independently. Another resident sat comfortably in the centres second living area to watch their favourite TV shows. The inspector sat and spoke one to one with one of the residents who expressed that they hoped to move closer to Cork soon. This had been reviewed and discussed in the residents annual personal planning meeting.

The premises was designed and laid out to meet the needs of the residents. The centre was a two-story house located on the outskirts of a busy town in Co.Tipperary, adjacent to a day service and next door to another designated centre. The home consisted of two open plan kitchen, living and dining areas, a lounge, five individual resident bedrooms, one staff room/office and a number of bathrooms. Residents had personalised their own bedrooms with pictures and personal belongings and the house was tidy,homely and clean. The house also had an accessible garden area where there was a log cabin. This was used by residents as a recreation room and residents had displayed a number of their prizes and medals here from different sporting achievements. New flooring had been installed in the house since the centres most previous inspection. Overall, the premises was well maintained, however some minor paintwork was noted as outstanding around the house such as skirting boards, stairs, walls and door frames.

The centre was supported by a full time person in charge, a team leader and a team of care workers. Residents had regular familiar staff working with them daily. Internal regular relief staff were also available to the centre when required. A

picture version of the staff rota was observed in the centres hallway for residents to see who was on duty that day. Some residents liked to help stick up a staff members picture when this changed. Some staff shifts had recently changed due to the changing needs of the residents.

Residents were actively involved in their community. One resident was very involved with the local hurling club and enjoyed attending the local sporting events regularly and chatting about sports with friends in the local pub. All residents were supported to attend local day services and two residents communicated that they enjoyed their day services when asked. At weekends residents regularly enjoyed walks, meals out and seeing family. Residents had a range of individualised goals in place including holidays, day trips, fitness goals, shopping, gardening projects and picnics and staff were supporting them to achieve these.

In summary, the residents appeared happy and content living in their home. The group was compatible living together and were being supported to live meaningful lives through their time spent at home, at work and in the local community.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered. Overall, good levels of compliance were found with the regulations reviewed. Two areas of substantial compliance were identified on this inspection.

Capacity and capability

Overall the inspector found that the registered provider was demonstrating the capacity and capability to provide an appropriate and safe service to the residents. The designated centre was sufficiently resourced to provide staffing support and managerial oversight in accordance with the assessed needs of the residents.

There were clearly defined management structures and staff were aware of the lines of authority and accountability. Management were completing regular audits on the quality and safety of the service provided and were appropriately self identifying areas in need of improvements.

Regulation 15: Staffing

There was a staff rota in place that was well maintained and reflective of the Whole Time Equivalent (WTE) of staff for the centre. The centre had a full time person in charge, a team leader and a team of care workers. Residents had regular familiar staff working with them daily. Internal regular relief staff were also available to the centre when required. Some staff shifts had recently changed due to the changing

needs of the residents. Staff all had a list of delegated duties while working including medication checks, cleaning duties, food safety checks, record keeping and financial checks. These were consistently being completed diligently be staff.

Staff meetings took place monthly and these were used as an opportunity to discuss issues including key working duties, health and safety, training, quality improvement, safeguarding, and policies and procedures. All staff experienced one to one formal supervision with management every three months.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust management system in place which ensured that there was effective oversight of the daily running of the centre, and that there was sufficient monitoring of the quality and safety of the service provided on a regular basis. The centre had a full time person in charge who shared their role with one other designated centre and also was responsible for management of day services. The centre also was supported by a team leader and an area manager.

The team leader and person in charge were completing weekly and monthly audits which included a review of the residents daily notes, accidents and incidents, complaints, safeguarding, cleaning records, fire safety checks, staff training, infection control, and residents personal plans. Issues identified during these audits were promptly addressed. The regional area manager had completed an annual review for 2024 of the care and support provided. Feedback on the service had been sought from residents and their families as part of this review. Unannounced inspections were also carried out in the centre six monthly and these were completed by the services internal auditing team. These included a review of the centres compliance with the regulations and were appropriately identifying areas in need of improvements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure the residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, protection and fire safety.

The residents were found to be in receipt of individualised care and support, relative

to their needs and associated risks. Plans clearly outlined the supports the residents required. The residents were being supported to develop and achieve their goals and participate in a range of activities.

Regulation 12: Personal possessions

Management had taken a number of steps since the centres previous inspection to support residents to gain control and oversight of their own finances. This included at times, supporting residents to engage with families, advocacy service and financial services. This had been a recent piece of work and some residents were still awaiting their first bank statement following opening their own new accounts. The inspector found that the residents and management now had sufficient oversight systems and access to finances.

Residents all had an inventory record that was well maintained and regularly reviewed. The inspector reviewed the balance of cash that was stored in the centre for some residents and found that log records accurately reflected spending and cash balances.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents. The centre was a two-story house located on the outskirts of a busy town in Co.Tipperary, adjacent to a day service and next door to another designated centre. The home consisted of two open plan kitchen, living and dining areas, a lounge, five individual resident bedrooms, one staff room/office and a number of bathrooms. Residents had personalised their own bedrooms with pictures and personal belongings and the house was tidy and clean. New flooring had been installed in the house since the centres most previous inspection. Overall, the premises was well maintained, however some minor paintwork was noted as outstanding around the house such as skirting boards, stairs, walls and door frames.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were clear systems in place for the assessment, management and ongoing review of risks in the designated centre. There was a risk management policy and safety statement in place. General risks were managed and reviewed through a

centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate potential risks in the centre including adverse weather, fire and transport risks. The residents had number of individual risk assessments on file so as to promote their overall safety and well-being, where required.

A number of restrictive practices were in use and rationale for their use was clear in the residents individual risk assessments. The centre maintained an accident and incident log as a record of any adverse incidents in the centre and incidents were appropriately addressed with follow up actions and supporting documentation such as referrals, when required. Health and safety measures were regularly reviewed in the centre by staff and management.

Judgment: Compliant

Regulation 28: Fire precautions

In general, the inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walkaround the centre found that there were appropriate detection systems, emergency lighting, and fire fighting equipment. The centres evacuation procedures were prominently displayed in the centres front hallway. There were containment systems in place, however the inspector noted that two fire doors were not fully closing when activated. The person in charge immediately contacted the service maintenance team to address this on the day of inspection.

Some residents spent short periods unsupported by staff in the house. This had been appropriately risk assessed and reviewed and some residents had completed fire safety training. All residents had up-to-date Personal Emergency Evacuation Plans (PEEP's). These were regularly reviewed and included photos of the residents and details of residents levels of mobility and fire safety awareness.

Daily and weekly fire safety checks were being completed by staff which included a review of the centres escape routes, emergency lighting and fire detection system. All staff had up-to-date fire safety training. Staff and residents were completing regular fire drill evacuations. The centre had a clear arrangement in place whereby staff support would be sought from the designated centre next door, should a fire occur during the night. However, drill evacuation records within the past 18months did not fully demonstrate that the centre could be safely evacuated under full night time conditions, which would include two staff and five residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector completed a review of the systems and practices in place for the administration of medication in the centre. There was a safe, locked storage system in place to store this residents medicine. The inspector reviewed the residents prescriptions and administration records and found that these were well maintained and reviewed by the residents assigned pharmacist. Storage facilities were clean and all medications reviewed were in date. Staff were completing regular medication stock checks.

Each resident had individual medicine management plans in place and these documented residents prescribed medications, and additional important information such as the residents general practitioner (GP) and allergies. All residents had been assessed regarding their ability to self-administer medication and residents had protocols in place for the administration of medication as required (PRN).

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual assessments and personal plans in place which were reflective of their current needs and subject to regular review. Documentation was in place to review and support residents health, personal and social care needs and this was subject to regular auditing and review.

All residents enjoyed attending a day service and regular individualised activation. Residents had annual personal planning meetings with their families and support staff and these were used as an opportunity to review their plan of care and their goals for the year ahead . Residents had a range of individualised goals in place including holidays, day trips, fitness goals, shopping, gardening projects and picnics. Staff were supporting the residents to progress and achieve these goals.

Judgment: Compliant

Regulation 6: Health care

The residents were supported to appropriately manage their health and had access to a range of multi-disciplinary services including occupational therapy, dietetics, behavioural support and their general practitioner (GP). Support plans were in place for any identified healthcare concerns and these were subject to regular review. Residents were supported by staff to attend any scheduled healthcare appointments when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behavioural support plans and guidelines were in place which appropriately guided staff in supporting the young people. The residents were facilitated to access appropriate multi-disciplinary professionals to support them with behavioural needs when required and residents had access to a number of therapeutic interventions to support them to manage their behaviours.

Restrictive practices were in use in the centre on the day of the inspection. From a review of records, it was evident that these were in place secondary to identified risks. Restrictive practices were appropriately reviewed regularly and individualised risk assessments were in place with clear rationale for their use. The service had a restrictive practice committee who also regularly reviewed any restrictive practice in use.

Judgment: Compliant

Regulation 8: Protection

There were appropriate measures in place in the designated centre to safeguard residents. Any safeguarding concerns were treated in a serious and timely manner and in line with national policy. Safeguarding plans were in place when required and safeguarding was regularly discussed at staff team meetings. Residents had individual support plans in place for their intimate and personal care. All staff had up-to-date training in the Safeguarding and protection of vulnerable adults and all staff had up-to-date Garda Vetting.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shalom OSV-0003639

Inspection ID: MON-0048076

Date of inspection: 27/08/2025

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: • Any paintwork required, including skirting boards, stairs, walls and door frames will be completed by the 31/12/2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Night time fire drill with all residents present and minimum staff was completed on the 28/08/2025. Assistance was required from adjacent service for one service user as outlined in PEEPS. • A night time fire drill with all residents present and minimum staff will be completed annually going forward.	

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	28/08/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/12/2025