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:	Parnell Place Residential Service
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	30 March 2026
Centre ID:	OSV-0004117
Fieldwork ID:	MON-0041273

About the designated centre

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

This designated centre is located on a site operated by the provider. This site accommodates a number of residential units, including one other designated centre, as well as a resource centre. The accommodation units provide accommodation to those with social housing needs. Around the buildings are communal areas with lawns, paths, seating areas, and car parking. The site is gated and secure and located adjacent to a number of public transport facilities. All of the amenities offered by the city are a short walk from the centre.

A maximum of three residents are accommodated in the centre. A full-time residential service is provided. Residents are autistic and or have a diagnosed intellectual disability. The premises is a three-storey building. There is a bedroom and bathroom on each floor, with residents sharing a kitchen and dining room, and a lounge on the ground floor. There is a staff office / bedroom on the first floor, and an additional lounge room on the second floor. Staffing levels and arrangements vary and reflect the occupancy and needs of the residents. The house is staffed at all times when residents are present.

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
Monday 30 March 2026	11:15hrs to 18:45hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and was told in this centre, the three individuals that lived there continued to receive a safe and good quality rights based service. There was good compliance with the regulations looked at during this inspection. Some minor premises issues were identified.

This was an announced inspection carried out to inform the decision relating to the renewal of registration of the centre. The previous inspection was completed in March 2025 was an adult safeguarding inspection and was fully compliant with the regulations inspected against.

The inspector met with all three residents and three members of the staff team working in the centre during the inspection and spent time in communal areas and speaking with staff and residents in the office, kitchen and sitting-room in the centre.

The centre is located in the centre of a large city in a gated housing block and comprises a three storey townhouse style residence. There is a resident bedroom and bathroom located on each floor and a communal kitchen and living room on the ground floor. One resident has their own sitting room area on the third floor also. The centre was clean and well maintained throughout. A section of flooring had been replaced in the hallway with a different colour board and this did detract from the overall aesthetics. One resident told the inspector that they would prefer if the flooring was all the same.

The centre is home to three adults, both male and female, and provides full-time residential services. Residents have the option to attend a nearby day service. One person does not attend day services usually and at the time of this inspection a second person was also home by day as they were not attending full time day services. The third resident was attending their day service and returned home in the late afternoon.

All three people living in the centre spoke with the inspector and told the inspector about their lives in the centre, the staff that supported them and the services provided to them. They confirmed they felt safe in the centre. They showed the inspector their bedrooms at times that suited them and these were personalised and nicely decorated. One person went out shopping in the morning and to the cinema in the evening and was heard planning these activities and showed the inspector some items they had purchased. Another played some songs on the keyboard for the inspector.

The inspector saw that residents had personal computers, mobile phones and televisions and access to the internet. Meals were either provided by staff or prepared by the residents themselves and residents chose when and what to eat.

Residents were very actively involved in the running of their home and in contributing to their own personal plans and residents' capacities and skills were promoted and encouraged in the centre.

As part of this announced visit, residents and families were provided with an opportunity to complete questionnaires about their service prior to the inspection. The inspector received and reviewed three completed questionnaires. The feedback provided from these was positive.

Overall, this inspection found that there was evidence of very good compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded services that met their current assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection showed that the management systems in place in this centre were ensuring that the individuals living in this centre were being provided with a safe and good quality service by a responsive local management team.

Documentation reviewed during the inspection included resident information and provider oversight documentation. Governance and management arrangements at the centre ensured that care and support practices were subject to regular monitoring to ensure their effectiveness in meeting the needs of the three residents. There was a clear management structure in place. The person in charge maintained a strong presence in the centre and was supported by a familiar team leader in the day-to-day operations of the centre and the inspector was told that the regional manager also visited the centre regularly.

Staffing arrangements were in place to meet the needs of the three people living in the centre and provide for a good quality and personalised service that promoted autonomy and collaboration. Residents are generally supported by two to three staff by day and one sleepover staff by night. The staff team consists of a team leader and care assistants and staffing needs and skill mix are considered to take into account the assessed needs and number of residents. Staff confirmed that they were well supported in the centre and had access to formal supervision when required.

In summary, this inspection found that there was evidence of very good compliance with the regulation and the findings of this inspection indicated safe and person centred services continued to be provided in this centre. The next section of the

report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. This information was reviewed by the inspector and found to contain all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain very good oversight of the centre. The person in charge had remit over three designated centres at the time of this inspection and this was due to reduce to two in the period following the inspection. Evidence of the person's qualifications, experience and skills was submitted and was reviewed by the inspector as part of the renewal of registration application for this centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance and management systems in place and the provider was ensuring that this designated centre was adequately resourced to provide for

the effective delivery of care and support in accordance with the statement of purpose. Management systems, including a strong local management team consisting of a person in charge and a team leader, were ensuring that the service provided was appropriate to residents' needs.

Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider had good oversight of the service and the care and support being provided.

The annual review included evidence of consultation with residents and their family members and a report of the most recent unannounced visit was seen to assess a number of relevant areas related to residents' care and the governance of the centre. Staff spoken with reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team in place or to escalate concerns if required.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the notifications submitted to the Chief Inspector in respect of the centre alongside incident records for a five month period, daily records for two residents and behaviour recording charts for a resident. The information reviewed indicated that all required incidents had been reported by the person in charge to the office of the Chief Inspector.

Judgment: Compliant

Quality and safety

Safe and good quality supports were being provided to the three people living in this centre at the time of this inspection. A very consistent and committed core staff team were in place and this supported the effective day-to-day care and support seen to be offered to the resident at the time of this inspection.

Overall, it was seen that the individuals supported in this centre were living good lives where their rights were promoted and respected and they could make decisions about their own lives. They continued to participate in a variety of community based activity of their own choosing and personal plans were in place that provided guidance to staff about how to support them in a manner that promoted their rights and overall wellbeing.

The service was for the most part self-directed by the residents living there with staffing supports designed around residents' daily routines and preferences. Residents were consulted with and informed about a variety of topics during house meetings including safeguarding, advocacy, complaints and goals and activities. One resident had recently had a hospital stay and was being well supported in relation to settling back into the centre and re-introducing community based activities while respecting their choices in relation to this.

Residents were seen to be very involved in developing their own plans including their weekly timetables and goals. Keyworking was an important aspect of the service and was used to inform and educate residents about important issues that might affect them and also to consult with residents in relation to these matters.

Regulation 12: Personal possessions

Residents had access to appropriate storage for their personal belongings. There were large built in wardrobes in each bedroom. There was access to in-house laundry facilities. An inventory of residents' personal/valuable items was maintained and viewed in residents' files. While one resident had been in hospital an inventory of their clothing was maintained.

The person in charge was ensuring that residents were supported to manage their finances in line with their own wishes. For example, one resident was supported by their family to manage their money but still retained control and had access to their own monies. Discussions with the resident and their wishes in relation to this arrangement were clearly documented in their keyworking notes. Monies were stored securely with the consent of residents.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support and providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were seen to be very well supported in this centre in line with their assessed needs and wishes.

Residents were supported to maintain personal relationships. For example, residents told the inspector about visiting family and friends. Residents also told the inspector about the activities that they enjoyed, attending day service and how they interacted with their local community. Daily notes indicated that residents participated in a wide variety of activities of their own choosing including visiting the library, charity shops, a sightseeing visit to the court house, lunches, shopping, computers, gym and day trips. Residents were also supported to go on overnight breaks to destinations of their choice.

Keyworking notes showed very regular and ongoing consultation with residents in relation to consent about various topics, advocacy, finances and managing any health concerns. Social stories were in place in relation to a variety of topics.

Judgment: Compliant

Regulation 17: Premises

During a walk-around of the centre by the inspector some minor maintenance and upgrading issues were identified in relation to the premises as set out below. Overall, the registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the age, number, and needs of residents.

- The designated centre was found to offer residents ample space and facilities for the three individuals living there.
- Multiple toilet facilities were present in the centre including large bathrooms on each floor.
- Communal areas were comfortable and seen to be used by residents to relax.
- Suitable kitchen facilities were provided which included cooking facilities and space to store food and drink.
- The premises was also seen to be presented in a clean, well-maintained and well-furnished manner on the day of inspection.
- The premises was bright with ample natural light, well ventilated and warm on the day of the inspection.

However, some issues were observed:

- A section of flooring had been replaced in a hallway with flooring of a different type. It was noted that the original flooring present had gaps that

could gather dust and debris and be a potential infection prevention and control hazard.
- Some paintwork was noted to be bubbling and chipped in the hallway and stairwell.
- There was significant staining noted to flooring in a shower room.
- Some lime-scale build up was noted on a shower door and a piece of a wooden bath surround was missing. The person in charge told the inspector there were advanced plans in place to replace this with a plastic surround.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted and reviewed as part of the application for the registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection and that adequate precautions were taken against the risk of fire. Arrangements were in place for maintaining fire equipment and reviewing and testing fire equipment. Appropriate containment measures were in place. The registered provider had ensured, by means of fire drills, that staff and residents were fully aware of the procedure to be followed in the case of fire.

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers, break glass units and fire doors were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers identified when they were next due servicing and records reviewed showed that quarterly checks by a fire safety company were completed on the fire alarm system. Emergency evacuation procedures were on display in the hallway. Personal emergency evacuation plans were reviewed for all residents and seen to provide clear and relevant guidance to staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured there were appropriate and suitable practices relating to the medication management in the centre. Residents were encouraged to take responsibility for their own medication, in accordance with their wishes and preferences and in line with assessments of capacity. The inspector reviewed the management of medications in the centre, including records kept in respect of medications administered and stored in the centre and a staff member explained the medication procedures in place to the inspector and the inspector also observed a resident self-administering their own medications. Examples of good practice included:

- Secure facilities to store medicines and a secure system of managing the keys was in place.
- Medicines storage was neatly organised and clean, with a separate area for medicines that were to be returned or disposed of.
- A sample of medicines stored were reviewed and found to be in date and appropriately labelled. Blister packs were clearly dated.
- Strong documentation systems to maintain oversight of medications was in place and well maintained.
- Staff were very familiar with the providers' medication procedures and practices and how to apply them in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident and that arrangements were in place to ensure the centre was suitable for the purposes of meeting he needs of each resident. This meant that the care and support offered to residents was evidence based and person centred.

Personal plans were in place for all residents. A sample of two of these were reviewed in detail during the inspection. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. Goals were identified based on residents' assessed needs and preferences. For example, residents had goals that included a visit Knock and to take part in a mini marathon.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Parnell Place Residential Service OSV-0004117

Inspection ID: MON-0041273

Date of inspection: 30/03/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC completed follow up communication with the Landlord in relation to the works required in the service on the 12/05/2026. • A contractor visited the service on the 13/05/2026 to review the works required and issue a Quotation. • PIC received confirmation on 21/05/2026 that these works have now been approved by the landlord and are currently being scheduled for completion. Works due to be completed by the 30.06.2026. • PIC will continue to follow up to ensure completion of all works required.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2026