



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

Issued by the Chief Inspector

Name of designated centre:	Rapla Rise
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	27 January 2026
Centre ID:	OSV-0005572
Fieldwork ID:	MON-0040674

About the designated centre

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

Rapla Rise is a residential home located near a large town in Co. Tipperary. The centre caters for up to 4 adults, both male and female, with an intellectual disability over the age of 18. The service operates on a 24 hour 7 day week basis ensuring residents are supported at all times. The staff team consists of social care workers and support workers and the service facilitates residents in all aspects of their daily life as assessed within their personal plan. The premises is a large detached two storey building with five bedrooms, three of which are en-suite. One bedroom is used a staff office and sleepover room. The premises provides the residents with a homely environment decorated to their individual preferences. Local amenities include shops, café's and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Tuesday 27 January 2026	09:30hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the ongoing compliance of the designated centre with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. Overall, findings of the inspection indicated good levels of compliance with the regulations reviewed which resulted in positive outcomes for the residents that lived in the centre. Some improvements were identified as required in the area of staff training and medication management.

This centre comprised of a large two story detached house situated in a rural location in Co. Tipperary. The property had a large garden to the rear of the house. There were four resident bedrooms, two had en-suite facilities and two main bathrooms and a staff sleepover room that was also utilised as an office. The residents had shared communal space in the kitchen-dining area, sun room and sitting room.

The centre had capacity to accommodate four individuals for full-time residential care. At the time of inspection four residents were living in the centre. The inspector had the opportunity to meet with three of the residents throughout the inspection. One resident was away from the centre throughout the day engaging in community based activities. One resident had moved into the centre a few weeks before the inspection and it was reported they had settled in well.

On arrival to the centre residents were getting dressed and having breakfast getting ready for their planned activities. Residents were away from the centre engaging in community and day service based activities. They began to return to the centre from 15.00 hrs onwards.

In the afternoon residents returned to the centre and were seen to engage with staff and move around with ease. One resident met the inspector in their bedroom and showed them their en-suite, storage facilities. While their verbal communication was limited they were supported by a staff member who was very familiar with their communication cues such as body language and facial expressions.

The resident who recently moved into the centre was happy to meet with the inspector and showed them their bedroom, they communicated with some verbal language, sounds and gestures, they were able to hold a conversation very well. They told the inspector they picked the paint colour for their bedroom, their parent helped with bringing them shopping for furniture and they brought in their TV for their bedroom. They also showed the inspector their en-suite and how they store all their personal hygiene products. They appeared very happy with their bedroom and were eager to communicate their needs and wishes with the team leader who was

present. The team leader was observed to have a good understanding of the resident's communication attempts.

The inspector met with another resident who was enjoying some time in the sun room watching tennis on the TV and mobilising around on the ground, this is their preferred method of mobilising and they appeared comfortable and had a number of sensory objects they could hold in their hand. They were seen to move closer to the TV as the inspector spoke to them.

In addition to meeting with residents, the inspector spoke with the staff and management team and reviewed documentation in relation to the care and support needs of the residents in the home.

It was evident that the staff team were familiar with the needs of each resident. For example, staff members were familiar with each person's communication supports and their preferences relating to how to take their medication. Residents were observed to be at ease with staff and sought their support as required.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and these were given to the inspector on the day of the inspection. Three surveys were returned to the inspector, all three residents had been supported by a family member to complete their survey. The feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. Comments included; "very pleased with the care", "communication with staff is excellent" and "it's a nice place to live".

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 to each resident living in the centre.

Capacity and capability

Overall the inspector found that there was comprehensive and robust management systems within this designated centre which were driving a positive lived experience for the residents. The centre had a clearly defined management structure in place which was led by a person in charge. They had the support of two team leaders, and in turn they reported to and received support from a regional manager.

From review of documentation, observations on the day of inspection and discussion with local management and the staff team it was evident that the systems in place to monitor the standard of care provided to residents was effective. Staff were knowledgeable about the care and support needs of each resident and were seen to

support them in line with their will and preference. Although some improvements were found to be required in staff training and medication management.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting fee to accompany the renewal of registration.

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 two other designated centres operated by the same provider. There was suitable support arrangements in place to ensure effective management of this centre. The person in charge had the support of a two team leaders in this centre, who had assigned delegated duties to maintain oversight of the centre.

The person in charge demonstrated a very good knowledge of the residents, including their support needs, wishes and preferences. It was evident the person in charge was spending time in the centre. On the day of inspection residents were seen to positively interact with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents.

There was a planned and actual roster in place, the inspector reviewed rosters for December 2025 and January 2026, all staff were identified by their full name and grade, the rosters were reflective of staff statutory leave and training. They also

identified where additional support was scheduled to facilitate during transition visits.

A core staff team in place resulted in the centre having no requirement for agency, they had familiar relief they could use where required although this was not often. The centre had one vacancy for a programme facilitator and this was currently being advertised.

Team meetings were held monthly to facilitate team discussion, each key worker would provide an update on the residents health and well being and provide an update on any open action plans relating to the residents needs. The meeting also facilitated discussions on premises, safeguarding, updated policies, health and safety, fire and review of actions from the previous meeting.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that for the most part the staff team in the centre had up -to -date mandatory training in areas including safeguarding, medication management and manual handling. Although two staff were outstanding fire training since November 2025. These staff were booked to attend training in January and February 2026.

Additionally, the inspector found that an intake assessment was completed by the behaviour specialist when the new resident transitioned into the centre, their report identified that staff should receive, positive behaviour support training and systematic instruction training along with total communication training, these had not been identified as required nor scheduled.

All staff received supervision meetings every three months as per the provider's policy. There was a schedule in place for 2026 displayed in the office where staff could view it. The person in charge was seen to complete the team leaders' supervision meetings and the team leaders had received training to allow them to complete supervision with staff members. From review of the minutes from three staff meetings common discussions included job satisfaction, support and training requirements, roles and responsibilities and how to manage assigned duties.

Judgment: Substantially compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place which was led by the person in charge who also had responsibility for two other designated centres operated by the same provider. The person in charge reported to their regional manager and was supported in their role by two full time team leaders in this centre. This ensured that the operational management of the service was completed in an effective manner.

The provider had a series of comprehensive audits both at local and provider level. For example, at local level, regular medication, health and safety and infection prevention and control audits were completed. Action plans were implemented where risks were identified on these audits.

The provider had also completed their six monthly unannounced visits to review the quality and safety of care as per the regulations. These were completed in May 2025 and October 2025. The provider had also completed an annual review of the centre from November 2024 - November 2025 this was inclusive of feedback from residents and their representatives, from review of the feedback provided residents and their families were happy with the care and support provided in the centre. The audit was detailed and captured the lived experience of residents in the centre. All actions were completed or in progress on the day of inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

From review of documentation there was an appropriate and effective assessment and transition plan put in place to support the admission of a new resident into the centre.

The resident had a transition plan in place that identified visits to the centre, sharing meals with other residents in the centre and sleepovers. This plan was also available in an easy to read version to ensure the resident understood it. An appropriate

assessment of needs, compatibility assessment and intake assessment were all completed prior to the admission of the resident.

The resident's key worker supported the resident through the use of social stories to understand the safeguarding policy, advocacy and tenancy agreement. They were also supported to have a contract of care in place which was signed on admission and in line with the centre statement of purpose.

The other residents in the centre were informed through resident meetings and key working sessions about the admission of a new resident and they were given the opportunity to meet the resident and spend time with them during the transition.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Quality and safety

From what the inspector observed, speaking with the residents, staff and management and from review of the documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were afforded good opportunities to engage with their community and complete activities of their choosing. Their home was warm and comfortable.

There were a range of systems in place to keep the residents safe, including risk assessments, safeguarding procedures and fire safety measures. The systems in place were, for the most part utilised in an effective manner ensuring that adequate guidance was available for staff. Although some improvement was required in relation to medication management.

Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at personal planning meetings, it was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences.

One resident attended a day service five days a week, the other three residents had a wrap around service where all activities were facilitated with the support of their residential staff.

The residents were involved in a variety of activities which included both in-house and community based activities, an example of a few activities recorded were, home visits, local park walks, visits to the church, swimming, shopping, household chores including laundry, preparing meals.

The inspector could see that goals were being set and these goals were reflective in the residents' activity planners and daily notes. For example, one resident had set a goal of weight loss, they were following a health eating plan and were engaging in an exercise programme.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned the premises was a large two story detached house situated in a rural location. The property had a large garden to the rear of the house.

Overall, the property was well-maintained, homely and warm. The layout was in line with the residents' assessed needs and the new admission was supported to decorate their bedroom in line with their preferences and wishes. Each resident had their own bedroom two of which had en-suite facilities. Residents had sufficient storage for their belongings and if they wanted, they had a TV in their bedroom.

The communal areas included a kitchen-dining area, sun room, sitting room and spacious hallway. Residents were observed to utilise these spaces with ease.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements for example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The provider and person in charge had ensured that there were centre based risk assessments in place and these were found to be reviewed and updated as required. For example, the risk rating of the fire safety risk assessment had recently been increased due to a resident refusing to transition out of the building during fire drills. Other centre risk assessments included lone working, food safety, behaviours of concern and adverse weather conditions. All restrictive practices in place in the centre also had an associated risk assessment in place with clear control measures to minimise the impact of the risk.

The inspector reviewed the individual risk assessments in place for two residents and found that the measures in place suitability addressed the risk. There were risk assessments in place in relation to fire evacuation, medication, choking, transport, personal care, medical concerns and finances to name a few.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments. The inspector observed emergency evacuation procedures on display in the hallway.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspector for 2025. The fire safety systems in the centre such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirements.

There had been fire drills completed in line with the frequency outlined in the provider's policy. The inspector reviewed these and found that they were completed at different times, and specifically at times when the most residents and least staff were present.

The provider identified a risk when one resident repeatedly failed to transition for fire drills, when this was identified in July 2025 local management put an action plan in place to address the concern. Although following a number of drills this action plan was found to be unsuccessful and support was sought from the behaviour specialist in October 2025 who implemented a teaching protocol. Fire drills are happening weekly at present as part of the protocol. It is divided into four sages and the resident has progressed to stage three. The provider also took action by replace the residents current 30 minute fire door on their bedroom to a 60 minutes fire door for additional protection. They also engaged with the local fire station who are familiar with the property and the current difficulties one resident is experiencing.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector reviewed theses medication management systems in the centre and found that some improvements were required to ensure safe practice at all times.

The stock check system in place was not identifying errors. The provider's policy identifies that the amount of medication administered is to be deducted from the previous stock balance to identify the existing stock balance, although the current stock check record only requests staff to document the stock in-situ at time of stock check.

The provider has appropriate storage systems in place for medication including a returns press for medication identified as needing to be returned to pharmacy. The keys for all medication storage was kept in a secure location in the staff office. Staff spoken to in relation to medication processes were aware of best practice including having a quiet place without disturbance to dispense medication, the importance of the ten rights of medication and were familiar with residents preferences on how they like to take their medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider was actively reviewing residents' needs, developing support plans and offering support in line with these plans.

The inspector reviewed two residents' assessments and personal plans and found them to be up -to -date and person-centred. They were detailed and it was clear from review of the plans residents' strengths and needs were clearly reflected.

The inspector reviewed the assessment of need completed prior to one resident recently being admitted to the centre. This assessment clearly identified their support needs, identified potential risks and various proposed supports and interventions to manage the identified risks. The provider also completed a compatibility assessment considering the other residents already living in the centre.

The provider had linked in with the residents family to gather information and received clinical reports from a speech and language therapist and behaviour therapist who were already supporting the resident through their day service.

Each resident had an annual needs assessment completed within the last twelve months. A number of areas are explored during this review including; health and well being, communication, behaviour, independence, safety and these reviews supports were identified and subsequently support plans were developed identifying the supports required in detail.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Rapla Rise OSV-0005572

Inspection ID: MON-0040674

Date of inspection: 27/01/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Refresher Fire Training was completed by the two staff members on the 30th January 2026 and on the 3rd February 2026. • PIC has scheduled with the Behavioural Therapist for the completion of Positive Behaviour Support training and Systematic Instruction training. The Behavioural Therapist attended the team meeting held on the 25th February 2026 to explore this further with the team to ensure this training is specific to the needs of the resident. Training scheduled to commence with the team at the next team meeting on the 26th March 2026. • A referral has been submitted to a Speech and Language therapist to complete an assessment with the resident and to arrange total communication training based on this assessment outcomes. Appointment received for the 18th March 2026. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The Weekly Medication Check sheet was reviewed and amended by the PIC to include additional sections for staff to check and complete each week. This included an additional question to check if medication had been administered since the last count and document the amount. The Medication Check Sheet was also amended to prompt staff to fill in the actual dates requested. The update of this form was communicated to the staff team and discussed at the team meeting held on the 28/01/2026 and follow up review completed at the team meeting held on the 25/02/2026. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/03/2026
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	25/02/2026