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:	Gortacoosh Accomodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	06 May 2026
Centre ID:	OSV-0005870
Fieldwork ID:	MON-0045280

About the designated centre

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

This designated centre was established in early 2019 and is designed and operated to meet the specific needs and preferences of two residents for whom this centre is home. Each resident has their own separate self-contained living space within the house. The service aims to meet the needs of adults with a disability and / or dual diagnosis. Residents have staff support at all times. Residents are encouraged to be independent in everyday living but staff support is provided for those areas that require support and assistance. A process of person centred planning informs the support provided with and for residents and ensures that the service is matched as closely as possible to the assessed needs and preferences of the person. The service is open and staffed on a full-time basis; the model of care is a social model. The staff team is comprised of social care staff; day to day supervision and management is provided by the team leader and the person in charge. The service is located in a rural but populated area. A busy town that offers a range of community and social amenities is nearby and residents have access to their own dedicated transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 6 May 2026	09:15hrs to 15:40hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

Gortacoosh can provide full time residential care for two adults. At the time of the inspection, two adults were living in the centre. The centre comprised of a bungalow which had been sub-divided into two separate self-contained living spaces. Each resident had their own living/dining room and kitchen, along with a bathroom and bedroom. The house also contained a staff office and staff room. The designated centre was seen to be well furnished and homely. However, issues in relation to the premises remained ongoing which may have potential impact for the residents living there. The will be discussed in the next two sections of the report.

On arrival to the centre the inspector was greeted by a member of staff. The inspector was welcomed to the centre and signed the visitor's book. The staff informed the inspector that one resident was enjoying a later start to the morning, while the other resident had been supported by a staff member to go out in the local community for a drive. The staff member spoke to the inspector about both of the residents and activities planned for the day. The staff member was very knowledgeable of the support requirements of the residents and their likes and dislikes. They also discussed how each resident enjoyed their own space and this was important for both residents.

The premises has had ongoing issues in previous Health Information and Quality Authority (HIQA) inspections. The centre had last been inspected in July 2024. The provider submitted assurances after this inspection as it had been identified that some issues with subsidence were present in the building. During this inspection, it was noted that issues remained from previous inspections. However, the provider had measures in place to assure that the building was safe for residents to reside in and plans were in place to resolve this issue for the residents living there. Other issues remained internally in the centre, such as issues with flooring in the bathroom. The inspector also observed a large board of timber which had been secured on top of an area flooring in the staff room. The staff spoke to the inspector about the ongoing premises issues and the measures the provider had in place to ensure it was safe. This included regular checks by competent persons. This will be discussed further under Regulation 17: Premises.

On the morning of the inspection, the inspector also observed medications had been prepared for one of the residents who was not yet up. It was later recorded that these medications had been administered, however review was required to ensure medications were administered at the times outlined by the provider's administration

procedures. This will be discussed under Regulation 29: Medicines and pharmaceutical services.

Once the resident was ready for their day ahead, the inspector had the opportunity to meet them. The inspector introduced themselves and informed the resident why they were visiting their home. The inspector had seen this was important to the resident and was clearly documented in the resident's communication plan when meeting new people. The inspector spoke to the resident about their plans for the day and their home. The resident appeared happy, relaxed and content in their home. During the course of the inspection, the resident was observed to spend time relaxing in their sitting room, going out, doing their shopping and doing household chores in their home. The resident informed the inspector that they were happy in their home.

Later in the afternoon the other resident living in the centre had returned from their planned activities that morning and afternoon. The inspector spent some time in the resident's company. The staff who was supporting this resident and team leader were also present. The inspector spoke to the resident about things they liked to do and upcoming plans. The resident engaged with the inspector and the staff member informed the inspector of a concert coming up that the resident would be attending, along with activities the resident likes to do, such as fishing. The resident enjoys going for a drive first thing in the morning and the staff discussed how they had gone to different towns and visited the shop that morning.

The inspector found that residents living here enjoyed their lives and enjoyed being involved in activities in their home and community. Staff had access to training to ensure they could support the residents with their assessed needs.

Overall this inspection found that the provider had management systems in place to provide and maintain a good service for residents. However, some improvement was required to ensure aspirations for residents were documented and medicinal procedures in place were being followed. The premises remained an ongoing concern. These will be discussed in the next two sections of the report.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

There was a clear organisational structure in place to manage the service. The management arrangements within the centre were in line with the statement of purpose. The provider had systems in place to monitor and review the quality and safety of care in the centre. The provider had completed six monthly audits and

annual reviews. The person in charge had ensured that audits were taking place to support the centre.

The provider had ensured the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the assessed needs of residents. The inspector noted adequate staffing levels were in place on the day of the inspection.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

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.

Regulation 15: Staffing

A planned and actual staffing roster was maintained as required by the regulations. The inspector reviewed a sample of roster from March to May 2026. There was a consistent staff team in place at the time of the inspection. Staff spoken to on the day were knowledgeable in the residents care and support needs.

The inspector spoke to two staff members. The inspector found that they were knowledgeable about the support needs of residents. For example, they could describe the support required for residents during their daily lives and knew about the specific likes and dislikes of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector completed a review of the staff training matrix. This demonstrated that staff had access to mandatory training and refresher training in areas such as Fire safety, Manual Handling, Safeguarding, Children's First and Crisis intervention training. In addition to this, staff had completed some training specific to the residents' needs such as autism awareness training. All staff training and refresher training was up-to-date.

The person in charge had ensured that staff were appropriately supervised. In line with organisation policy, staff members received a supervision on a quarterly basis. The inspector reviewed the matrix in place which identified all staff were being

supervised on a regular basis in 2025. The person in charge also had a planned matrix for 2026.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care to residents in the centre. There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by persons participating in management and a team leader.

Residents were being provided with a good service that met their assessed needs. This inspection found that ongoing premises issues remained an issue. This had been identified in previous HIQA inspections. The provider had submitted assurances that these would be addressed in a compliance plan response after the last inspection occurred in July 2024. The provider had given a time line for these actions to be completed by July 2026. At the time of the inspection the provider had an alternative plan in place to address the premises issues. The premises concerns were seen to be investigated appropriately by competent persons to ensure all residents were safe in their home. Regular health and safety reviews were being carried out on a bi-weekly basis, along with regular engineer reviews. This provided assurance and evidence that indicated the provider was taking appropriate actions to address the premises works. This is set out in further detail in the quality and safety section of this report.

Management arrangements were in place. There were arrangements such as regular management meetings which the person in charge attended, along with regular team meetings in the designated centre.

The person in charge had ensured audits were also being conducted at a local level in the designated centre. These included a monthly audit which was completed by the person in charge. The inspector reviewed a sample of these from March and April 2026. Here the person in charge ensured oversight and review of such things as staff training and supervisions. Weekly audits were completed by the team leader which reviewed for example, medication review, daily notes, handovers and person centred planning.

An annual review of the quality of care and support provided to residents had been completed for 2025. The annual review had sought input from residents and residents' family. This feedback was positive with a family responding and expressing high levels of satisfaction with the service. An action plan was in place identifying any areas that required review or improvement. This was seen to be clear and monitored by the person in charge. The annual review also included a goal

to be achieved for the designated centre in the next twelve months, this goal was regarding the premises issues.

The provider had also completed six-monthly unannounced visits to the centre. This had been last completed in April 2026 and October 2025. The audit was seen to have an actions identified. For example, to include additional detail in staff meeting minutes.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector Of Social Services under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had systems for the management of complaints in the centre. A complaints procedure was in place which described the procedures to follow when making a complaint, and this procedure was clearly displayed in the centre. An easy read complaints form had been developed for residents, which was in an accessible layout and included visual information. This was also discussed with residents regularly at keyworker meetings. The complaints log template was reviewed. There was a reporting structure in place for complaints. The centre had the complaints officer clearly displayed. At the time of the inspection, there were no open complaints for the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe and of good quality.

Overall, the inspection found a good level of compliance with the regulations. However, some review was required under Regulation 5: Individual assessments and personal plans and Regulation 17: Premises.

The centre was seen to be clean, tidy and homely. Each resident had their own individualised apartment space and this supported the residents' assessed needs. Both residents were supported to have a good quality of life and were supported to have choice regarding their daily lives.

As mentioned earlier in the report, this centre has ongoing premises issues which had been identified in previous inspections of the centre. After the last inspection of the designated centre in July 2024 the provider received information from a competent person regarding the premises. At the time this information was requested and submitted to the Chief Inspector.. This information indicated that significant premises works would be required to correct settlement issues in the house. The information received indicated that this did not pose an immediate risk to residents but it would have to be resolved to ensure no future impact. The provider submitted assurances after this inspection that premises issues would be resolved by July 2026. During this inspection it was highlighted to the inspector that these plans have now changed which will see a permanent solution to support residents.

Regulation 10: Communication

The inspector reviewed the communication needs of the two residents living in this centre. Communication plans were in place. These provided guidance to staff in supporting residents' communication needs and to be understood in their choices and feelings. Residents living in the centre expressed themselves with various forms of communication including verbal, use of words, gestures and expressions.

Documentation in residents' personal plans also highlighted the individual communication needs that new or unfamiliar staff should know about each resident. It was found to be clear and detailed the various ways in which residents communicated. A visual schedule was also in place to support a residents with their planned activities of the day

Judgment: Compliant

Regulation 13: General welfare and development

The management and staff were working to ensure the residents were supported to take part in activities they enjoyed. It was evident to the inspector through discussion with the team leader and staff and a review of resident's personal plans, residents regularly had opportunities to take part in activities both in the community and in their home. Both residents living in this centre led their own days with regards to activities they would like to complete. Examples of some activities residents were involved in included walks, cinema, visits to local cafes, shops and restaurants, and attending classes of interest, fishing and planning trips.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents living there. Each resident had their own living space which included kitchen, dining, living area, bathroom and their own bedroom. Both areas of the centre had their own garden, with one resident having an enclosed style garden.

At the time of the inspection the registered provider had not ensured the premises of the designated centre was of sound construction and kept in a good state of repair internally. As discussed earlier in the report, after the last inspection of the centre in July 2024 the provider confirmed issues with the premises which would require building works to be completed in order to repair. The provider submitted assurances to the Chief Inspector after this inspection which highlighted these works would be completed in July 2026.

There were ongoing issues with the overall building with the confirmation of some subsidence taking place. The provider had measures in place to ensure the structure of the building remained safe for residents to remain living in their home. The provider had sought a competent person to complete regular reviews of the building. This was completed by an engineer and was a review was last completed in February 2026. During this review it was confirmed the building was safe and could remained occupied until the end of 2026. Bi-weekly checks were also being completed to ensure the health and safety of the building and all flooring. On the day of the inspection, the inspector was informed that the provider had a plan in place to provide a centre to residents which was of sound construction as this current buildings structural issues would require building works to be completed which would impact the residents to remain living in this centre.

Internally a number of repair works remained, such as flooring in one bathroom which was seen to be severely stained and discoloured. The flooring in a staff room had been damaged in an incident that had taken place in July 2025. This had been

temporarily covered over with a sheet of timber secured to the ground and remained in place on the day of the inspection.

During the last inspection an issue with fire doors was identified, however during this inspection it was seen that all fire doors were working correctly and the issues present had not effected these since the last inspection.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The centres risk register had schedule review dates identified for 2026. The centre had identified risks in a number of areas such as risk of injury, falls, medication management, lone working and premises.

Individual risk assessments were in place for residents and these were seen to be regularly reviewed. The inspector reviewed the individual risks in the centre for two residents. The person in charge had identified risks in areas such as behaviours of concern, fire safety and safeguarding.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were practices in place in relation to medicines in this designated centre. Some review was required to ensure that all of these practices were safe.

On arrival to the designated centre the inspector observed medication had been prepared for a resident. Later in the day during a review of the resident's medication it was noted that the resident had received their medication at 8am as it had been signed as administered. The provider has a medication policy in place and safe administration of medication training which all staff working in the centre had completed. This allows a one hour period at each side of the prescribed administration time for medications to be administered. The inspector observed that on the morning of the inspection the resident received their medication outside this time period as they were being supported to have a later start to the morning. This required review.

The provider had lockable storage in place for medicinal products. The inspector reviewed the medication in place and found that some products that were opened had not been labelled to record this. This required review. A system was in place for

the checking and recording of medications in stock, along with a procedure in place to return any items required to the pharmacy.

Medicine administration records reviewed by the inspector clearly outlined all the required details and from a sample of records reviewed these were being maintained. The designated centre had procedures regarding the ordering, receipt, prescribing, storage and disposal of medicines. These were found to be effective.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both of the residents' individual assessments and care plans. Each resident had an assessment of their health and social care needs. The assessment reflected residents' preferences and supports in place in respect of their care. Residents had access to multidisciplinary supports.

Residents had been supported with an annual planning meeting which supported the residents in goals they would like to achieve and a review of the year that had passed. However, some review was required to ensure all goals and aspirations identified for a resident during the planning meeting was progressed. Keyworker notes reviewed also identified a number of aspirations the residents had such as continuing to go fishing and applying for a new licence for fishing. These goals had not been clearly documented in the providers own documentation for the recording of goals. It was documented that one resident wanted to attend a specific concert. From a review of the documentation in place it was seen that this was not recorded as an action, however on discussion with the team leader and a staff member the resident had been supported to get concert tickets and plans were in place for the resident to attend.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents in this designated centre had behaviour support plans in place. The inspector reviewed two of these plans and found they were detailed and reflective of the residents assessed needs. These plans had been last reviewed in September 2025 and January 2026.

The plans contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they respond best. Behaviour support plans included behaviours of concern, triggers and strategies both proactive and reactive.

The inspector spoke to team leader and staff regarding the behaviour support plans in place. They were knowledgeable on the resident's behaviour support plans in place. For example, staff spoke about different triggers or signs for residents and how they support the residents through this.

There were some restrictive practices in use in the centre. The person in charge kept a restrictive practice log for the centre. This log was reviewed by the inspector, it was well maintained and contained clear information on the restrictions in place. These had been last reviewed in April 2026. The team leader discussed with the inspector that these are reviewed annually and when required would be reviewed more frequently.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents. For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit. There was easy-to-read information relating to safeguarding and protection available. Residents took part in regular keyworker meetings and safeguarding was discussed.

At the time of the inspection no open safeguarding plans were in place. A safeguarding audit had taken place in July 2025. A safeguarding information folder was also available in the centre.

Residents had intimate care plans in place that detailed the care and support they required in relation to personal care, from review of two of these plans they were found to be individualised in line with the residents personal preferences.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Gortacoosh Accomodation Service OSV-0005870

Inspection ID: MON-0045280

Date of inspection: 06/05/2026

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	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The delivery of the new property is in progress, and this will be the permanent residence for both service users. The existing property has been confirmed as habitable until end of 2026. Bi-weekly checks on the property by competent person remain in place to ensure ongoing safety until relocation to new property. Existing floor in one bathroom that is discoloured will be professionally cleaned by 3/7/2026. Flooring in one room that has timbers secured to floor will be reviewed to determine the safest and effective resolution as an interim measure, prior to the move. The new property will be ready in Q4 2026 and service users will be supported with a relocation plan during this time to prepare for the move.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Individual staff member had individual supervision with PIC to discuss poor medication administration practice and reviewed the policy of the provider. Also, discussed with the full team regarding best practice of medicines in team meeting. All completed by 5.6.2026.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Provider will arrange 'PCP and Action plan' training by 31.07.2026 for the team in the centre. This training will develop the teams' skills in the formulation of action plans and person centred plans and also the review of same.	

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.	Not Compliant	Orange	31/12/2026
Regulation 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and	Substantially Compliant	Yellow	05/06/2026

	to no other resident.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/07/2026