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:	Stepaside Adult Respite Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 July 2025
Centre ID:	OSV-0008364
Fieldwork ID:	MON-0038745

About the designated centre

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

Stepaside Adult Respite Service is based in a single level house in a town in County Tipperary. The ethos of the service is based on the social model of care, with particular emphasis on the promotion and facilitation of choice, whilst supporting people with all aspects of health and personal care based on individual needs. The service is intended for adults aged from 18 to 65 years with an Intellectual Disability, Autism and Mental Health.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 23 July 2025	09:30hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations and inform the upcoming registration renewal decision. Overall, the findings indicated that the residents that avail of respite were cared for in line with their assessed needs and were encouraged to enjoy activities of their choosing while staying in the designated centre. While some improvements were required in the area of risk management there were high levels of compliance across all other regulations reviewed, indicating that a good quality service was available to the residents.

The inspection was facilitated by the team leader and the regional manager as the person in charge was on statutory leave. The inspector also spoke with two staff members who were present on the day of inspection. The inspector spent time with the residents, their staff and management. In addition, documentation review and observation of daily practices were utilised to determine residents' lived experience in the designated centre.

The centre is registered to provide a respite service to a maximum of four individuals at one time. Respite stays can occur between two or four nights a week for each individual. Currently approximately 35 individuals avail of this service. In order to ensure that residents are compatible and their needs can be sufficiently met, the residents are grouped into different groups. These groups take into account any previous incidents of safeguarding concerns, level of support needs and residents preferences and requests. Staffing numbers are planned and in place dependant on each specific group and individual needs.

On arrival to the centre, the inspector was welcomed by the team leader. There were no residents or staff present at this time as the house was closed the previous day and due to open in the afternoon when four residents were due to come in for a two night stay.

As part of the inspection process the inspector completed an opening meeting and a walk around of the premises. The centre was a spacious five bedroom bungalow, with one bedroom allocated to the staff office and sleepover room. Communal areas consisted of a two wet rooms, a large sitting room with TV, DVD's and a variety of table top activities, kitchen dinning area and relaxation room with sensory pod and computer. The centre had an enclosed back garden with outdoor furniture and a BBQ. The back garden had been decorated with artificial flowers to add some colour.

In the afternoon three of the residents arrived to the centre, they had been collected from day service and were seen to eagerly get to their bedrooms and put away their belongings. The remaining resident was due to come later as they were attending a concert. Two residents came to the kitchen table and had a hot drink and snack with the inspector. They spoke about what activities are on offer when

attending respite, they spoke about the cinema, bowling, meals out and watching movies with popcorn. One resident told the inspector about their day service and the other resident showed the inspector multiple photo albums, they identified staff, friends and activities where the photos were taken. One resident was supported to check in their medication and allowed the inspector to observe the process, this is discussed further in the report due to the potential risk observed.

All three residents reported they really enjoying coming to respite, staff are kind and support them and they have fun.

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 were presented to the inspector on the day of the inspection. The inspector received four forms. All forms were filled out with the support of family members or staff. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre. This included the staff, activities, people they live with, food and the premises. One resident specifically identified that they like what they have for breakfast.

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 availing of respite in the centre.

Capacity and capability

Overall it was found that there was comprehensive and robust management systems in place within this designated centre, this was driving a positive experience for all residents availing of respite. The centre had a clear management structure in place which was led by a person in charge. The person in charge was supported in their role by the regional manager and had a skilled and competent team leader working as part of the team.

From review of rosters, audits, training matrix it was evident that this centre had sufficient staff who were scheduled to work according to the needs of the residents attending respite. Staff were also support in their role, they received appropriate training and supervision.

The inspector observed positive and supportive interaction between the staff and residents throughout the afternoon, the staff members and management were seen to be knowledgeable of the residents, their support needs and preferences.

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. For example, the provider had submitted an updated residents guide outlining the type of service available in an easy read format for residents.

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. Due to the nature of respite the staffing levels changed in accordance with the level of need of the group attending, this was evident through a review of planned and actual rosters from April until July 2025. Rosters were found to be reflective of the staffing arrangements in place, they were up to date and staff were identified by their full name and grade. There was no vacancies within the staff team at present and no requirement to use agency, a consistent and familiar relief team were utilised to fill any statuary leave gaps in the roster.

Staff were observed to be knowledgeable of residents needs and preferences. Staff held admission meetings with residents when they arrived to respite and recorded what activities they wanted to do during their stay, on discharge another meeting was held as an opportunity for residents to give feedback on their stay.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in this centre were provided with suitable training and supervision.

The team leader had received training in supervisory management and felt this training supported them to supervise staff effectively. They had a supervision schedule in place that was maintained and reflective of supervisions completed and planned. All staff had received supervision in line with the providers policy and more often where deemed necessary. From review of a sample of three staff supervision records, it was evident a range of topics were discussed from training requirements,

residents support needs and safeguarding. Suitable records were maintained and followed up on actions from previous meetings were seen to happen.

From review of training records the inspector found all staff had completed training in key areas such as fire safety, safeguarding vulnerable adults, safe administration of medication and manual handling. Staff had also completed specific training to meet the needs of residents such as, epilepsy awareness and rescue medication administration. Two staff were recently due refresher training and this was scheduled for the coming weeks.

Judgment: Compliant

Regulation 19: Directory of residents

The provider and local management had ensured that a directory of residents had been maintained for the centre with up-to-date information in respect of all residents who avail of the respite service. From review of this directory, the inspector found it to be comprehensive and include information as identified in Schedule 3 of the regulations.

Judgment: 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, including residents' property, were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre. The person in charge of the centre was also person in charge and held responsibility for another two designated centres. The inspector was informed their remit would be reducing over the coming months.

The centre had clear systems of local oversight of the day-to-day running of the centre in place. While the person in charge was not always on-site due to their additional duties in the other designated centre the team leader provided a consistent presence. The team leader was found to have an in dept knowledge of the residents and their support requirements. They were aware of and actively utilising the providers systems to ensure effective oversight of the centre. The team leader was completing weekly audits of the centre, they were responsible for the scheduling and booking of resident's to attend respite and completed the roster to coincide with the bookings.

The provider had completed six-monthly unannounced visits in October 2024 and April 2025 and an annual review of the quality and safety of care for 2024. These were completed in consultation with residents in line with regulatory requirements. Actions were identified on all audits and were actively tracked and marked completed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

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

The inspector reviewed the statement of purpose and found while it clearly describes the model of care and support delivered in the centre the conditions of their registration were not listed. The provider amended this on the day of inspections and resubmitted the updated statement of purpose as part of their application to re-register the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents availing of the respite service. Overall, while the inspector identified some areas of risk that required improvements the welfare of the residents in the centre was maintained by good standard of care and support.

The premises was found to be in good order, it was bright spacious and very homely. Residents were protected through risk assessments, safeguarding procedures and there were appropriate measures in place for fire protection.

Regulation 17: Premises

The premises was a spacious bungalow located in a town in Co.Tipperary. The initial impression of the premises was that it was well presented and maintained. Any minor premises work that were required had been identified and plans were in place to address any presenting issues. For example, a recent leak in the ventilation system had been reviewed and contact made with a professional to review the cause. The landlord had also been requested to arrange cleaning of the roof due to moss build up.

The centre was homely and warm, some residents art work was on display in the hallway and communal areas had soft furnishings. The relaxation room had recently been upgraded to include a sensory pod and the sitting room had a range of table top activities and DVD's available. Residents were seen to move freely around the centre and access food and drinks as they wished.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information on the terms and conditions of each resident's respite stay.

Judgment: Compliant

Regulation 26: Risk management procedures

For the most part, the provider had good systems in place around the management of individual risks within the centre, although the inspected noted some areas for improvement.

When the inspector spoke to one resident in relation to their medication, they informed the inspector they could keep their medication in a locked safe in their bedroom as they were assessed to have the capacity to self administer their own medication. The resident mentioned they keep the key in the box so they wont loose it. This was not in line with the providers policy to ensure medication is safely locked away at all times and required further review.

The inspector had completed a review of all notifications prior to the inspection and observed on three occasions incidents of a safeguarding nature were notified to the Chief Inspector of Social Services outside of the time frame identified in the regulations. On the day of inspection the inspector seen evidence of action taken to address this. The regional manager had attended a staff meeting to highlight the importance of early reporting for all safeguarding concerns, the person in charge and the team leader were booked to attend designated officer training and the regional manager had implemented a monthly review of complaints and incidents to ensure additional oversight.

Residents had their own individualised risk assessments in place in line with their assessment of need. All risk assessments were found to be detailed, offer guidance to the staff members and were up to date.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider and person in charge had reviewed the fire safety arrangements in the centre following the last inspection and action had been taken in relation to fire containment. This was reviewed by the inspector and found the actions from the previous compliance plan to be completed.

There were suitable arrangements in place to detect, contain and extinguish fires in the centre. Checks were being completed in accordance with the provider's policy and best practice. The inspector reviewed the daily, monthly, quarterly, six monthly and annual checks and found them to be completed and accurately recorded.

Fire drills were being carried out in line with the provider's policy and a record of learning was kept from the drills where required. The inspectors reviewed the records of fire drills being completed in the centre and found evidence that 'night drills' had been completed this provided assurance that the maximum number of residents could be evacuated by the minimum number of staff. The person in charge had a system in place to ensure that all residents who attend respite were involved in at least one fire drill per year. So far in 2025, a total of 25 out of the 35 residents had engaged in at least one fire drill.

On one occasion where a residents was reluctant to leave the building during a drill, actions were put in place to ensure this resident was involved in more regular drills and information was sought from their day service personal emergency evacuation plan (PEEP) to ensure they were consistent with their approach. This was seen to be effective.

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. All staff had received training in the safe administration of medication.

The provider had a system in place for the assessment of residents capacity to self administer their own medication. From review of this assessment it as found to be comprehensive and detailed in nature. This assessments identifies if the resident can self administer all their own medication or if they require support in some or all areas of medication management. For example, 14 residents were assessed to be able to manage their medication independently with four of these requiring support with the administration of rescue medication in the event of seizure activity. The assessment reviews if the resident can identify their medication, are aware what each medication is prescribed for and time they need to take it. The assessment also covers discussion on scenarios such as, if you drop a table or if you run out of medication, what do you do.

When the inspector observed one resident checking in her medication with staff, they told the inspector about each medication and how to follow the blister pack. They were also aware of the times to take their medication. When they staff member was checking in the medication it was noted that one liquid medication was not in the original box and therefore missing the information label. The staff member supported the resident to contact their family and get the original box in a timely manner.

For the most part, medication practices were well managed with the exception of the risk posed when a key remains in the locked safe where medication is stored, this is discussed further in regulation 26: Risk management procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Through the review of information the inspector found that there were detailed assessment of need and personal plans in place. The system for assessing residents health and social care needs were appropriate. These assessments included review of residents communication, independent living skills, person care, health and well being, medication and behaviours to name a few and subsequently guided the development of personal plans.

Plans were reviewed and found to be reflective of the individuals assessed needs, their preferences and were detailed. Plans were reviewed regularly with a pre admission check completed prior to each residents admission to respite. This covers

topics such as any changes to the residents presentation, health and medical requirements along with the arrangements for admission and discharge.

Judgment: Compliant

Regulation 8: Protection

The provider and local management had implemented policies and procedures to safeguard residents. The policy was clearly laid out and all staff had received safeguarding training to support them in the prevention, detection and response to safeguarding concerns. Staff had also received training in personal and intimate care and human rights to further support them to protect residents.

Previous safeguarding concerns in the centre had lead to the implementation of 'Knock and Wait' signs on each bedroom door to ensure residents don't enter another residents room. This was also supported with a social story that was explained to residents on their admission.

The system for booking residents to attend respite was done with consideration for compatibility of residents. Where residents had previously had incidents of concern or in some cases where one residents requests not to attend while another resident is presents, this was seen to be accommodated to ensure all residents felt safe.

Judgment: Compliant

Regulation 9: Residents' rights

As part of the inspection process the inspector reviewed how residents' rights were respected during their respite stay. It was found that residents were offered choice and control over aspects of their stay such as what room they wished to sleep in, meal and activity choices.

The inspector observed respectful and supportive conversations and interactions between staff and residents throughout the evening of the inspection.

From review of the providers, annual review of the quality and safety of care, it was observed that residents and their representatives were supported to give their feedback and this was recorded as part of the review. Some feedback comments included, exceptional service. spoke highly about staff and service provided, residents loves attending and nothing they would change.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stepaside Adult Respite Service OSV-0008364

Inspection ID: MON-0038745

Date of inspection: 23/07/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The following is now in place to ensure that medication is locked away at all times

Medication Security Measures and Admission Updates
1. Admission Documentation:
• The person in charge has updated the client admission paperwork for respite stays.
• The revised "Admissions Form" now includes information that staff will remind all clients to keep their medication secure in the locked cabinets provided.
2. Staff Communication and Procedures:
• The daily staff handover process has been updated to include reminders for staff to ensure medication is securely stored.
• The local medication procedure has been revised to reflect these changes.
• Risk assessments have been updated to document the controls in place to ensure medication is locked away at all times.
3. Controls Implemented:
• Daily reminders are issued to service users regarding medication security.
• Lanyards are offered to residents for convenient key management.
• Each bedroom is equipped with a designated place to hang keys.
• Daily reminders are also provided to service users to lock their bedroom doors.

Safeguarding Notification Procedures
To ensure all safeguarding notifications are reported to the Chief Inspector of Social Services within the required timeframe, the following measures have been implemented:
1. Training and Accountability:
• The Person in Charge and Team Leader will attend Designated Officer training on 3/10/25 to strengthen safeguarding knowledge and responsibilities.
• The Person in Charge is required to report all incidents and complaints to the Designated Officer within 24 hours.

2. Oversight and Review:
• The Regional Manager will conduct a monthly review of all incidents and complaints in collaboration with the Person in Charge.
3. Ongoing Staff Engagement:
• Safeguarding will remain a standing agenda item at all staff team meetings to ensure continuous awareness and discussion.
4. Resident Communication:
• Safeguarding procedures are discussed with residents during both admission and discharge processes, and documented in the relevant forms

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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	03/10/2025