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:	Killeshin
Name of provider:	The Rehab Group
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	21 April 2026
Centre ID:	OSV-0008557
Fieldwork ID:	MON-0041215

About the designated centre

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

Killeshin provides full-time residential care to five adults with mild and moderate intellectual disabilities. The service is located close to a busy town and within driving distance of scenic amenities. It comprises a two-story property with a separate single occupancy apartment attached to the side of the building. Support is provided by a team of health and social care workers. A sleepover staff support arrangement is provided at night-time and a waking night staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 April 2026	10:05hrs to 16:50hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents told the inspector that they were happy in their home and with the service they received. They were supported by staff who were familiar with their needs and who respected their choices. The provider had good governance and management arrangements in place that ensured that the service was person-centred and of a good quality. As a result, the culture within the centre was one that respected the rights of the residents.

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge and the team leader within the service.

This centre consisted of a large two-storey house on its own grounds. It was on the edge of a large town with regular public transport access into the town centre. A section within the house consisted of a one-bedroom apartment. It was on the ground floor and separated from the rest of the house by an internal door that had keypad access. The apartment had its own kitchen-living room, utility room and own entrance. In the main part of the house, there were four bedrooms. One was located downstairs and the other three were upstairs. Each resident had their own bathroom. Downstairs, there was a large kitchen-dining room, a large sitting room and a utility room. There were two staff offices upstairs and one doubled up as a staff sleepover room. The house was clean and very nicely decorated. It was warm, bright and spacious. It was accessible to all residents. Outside, the gardens were well maintained.

The inspector met with two of the five residents. One resident was not at home during the time that the inspector was in the centre. Two residents said that they did not want to meet the inspector and this was respected. Two other residents spent some time with the inspector. One resident told the inspector that they were very happy in their home. They said that staff were very good and that they felt safe in their home. The resident said that they would be comfortable raising any issues with staff and had confidence that they would be listened to. A second resident spoke with the inspector about their hobbies, interests and accomplishments. Both residents spoke about plans that they had in the coming days and months to visit family or to travel.

As part of the announced inspection, questionnaires were sent to residents in advance. These questionnaires asked the residents' opinions on the centre and the service they received. Five questionnaires were returned and reviewed by the inspector. All questionnaires indicated that residents were happy in their home and with the service they receive. Some residents included additional comments in the questionnaires and these were all positive. Some comments were about the

residents' interests and hobbies. Other comments related directly to the service. For example, 'I like my room'.

In addition to the person in charge, the inspector met with three further staff members. All staff were very knowledgeable on the needs of the residents. Staff spoke about residents with respect. They knew the residents' preferences, their interests and their hobbies. Staff spoke about how they offered support to residents and how they ensured that residents' choices were respected. Staff were familiar with residents' routines. Staff were aware of any supports that should be offered to residents in relation to their behaviour and how to ensure that the environment in the house met their needs. Staff knew what to do should any safeguarding incidents occur.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations.

The provider maintained oversight of the service through routine audits completed by the team leader and the person in charge. The provider also completed unannounced visits to the service. Actions from these audits were identified and addressed.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

The provider submitted the required documentation to apply for the renewal of the registration of the centre within the required timeframes.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary knowledge, qualifications and experience for the role.

As a routine part of the application to renew the registration of the centre, documentation in relation to the person in charge was submitted to the Chief Inspector of Social Services. This was reviewed by the inspector and found to be complete and in line with the regulations.

The person in charge was employed full-time and maintained a good oversight of the service through regular audit and team meetings. The person in charge had a very good knowledge of the needs of the resident and the service that should be put in place to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix to meet their needs.

The inspector reviewed the staff rosters from 1 January 2026 to the day of inspection and planned rosters until 24 April 2026. This showed that the necessary number of staff was on duty at all times and that staffing arrangements were suited to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was up-to-date. This meant that staff had been given the opportunity to develop the necessary skills and knowledge to ensure that residents received the supports required to meet their needs.

The provider had identified 28 mandatory training modules for all staff. In addition, staff completed 41 additional modules related to the care and support of the residents. The inspector reviewed the training certificates for four members of staff and found that they had up to date training. The person in charge had a schedule of training courses planned for the year and staff were booked onto the courses to ensure that their training remained up to date.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance arrangements as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all of the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear lines of accountability and effective governance structures.

The management structure was clearly defined in the centre. Staff knew who to contact with any issues. In addition to the person in charge, the centre had a team leader. This role was supernumerary and the team leader supported the person in charge with audit, rostering and other management duties. Should an incident arise in the centre, the issue was recorded and reviewed by the person in charge. The inspector reviewed the incidents that had happened in the centre in January 2026. These were all appropriately reviewed by the person in charge. All incidents in the centre were reviewed every three months to determine if there were any trends to be identified and if any additional measures needed to be put in place.

The provider maintained oversight of the service through routine audit. The inspector reviewed the audits completed in the centre since the beginning of 2026. These showed that the team leader completed weekly checks. These weekly checks were reviewed by the person in charge every month and additional audits were completed as part of this monthly review of the service. In addition, the provider completed unannounced visits to the centre every six months in line with the regulations. The inspector reviewed the reports from the two most recent visits and

this showed that the provider completed a comprehensive overview of the service. Actions for service improvement were identified following these visits.

The provider completed an annual report into the quality and safety of care and support. This was reviewed by the inspector and found to be comprehensive. The voice and opinions of the residents were included in the report.

Information was shared with staff at regular team meetings in the centre. The inspector reviewed the minutes of the two most recent team meetings in January and March 2026. These showed that information was shared with staff in relation to issues relating to the residents and wider operational issues relating to the service as a whole.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted the centre's statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports were put in place to meet those needs. The ethos of promoting the rights of residents was apparent in the day-to-day running of the centre. Residents told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Risks to the residents were identified and appropriate control measures implemented to promote the residents' safety. The provider had systems in place to reduce the risk to residents from infection and from fire.

Regulation 10: Communication

The provider had systems tin place to ensure that residents were adequately supported with their communication.

The inspector reviewed the guidance for staff in residents' care plans. These documents outlined how to present information to the residents in a manner that was in line with their needs. The provider had developed communication supports specific to the needs of the residents in line with this guidance. This included easy-read documents and social stories. Staff were familiar with residents' communication style and were observed chatting comfortably with residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents in this centre were supported to engage in activities that were in line with their interests.

Residents told the inspector about their interests and hobbies. They spoke about their daily routine and what they liked to do. They said that staff supported them to complete these tasks.

Residents were supported to maintain links with family and friends.

The inspector reviewed the assessments of need that had been completed with three residents. These identified the residents' social care needs and the supports required to meet those needs. The residents' annual reviews included photographs of the residents' daily routines and trips that they had taken throughout the year. These showed that the residents were supported to participate in activities in line with their interests.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to the needs of residents and the aims of the service.

As noted in the opening section of the report, the centre was spacious and met the needs of the residents. There was adequate space for residents to spend time together or apart, as they wished. The house was in a very good state of repair and nicely decorated throughout. It was equipped with the facilities needed by the residents. There was adequate storage for the residents' personal belongings.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment, and control of risks to the residents.

The inspector reviewed the risk assessments that were developed for three residents. These assessments were recently developed and clearly identified the risks to residents. The risks were in line with the residents' assessed needs. Control measures specific to the resident were recorded in the assessments. The risk assessments signposted staff to relevant documents that related to the identified risk. For example, one residents' risk assessment relating to a medical need signposted staff to the provider's policies on the administration of medication and the resident's medication support plan. This meant that staff had clear information to guide practice and promote the safety of residents.

The inspector also reviewed the risk assessments that had been developed for the service as a whole. These were found to be comprehensive, regularly updated and gave clear guidance to staff.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken the appropriate measures to protect residents from the risk of infection.

Staff had up-to-date training in modules related to infection prevention and control. Staff completed daily cleaning tasks and these were recorded on daily checklists. The inspector reviewed the checklists from 1 April 2026 to the day of inspection. These showed that the cleaning duties were completed regularly.

Residents were supported to understand the steps that they should take to reduce the risk of infection. For example, the inspector noted that a social story about hand hygiene had been developed for one resident in line with their needs.

The provider maintained overview of the infection prevention and control measures implemented in the centre through regular audit. Infection prevention and control was a standing item at staff team meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to protect residents from the risk of fire.

The inspector noted that the centre was equipped with fire detection, alarm and containment systems. These were regularly reviewed by an external company to ensure that they were working correctly.

The inspector reviewed the emergency evacuation plans for three residents. These gave clear guidance to staff on the specific steps that should be taken to support residents to evacuate the building in the event of a fire.

The inspector reviewed the two most recent fire drills completed in the centre. These showed that fire drills in the centre reflected day time and night time scenarios when staffing levels varied.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of three residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. Corresponding care plans were developed based on the identified needs of residents. These plans gave clear information to staff and were regularly reviewed.

An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well-managed in this centre.

The inspector reviewed the healthcare records for three residents. These showed that residents had access to relevant healthcare professionals, as required. Residents were supported to engage in routine healthcare screening programmes.

Information was given to residents to support their understanding of their healthcare needs. The inspector noted that easy-read information specific to residents' needs was available.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place to support residents in relation to their behaviour.

The inspector reviewed positive behaviour support plans that had been developed for two residents. The plans were developed by a suitably qualified professional and included input from the residents. The plans gave information on ways that staff should maintain an environment that was in line with the residents' needs. It also included information on how staff should respond to the resident. When speaking with the inspector, staff were clear on the supports that they offered to residents in relation to their behaviour. The information given to the inspector was in line with the information contained within the plans.

Where restrictive practices were required in the centre, these were recorded and regularly reviewed by the provider's restrictive practice committee. The records relating to these practices were reviewed by the inspector. The records showed the reason for the restrictive practice, the criteria for its use and the plan to reduce the use of the practice. Residents were included in the development of these practices. The inspector viewed documents where the pros and cons of implementing restrictive practices were outlined for the residents. The residents then chose if they wished to implement the practice. This meant that the voice of the resident and their preferences were included within their positive behaviour support plans.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The choices and the voice of the residents were included in the running of the centre. Residents met with their key workers regularly and discussed their care plans and goals. The inspector reviewed the minutes of one of these meetings for one resident. These showed that residents' decisions in relation to their daily routine, relationships and finances were respected. Residents had access to advocacy supports, as required.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant