



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

Issued by the Chief Inspector

Name of designated centre:	Laccabeg Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	12 January 2026
Centre ID:	OSV-0005626
Fieldwork ID:	MON-0048455

About the designated centre

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

Laccabeg Accommodation Service is a detached dormer bungalow located in a rural area but within a short driving distance to a nearby town. It provides a full-time residential service for up to four male residents, between the ages of 18 and 65 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a living room, a dining room, a kitchen and bathrooms. The staff team is comprised of a person in charge, team leaders and care workers. Residents are supported by staff day and night through a social model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 January 2026	10:05hrs to 17:10hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed by one inspector over one day. The purpose of this inspection was a focused risk based inspection to monitor the centre's compliance with the regulations and completed to inform the decision making with regard to the renewal of the centre's registration.

On arrival to the centre the inspector was greeted by the team leader and shortly after the person in charge. The inspector signed into the designated centres visitors' book and was informed by the team leader and person in charge that the residents were out enjoying activities of choice or attending their day services. The inspector was informed that two residents avail of two different day services and this is supported and facilitated by the staff team in order to support the residents with their choice.

During the course of the inspection, the inspector had the opportunity to meet three of the residents briefly. One resident had returned to their home for a short period of time in the morning. The staff supporting this resident told the inspector that they had been out for a walk and to the shop, and that they would be heading out again. Staff informed the inspector that the resident was very active and enjoyed walks, hikes and cycling in local community areas. Later in the day a resident was supported by staff with an appointment that was taking place in the resident's home. The resident appeared happy in the company of their staff as they were eating their lunch and starting their planned appointment with their occupational therapist. The staff informed the inspector that they had planned to head out again later in the afternoon. That evening another resident returned to their home, the inspector asked them if they were happy in their home which they replied yes and spoke to them about their day.

The centre was warm and homely. Pictures were displayed in the centre, along with activity planners. Information on making complaints and safeguarding was available in the centre. The centre had communal spaces where residents could choose to spend time. The centre comprised of a dormer bungalow which four residents resided in. Residents living in the centre had access to an outdoor area, which had a basketball hoop, this was an activity residents enjoyed. The garden area also had a large poly tunnel which residents could grow their own fruit and vegetables. One resident living in the house enjoyed drawing and doodling. This was embraced by the staff and management team in the centre, the centre had adapted frames in certain areas of the house which the resident could create their art in.

The inspector had the opportunity to briefly meet staff members as the centre was a busy environment with many planned activities for the day. The inspector met the person in charge and the team leaders. The inspector found staff and management to be knowledgeable about the residents' needs and could describe how they

support the residents on a daily basis. For example, the staffing levels and supports required by residents.

Residents were informed about things what were happening in the centre. Regular residents house meetings were taking place. This informed the inspector that residents were kept informed and included in decisions about what was happening in the centre. For example, in 2025 the centre had one bathroom renovated, this was seen to be discussed with residents at house meetings and tiles options had also been discussed and chosen by residents.

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development and were involved in activities that they enjoyed. The person in charge, team leaders and staff promoted that a person-centred service was delivered to residents. Some improvement was required under regulation 16: Staff training and development, Regulation 17: Premises and Regulation 5: Individual assessment and personal plans, although at the time of the inspection this did not impact on the quality of life enjoyed by the residents.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

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.

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. However some review is required under Regulation 16: Staff training and development to ensure all staff members had completed training in positive behaviour support.

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

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designed centre. The inspector reviewed all the relevant information and found it was in line with the requirements of the regulation. Information submitted included floor plans, application forms and fees.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations and were responsive to the inspection process. The person in charge had a remit of one designated centre at the time of the inspection. The person in charge was very knowledgeable regarding the individual needs of each resident who lived there.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that 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 reviewed a sample of rosters from November to December 2025 and a four week period in January 2026.

There were sufficient numbers of staff to meet the needs of the residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. This ensured residents were familiar with the staff on duty to support them and continuity of care was being supported. This was important to the residents living there. The centre also had two relief staff in place to provide any additional cover for planned and unplanned leave.

The inspector had the opportunity to briefly meet three staff members as the staff were spending the day completing planned appointments and activities with the residents. The inspector met the two team leaders in place along with the person in charge. They were found to be knowledgeable in their role and the support needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training. The inspector reviewed the training matrix for all staff working in the designated centre, including relief staff. It was noted that the following trainings had been completed;

- Fire safety
- Safeguarding
- Children's First
- Manual Handling
- Medication training

All staff had also completed Crisis prevention training. Two staff required positive behaviour support training as they had not completed any training in this area as per the training matrix in place and three residents in the centre had behaviour support plans in place as per their assessed needs.

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: Substantially compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place to govern the centre and to ensure the provision of a good quality and a safe service for residents. The provider had ensured that the designated centre was resourced in terms of staffing to ensure the effective delivery of care and support in line with the assessed needs of the residents.

The inspector reviewed the annual review for the designated centre which was completed in October 2025. The audit had identified actions with an action plan in place. Resident's and family feedback and views had also been sought as part of this audit and were included. One family member spoken with in this audit noted that their family member was happy and content. The audit also referenced that the residents in the house are out a lot completing activities of their choice.

The provider had a system in place to complete six-monthly announced audits as required by the regulations. The inspector reviewed the audit which had been completed in August 2025. Where actions had been identified in this audit they were noted as completed. For example, a staff member was to read and sign a resident's behaviour support plan, on the day of the inspection all staff had read and signed the behaviour support plans for residents.

The centre had an audit schedule in place. A sample of these were reviewed by the inspector. These included a monthly audit which was completed by the person in charge. The inspector reviewed October to December 2025. Here the person in charge ensure 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, residents protocols in place and person centred planning was taking place.

The inspector reviewed the minutes of the team meetings for the designated centre for 2025 and 2026. It was seen that team meetings were consistently taking place on a monthly basis. These meetings were seen to discuss a range of items such as, safeguarding, complaints and incidents. The inspector seen in these meetings that scenarios were discussed under the agenda item of safeguarding. The person in charge spoke with the inspector that this was to ensure staff and management in

the centre kept up-to-date and knowledgeable with information and situations that may arise around safeguarding.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose. The inspector reviewed the statement of purpose and found that it met the requirements of the regulations. On the day of the inspection, the person in charge was requested to review a small part of this document, this was completed on the day and submitted to the Office of the Chief Inspector on the same day. The statement of purpose had been last reviewed and updated in January 2026. It was available in the centre for residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector 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 and house meetings. The complaints log template was reviewed. There was a reporting structure in place for complaints. The centre had the complaints officer clearly displayed. There were currently 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, person-centred and of good quality.

During this inspection, the inspector found that the residents were supported to have choice regarding their daily living. Residents were supported by staff to achieve goals and aspirations. The centre was seen to be tidy and homely. Resident's bedrooms were seen to be decorated as per their wishes and assessed needs. Overall, the inspection found a high level of compliance with the regulations with some review required under Regulation 5: Individual assessments and personal plans and Regulation 17: Premises.

Regulation 13: General welfare and development

Residents living in the designated centre were supported to take part in a range of social and educational activities either in their home, community or day service. Two residents attended different day services. The person in charge discussed with the inspector that the residents enjoyed their individual day service locations and this was very important to both the residents. Two other residents living in the centre were supported with activities both in their home and community. On the day of the inspection, it was seen by the inspector that residents living in the centre enjoyed an active lifestyle and enjoyed access amenities in their community. The inspector met some residents as they returned to their home in the afternoon for a short period of time. The residents had been out to shops and for walks. The staff and team leaders informed the inspector that the residents enjoy cycling in local accessible areas, visiting shops, swimming and hiking.

On the day of the inspection two residents had appointments and these were also facilitated by the management and staff team in the centre. Residents had visual activity planners displayed, along with a visual display of the staff on duty.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and the needs of residents. Each resident had their own bedroom and access to spacious communal areas which included a living room, sitting room, dining room and kitchen. The centre had a large enclosed garden to the front and rear of the property. Residents living in this centre enjoyed outdoor activities. The garden had a large poly tunnel which some residents enjoyed growing their own fruit and vegetables.

The inspector found that overall the centre was maintained, it had recently undergone some painting in communal areas and residents bedrooms. However some areas of the centre required further attention. This included the counter top area in the kitchen was damaged in two areas, the inside of an open cupboard located in the kitchen was damaged due to the removal of hinges and the stairs in the centre required maintenance as it had a lot of wear and tear and markings on the steps . This required review to ensure the centre was kept in a good state of repair internally.

The inspector reviewed a maintenance log which was maintained by the person in charge and team leaders. This log was found to be effective as any issues identified were completed in a timely and efficient manner. For example, a lock required maintenance and this was seen to be completed on the same day.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk around of the designated centre and reviewed documentation from the centre's fire folder. The centre had all the required fire safety equipment in place, including extinguishers, alarm panels and fire doors, all of which were serviced regularly. The emergency lighting and fire alarm system had been recently serviced in December 2025. The person in charge also had ensured they had future dates for servicing scheduled. For example, the centres fire

extinguishers were due in February 2026, the person in charge informed the inspector that a service was scheduled for this.

The fire folder demonstrated evidence of fire drills taking place in the centre, these included simulated night-time drills. Each residents had a personal emergency evacuation plan (PEEP) in place. This clearly detailed the individualised supports required for each resident to ensure their safe evacuation. These plans had been reviewed in April and October 2025. The inspector also noted that regular fire safety checks were being carried out by staff, providing assurance of ongoing oversight. The inspector reviewed the records from 2025 and 2026.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments related to safeguarding, positive behaviour support, communication, social and personal development and personal care plans. For the most part the personal plans guided staff in the assessed needs and supports for each resident.

The inspector reviewed a sample of two residents' personal plans. Overall, assessments and plans were person centred and evidence based. Where a resident had an identified health care need this was clearly recorded and supports in place. Some review was required for one resident's personal plan as the resident had an identified trigger outlined in their behaviour support plan regarding their intimate care. However this was not noted in the supports outlined in the residents intimate care plan.

Residents had been supported with an annual planning meetings which supported the resident in goals they would like to achieve and a review of the year that had passed. Residents had identified goals such as planning overnight trips to places of interest and to attend football matches. Recording sheets were in place to staff to track actions for goals. Staff supported residents with their goals and completed monthly keyworker meeting with residents. Residents had also evidence of completing goals and achieving many trips during 2025. These included planning birthday parties, starting new programmes in their day service, taking flights, day trips and overnights to various places of interest and competing in sporting events.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that the provider had systems for oversight, approval and ongoing review of restrictive practices. On the day of the inspection one of the team leaders attended a restrictive practice committee meeting which had been arranged to review some restrictive practices in place in the centre that were due for review in January 2026. The person in charge kept a restrictive practice log of for the centre. This log was reviewed by the inspector and was well maintained and contained clear information on the restrictions in place. All restrictions were regularly reviewed and no less than on an annual basis.

The inspector reviewed behaviour support plans in place for three residents. These plans had been reviewed in May and December 2025, and January 2026. These behaviour support plans in place outlined clear information about triggers and guidance for staff on managing situations with responsive strategies. It was evident that there was sufficient detail in the positive behaviour support plans and that staff were familiar with these plans to ensure that residents were protected and supported.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Policies and procedures were in place to ensure residents were safeguarded. Staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity.

On the day of the inspection the inspector was informed there was four open safeguarding plans in place for the centre. The inspector reviewed all four safeguarding plans. These were for incidents that had occurred in 2025. The inspector seen that the provider had good systems in place which ensured safeguarding procedures were in place and the person in charge had ensured that the procedures in place to support such incidents were followed. For example, safeguarding incidents reviewed had ensured safeguarding plans in place. These safeguarding plans had been reviewed within the dates identified in the plans. The person in charge also maintained a safeguarding log which identified clearly the follow up review dates for each plan.

Safeguarding was discussed at regularly at staff team meetings and resident's house meetings. These meetings included scenario based discussions for staff and interactive games for residents to identify and discuss types of abuse and safeguarding. Easy-to-read documents were in place for residents to access about safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days. Some residents access day services while other did not access a day service they were supported by staff to complete different activities in their home and community as they wished. The inspector saw that residents were supported to have control and choice about their daily lives. Management and staff in the centre discussed with the inspector the activities that are important to residents such as being active in the community and attending their day services. This was seen on the inspection day as residents were supported with a variety of activities which included, attending medical appointments, walks in the community, going to the shops, going to the pub and attending their day services.

The residents were supported with weekly residents meeting. The inspector reviewed a sample of these meetings from 2025 and 2026. These meetings informed the residents of any updates from the provider, along with discussing complaints, advocacy, and safeguarding. These meeting also reviewed plans for the week ahead such as upcoming activities and events in the centre that the residents would like to do, along with meals that the residents would like. At these meetings the staff facilitated some interactive learning games as a proactive measure to encourage participation and interest in topics. For example it was seen in meeting minutes that residents took part in a dice game which identified different areas of abuse and discussed these with residents.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Laccabeg Accommodation Service OSV-0005626

Inspection ID: MON-0048455

Date of inspection: 12/01/2026

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The two staff identified as requiring Positive Behaviour Support Training completed the training on the 29/01/2026. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The damage to inside of cupboard where hinges were removed will be rectified by 28/02/2026 • The Person in Charge is currently looking into the most suitable options to address the wear and tear on the staircase and identify a professional to complete the works. The works will be completed by 31/03/2026 • The damage to counter top (2 areas) will be repaired by 31/03/2026. 	
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: <ul style="list-style-type: none"> • The residents support plan is in the process of being reviewed and will be updated to include the potential trigger identified in the residents Positive Behaviour Support Guidelines. This will be reviewed and released to staff for review and signing by 13/02/2026. 	

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	29/01/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026
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	Substantially Compliant	Yellow	13/02/2026

	needs or circumstances, which review shall assess the effectiveness of the plan.			
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