



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

Issued by the Chief Inspector

Name of designated centre:	Boulia Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	25 August 2025
Centre ID:	OSV-0005748
Fieldwork ID:	MON-0047205

About the designated centre

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

Boulia Accommodation Service is a large detached bungalow located in a rural area but within a short driving distance to various towns. The centre can provide residential support on a full-time basis for up to four male residents between the ages of 18 and 85. The centre provides for residents with intellectual disabilities, autism, mental health needs and epilepsy. Facilities in the centre include bathrooms, a sitting room, a kitchen, a dining area, a utility room, a conservatory and a staff office/sleepover room while each resident has their own bedroom. Residents are supported by the person in charge, a team leader and care workers.

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
Monday 25 August 2025	09:50hrs to 16:45hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre. This inspection focused on regulations in relation to the safeguarding. Overall, the residents appeared to having a good quality of life and were being assisted to ensure they were as independent as possible. The centre was a four bedroom bungalow in a rural setting near a number of towns. The residents had access to two transport vehicles to enable to access these nearby towns.

On arrival the inspector was greeted by a member of the management team in the centre. The person in charge of the centre joined the inspection later in the day. The four residents interacted with the inspector at different times throughout the inspection. One of the resident spoke about having a smart phone and using it to take photographs. They spoke about how much they liked going to their day service. Residents showed their artwork that they had in the house. The residents each had their own area in the house that they liked to use. One of the residents had a fish tank near them where they sat. Another resident sang two songs while the inspector was in the sitting room. Residents spoke with the inspector about what they had done for the weekend and spoke about a milestone birthday they had celebrated in the house. The residents appeared to be very comfortable in the company of staff. Visual schedules were used in the designated centre for the residents for activities.

The staff members were seen to interact with the residents in a kind and respectful manner and supported them to engage in their preferred activities during the day. It was evident that the residents were assisted to took part in activities in their local communities. Staff members that spoke with the inspector were knowledgeable of the residents' needs. All residents spoken with said they were looked after well by staff and were very happy living in the designated centre.

The resident's bedrooms were decorated in line with their interests, were suitable in size and had adequate storage for their personal items. Two residents chose to lock their bedrooms and kept control of the key. There was large garden to the rear with outdoor furniture. There were a number of communal areas in the designated centre. The residents liked to use different areas of the centre to relax and were seen using these various areas of the designated centre during the inspection. It was observed that one of the communal areas used by a residents had a leak coming from the roof this is discussed further in the report.

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.

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining oversight and that these individuals maintained a strong presence in the centre.

The person in charge had ensured that the staff team had received appropriate training to meet the needs of the residents. There was evidence of the training programme being monitored to ensure that the staff team remained up to date with training. There was a supervision schedule in place for staff and was taking place as planned throughout the year.

Staffing levels were maintained in the centre to ensure the residents could be supported to undertake the activities they wanted. Residents said they received good support from the staff. The staff team were knowledgeable of the residents' needs when they spoke with the inspector. Concerns regarding staffing levels are discussed under regulation 15: staffing.

Regulation 15: Staffing

Staffing levels were maintained at appropriate level to the number and the assessed needs of the residents and the layout of the centre. A planned and actual staffing rota was available on the day of the inspection. Staff spoken with on the day were very familiar with the residents' needs and spoke about them in a respectful manner. The staffing levels on the day of the inspection allowed residents to undertake their activities that they had planned.

A new system of managing staff files was being implemented in the centre. The system being implemented ensured that the staff files were maintained in line with the regulations.

There were a number of staff vacancies on the day of the inspection and while this was not impacting on the quality of life of the residents, it was affecting the staff teams ability to have meetings. The person in charge while not be able to meet with staff, was keeping staff informed of issues regarding working in the centre by email. There was on going recruitment underway to fill these vacancies.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training was being undertaken by staff in the centre that was required for the residents' needs. The inspector viewed the training matrix for the designated centre which tracked the training undertaken by the staff. It was evident from this training matrix that the person in charge had maintained oversight of the training needs of the staff.

A schedule for staff supervision was maintained and this was provided to the inspector. The schedule showed that supervision had begun for the year and that there was a schedule to complete regular staff supervision sessions throughout the year.

Staff had access to relevant legislative and guidance documents in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a governance structure in place in the centre. With the person in charge supported by people participating in management and another manager in the centre.

The annual review for the centre had been completed in the previous 12 months. This document captured how the year was for the residents and what they had undertaken during the year.

The six monthly unannounced provider visits had been completed. This visits were providing actions for the centre which were being reviewed by the local management team.

Residents' meetings were taking place regularly in the designated centre. Staff meetings were not always taking place as scheduled and this discussed under regulation 15 Staffing.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had goals for the year created and these goals were realistic and reviewed. Risk was well managed in the centre and measures were in place for safeguarding of residents. Residents had positive behaviour support plans in place when they required support in this area.

The premises in the main served the needs of the residents. There was a leak in one room in the centre. This was used regularly by the one of the residents in particular. There was a plan in place to repair this room but time lines were not yet available.

An incident involving potential or suspected abuse of a resident was not identified initially as a safeguarding issue. This was not investigated and reported in a prompt manner. Other concerns in relation to the safeguarding of residents had been reported in line with the registered provider's policy and the regulations. This is discussed under regulation 8: protection.

Regulation 10: Communication

Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with.

Residents had access and were using smart devices on the day of the inspection such as tablet devices, speakers and televisions. Staff were seen to communicate with residents in an appropriate and kind manner on the day of the inspection.

A resident spoke about using their mobile phone and how they like to take photographs with it.

Judgment: Compliant

Regulation 17: Premises

The premises provided communal areas and areas where residents could relax in privacy. Each resident had their own seating area which was decorated in line with their interests. The premises was decorated in a homely manner. The designated centre was situated in an area that had access to a number of towns and villages in a short distance.

One area identified during the walk around that required attention was the conservatory area, which one resident in particular liked to use, in which the roof was leaking. There was evidence that this was a long term leak in the area. This had been identified by the local management in the centre with plans in place to repair the conservatory.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk register in place and individual risks identified for the resident which were appropriate for the residents. The risk register and individual residents' risks had been reviewed in the previous 12 months.

There was suitable risk management policy put in place by the registered provider which contained the identified risks and the control measures for specified risks required under the regulation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year.

Residents' health care and social care needs were being well met by the assessments and plans in place. For example these documents contained a physical health summary for the residents and contained easy read documentation for residents to undertake tasks and activities. Activities undertaken by residents were recorded with photographs taken of residents during these times.

Residents had a mix of goals that involved both enjoyable activities and also ways of increasing the residents' independence. It was evident that these goals for the residents were being monitored and the achievements being documented.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided with training in the area of de-escalation and intervention when residents required this. Restrictions that were used in the designated centre were submitted as part of the quarterly returns to the office of the Chief Inspector. This restrictions remained under review for the appropriateness of the use of them.

Positive behaviour support plans had been created for residents that required them. Three of these plans were viewed and they contained extensive information about how the resident may escalate and how strategies may be implemented to ensure residents engaged in positive behaviour.

Judgment: Compliant

Regulation 8: Protection

Staff have undertaken training in the area of safeguarding. Resident had assessments and plans in place to support them with intimate care and residents' wishes in how they are assisted in this area.

Most incidents involving the safeguarding of the residents had been reported to the relevant statutory bodies and managed under the registered provider's policy. One incident which occurred before the inspection was not identified as a safeguarding issue at the time. This was identified after further review which meant there was a delay in the investigation and reporting of the incident from a safeguarding perspective.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had a choice of activities available to them. The residents had access to two vehicles in the designated centre to support activities. There was adequate space in the centre for the residents to undertake their activities in private if they wished. One resident that had previously only access to their day service for one hour a week, as identified during the previous inspection, this had been increased to two days a week for the resident. This was the amount of time that previously had been available for the resident to attend. This was reported to be working well for the resident.

Residents' meetings were taking place on a weekly basis to plan such things as meal planning and activities for the week. On the day of the inspection residents were seen undertaking various activities and were interacting with staff in a positive manner.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Boulia Accommodation Service OSV-0005748

Inspection ID: MON-0047205

Date of inspection: 25/08/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• One outstanding 39 hour permanent post had been filled by an International Candidate. On the date of inspection, the PIC had received confirmation of the International Candidates arrival date, which was 4th September 2025.• The International Candidate has commenced and remains in their 39 hour permanent post as of 8th September 2025.• Post Inspection, a further 20 hour post and a Relief post are being advertised. It is envisaged both of these posts will be filled by end of November 2025	
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 Organisations Property Department has confirmed the necessary works required on the Conservatory area of the Centre will be completed before the end of Quarter 4 2025	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

- PPIM has refreshed the Designated Officer Training – Stage 3 of Training to be completed by 28/11/2025
- PIC has undertaken the Designated Officer Training – Stage 3 of Training to be completed by 28/11/2025
- PIC has refreshed all Safeguarding Trainings
- PPIM and PIC met with the Head of Operations to further discuss HIQA Notifications and constitution of conduct related incidents
- All incidences, suspicions or allegations of abuse have previously been and going forward will be addressed through the Organisations Safeguarding Policy and will be notified via the portal to HIQA within the 3 day notification timeframe, as per regulation standards

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2025
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	31/12/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any	Substantially Compliant	Yellow	28/11/2025

	incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
--	---	--	--	--