



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

Issued by the Chief Inspector

Name of designated centre:	Ashby House
Name of provider:	The Rehab Group
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	02 September 2025
Centre ID:	OSV-0008545
Fieldwork ID:	MON-0047505

About the designated centre

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

Ashby house designated centre provides residential care and support for up to four adult residents, male and female, with a mild/moderate intellectual disability. It is located in a residential area on the outskirts of a large town. The town is accessible on foot or via public transport/taxi. There is a vehicle available specifically for the service. The house is a detached two storey house that comprises five bedrooms and one office room. This includes four resident bedrooms with en-suites, and one staff sleepover room. There is a combined kitchen/dining area which leads into a communal sitting room/ TV area. There is a private back garden space that provides a private area for residents and visitors. The centre is staffed by a team of care workers day and night, under the management of a team leader and a person in charge. There is a waking night staff in addition to a sleepover staff to provide support to residents at night if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 2 September 2025	13:55hrs to 19:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection found that residents living in Ashby house designated centre were provided with high quality, person-centred care that promoted their wellbeing and protection.

This inspection was an unannounced inspection which focused on safeguarding. The Chief Inspector of Social Services issued a regulatory notice to providers in June 2024 outlining a plan to launch a regulatory adult safeguarding programme for inspections of designated centres. This inspection was completed as part of this programme.

This inspection was completed over one day, throughout the afternoon and evening. The inspector provided a document called 'Nice to Meet You' that inspectors use to support residents to understand about why they are visiting their home. This was given to the manager at the start of the inspection. The inspector met and spoke with all four residents and three staff members, that included the team leader and the person in charge.

On arrival to the house, the inspector met with the team leader. All residents were out and about doing their usual weekday routines that included volunteer work and attending an external day services. The inspector met with all residents during the evening when they returned home from their day activities.

The inspector initially met with three residents who spent time chatting with the inspector as a group. Residents were observed relaxing together in the sitting-room after their day. All residents agreed to show the inspector their bedrooms where they spoke individually to the inspector about their lives. They talked about their interests, their future plans and pointed out and talked about family photographs that they had hung on their bedroom walls. It was clear from talking to residents that they had a busy life doing activities that they enjoyed. It was also clear that residents had very good family contact and that this was important to them. Residents' bedrooms were beautifully decorated and personalised and included en-suite facilities. Later in the evening, one resident was met with on their return from work. They agreed to speak with the inspector on their own.

All residents told the inspector that they loved living in Ashby House. Residents said that they felt safe and got on well with each other. This could be seen by the inspector through observations during the evening. Residents had strong friendships with each other. They enjoyed doing activities together as well as having their own individual interests. Residents enjoyed a wide variety of activities such as bowling, table-tennis, going to the cinema, going for meals, going to concerts, swimming, having beauty treatments and doing yoga classes. One resident recently took part in a table tennis competition in Dublin, for which they won an award.

Residents were supported to be as independent as possible, with some residents enjoying independent travel and going for walks to town together. Some residents undertook work experience and volunteer work, about which they spoke with the inspector. Some residents had goals to get paid employment in the future which they were supported to pursue. Residents were also supported to do classes in areas of interest. One resident attended art classes locally. There were beautiful paintings on display in the house showcasing their art work.

Residents were also supported to set goals for their future. This was discussed through individual meetings with a staff member (key-worker meetings) and through developing person-centred plans. Residents enjoyed travel and going to new places. Three residents had recently enjoyed a holiday to Lourdes. Another resident visited family in Scotland during the year, and had plans to go to America later in the year with their family. Another resident spoke about going to a family wedding in Portugal.

In addition, residents were active participants in their neighbourhood. One resident helped out with dog walking for a neighbour, and another resident had been involved in lobbying for more accessible walkways in the neighbourhood. This had been achieved for them through their ongoing advocacy on the matter, and they spoke with pride about this to the inspector. The house was welcoming and homely and it was clear residents felt a sense of belonging. The residents told the inspector about a recently held celebration that they had with family and friends to celebrate the anniversary of the opening of the house. One resident also spoke about plans for their upcoming birthday where they planned to celebrate with their housemates and friends. It was clear that residents enjoyed spending time with family, friends and each other and that there was no restriction on visitors to their home.

Through discussions had with residents, it was clear to the inspector that residents were consulted about their home. Furthermore it was clear that they were listened to and supported with any issues or complaints that they had. For example, one resident raised a maintenance issue recently and they told the inspector that this was sorted out for them. Residents attended monthly group house meetings where discussions about the house took place and plans for meals, shopping and activities were agreed. A visual schedule was in place in the kitchen area outlining the agreed meal plan for the week ahead. There was also a timetable for agreed household tasks for residents to complete during the week.

In addition, the staff arrangements for the day and night were up on the notice board in a visual format, to further support residents to know who to expect to support them that evening and night. One staff member supported residents each evening and morning. There was a second staff member on duty each night due to health related risks. Residents spoken with confirmed that there were enough staff members on duty to support them with their interests. They said that if they needed more staff support for specific activities, that this was provided. The inspector got the opportunity to speak with one staff member supporting residents during the evening. It was clear that they knew residents well and they were observed treating them with respect and dignity.

The house itself was beautifully decorated, clean and well maintained. The decor, furniture and soft furnishings created a warm and homely space. The premises were accessible and designed to promote residents' independence in daily living. For example, since the last inspection by HIQA in January 2024, improvements were made to a door leading to the laundry room to support a wheelchair user to be fully independent in accessing this area. They spoke with the inspector about this and how this helped them.

In summary, Ashby House was found to provide high quality, person-centred care and support to residents. The service was operated in manner that respected residents' life choices, individuality and rights.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there were good management systems in place to ensure that a person-centred and safe service was provided to residents living in Ashby house.

The centre was managed by a full-time person-in charge who was supported in their role by a team leader. The team leader was based at the house on a full-time basis.

There were good systems in place for the oversight and monitoring of the centre. This included the completion of weekly audits by the team leader, and monthly audits completed by the person in charge. The provider ensured that unannounced visits occurred every six months, which is a requirement in the regulations.

The staffing levels and skill mix were found to meet the needs of residents. Staff members were provided with ongoing training to ensure that they had the skills to support residents with their needs. The provider ensured that there were policies and procedures in place to provide guidance to staff for delivering safe care and support. The implementation of these policies could be seen throughout the inspection.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Regulation 15: Staffing

The centre was found to have suitable numbers and skill mix of staff to support residents with their needs. Residents confirmed to the inspector that they had enough staff to support them with their care and activities.

The inspector reviewed the planned and actual rosters from 14 July 2025 to 10 August 2025 and found that it was well maintained and included the staffing arrangements that the inspector was informed about. The staff team was consistent and familiar to residents, with all staff members who commenced working in the centre at the start of its' registration, still in place.

The inspector requested to review a sample of four staff members Garda vetting, which were available and in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff were provided with ongoing training and supervision to support them in their role. The provider had a policy for employee learning and development, which outlined procedures for ensuring staff members were supported with their ongoing professional development.

The inspector reviewed the training records for all staff members. Staff had undertaken training in safeguarding, 'Children first' and behaviour management. Other training modules completed by all staff members included training in human rights, positive risk-taking and supporting residents with decision-making. This demonstrated that the provider was committed to enhancing staff members' knowledge and awareness about how to ensure that residents are treated fairly and with respect. One staff member was awaiting a suitable date to complete their behaviour management training. The management team were aware of this and were following up.

The inspector was told that staff members received quarterly supervision sessions with their line manager. A sample of four staff members supervision records were reviewed by the inspector, where it could be seen that regular supervision meetings occurred as stated. Staff members spoken with said that they felt well supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

There were good arrangements for the management of the centre, which included an out-of-hours on-call arrangement. There was a good management structure in

place where each member of the management team had clear roles and responsibilities in ensuring the ongoing review of practices in the centre.

The local management team and provider carried out regular audits of the centre. These included a weekly audit by the team leader and a monthly audit by the person in charge. The provider completed unannounced visits every six months as required in the regulations. The inspector reviewed a sample of two months' audits (for January and June 2025) completed by the local management team, where it could be seen that these covered areas such as safeguarding, incidents, complaints, finances, and health and safety. In addition, the team leader reviewed residents' daily notes each week. This showed good oversight of the care provided to residents.

There were monthly staff meetings occurring in the centre. A sample of four team meetings that occurred between May 2025 and July 2025 were reviewed by the inspector. These records showed that discussions about safeguarding, incidents, complaints and residents' individual care and support occurred. For example, in one of the meeting records, it could be seen that the protection of residents was discussed prior to them going away on holidays to another country. This demonstrated a person-centred review of protection issues that could arise and supported staff members in knowing what to do. In addition, these meetings were found to be a forum for supporting and listening to staff members, with an agenda item about staff wellbeing included at each meeting. Staff reported to the inspector that they could raise any concerns that they may have at any time.

Judgment: Compliant

Quality and safety

Ashby house was found to provide high quality, person-centred care to residents that ensured their safety and protection. There were gaps in some documentation, that required review. However this did not pose a medium to high risk to residents.

Assessments were completed on the health, personal and social care needs of residents. Support plans and person-centred plans were developed based on each residents' individual needs and goals.

The centre promoted a human rights based approach to care, where residents' choices about how they lived their lives were respected. The protection of residents was taken seriously, with ongoing discussions and reviews about various protection, safety and wellbeing issues with residents. Residents had access to advocacy services, where this was required and agreed.

Overall, it was clear that residents were consulted about the centre and that their views and opinions were valued and listened to.

Regulation 10: Communication

The provider had a policy that promoted a total communication approach in supporting residents with their communication preferences. All residents communicated verbally and were provided with supports through visuals and easy-to-read documents where this was required.

The inspector reviewed a range of easy-to-read documents that were available to residents, on topics related to rights, health, safety and wellbeing. In addition, residents had access to technological devices, television, music players, radios and the Internet. Residents were observed using these at times throughout the inspection. Some residents used mobile phone applications to keep in touch with their friends, neighbours and family members.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out and designed to meet the numbers and needs of residents. The house promoted accessibility for all residents. Where adaptations were required to better meet residents' needs and promote accessibility, these were discussed with residents and put in place where agreed.

Each resident had their own bedroom with en suite facilities where they had ample space for storing personal belongings. This promoted residents' privacy and rights. In addition, the communal areas were spacious, comfortably furnished and provided a homely space for residents to relax together and have visitors to their home. The design and decor of the house included residents' art work, photographs and personal effects, all of which reflected a warm and homely atmosphere.

This all promoted each residents' safety, wellbeing and protection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, there were good arrangements in place for the assessment and review of residents' needs and support plans. However, the monitoring and review of the documents required improvements as there were gaps in some of the templates, and some updates were unclear.

The inspector reviewed a sample of three residents' person-centred plans (PCP) and two residents' assessments of their health, personal and social care needs. The following was found;

- One resident's assessment of need was not fully completed in line with the provider's template, as there was missing information about the resident's support needs with regard to independent activities.
- One resident's PCP information included out-of-date information about seeking a new home.
- One resident's PCP goals were not updated with progress notes, therefore making it difficult to establish and monitor if goals were achieved or not.
- There were gaps in the information for one resident's personal possessions inventory and this was not in line with the provider's procedures for recording items. This meant that it was not clear when the resident purchased items of value, and whether they were still in their possession or not.
- One resident's annual review meeting was overdue since July 2025, however a date for this was provisionally set for September.
- One resident's care plan required review to ensure that the language used was consistently person-centred.

While these gaps did not cause a medium to high risk to residents, maintaining accurate records further helps to support residents' protection and safety at all times.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no behaviour support plans or restrictive practices in use in the centre at the time of inspection. However, the provider had up-to-date policies and procedures for these should the need arise in this centre.

The procedures for behaviour support and restrictive practices were reviewed by the inspector and found to provide clear guidance on what restrictive practices are and about how to support residents with any stress or behaviour needs. They also included an holistic approach to care where difficulties with communication were noted to possibly affect resident's behaviour. Staff received training in behaviour management as part of their mandatory training programme.

In addition, there was a good system for reviewing restrictive practices used in the centre. One issue that was assessed as a restriction on one resident's life had been addressed since the last inspection by HIQA in January 2024. This related to an issue for a wheelchair user to independently access the laundry facilities in the house. The resident spoke with the inspector about this and about how this issue was addressed for them. This showed that the management team strived to ensure

that any restrictions on resident's rights and freedom of movement was identified and addressed in a timely manner.

Judgment: Compliant

Regulation 8: Protection

The arrangements in the centre promoted residents' safety and protection. These included staff training, staff Garda vetting, and policies and procedures related to safeguarding and the provision of intimate care.

All residents told the inspector that they felt safe and were happy living in Ashby house. Residents were supported to understand how to self-protect and to self-advocate through discussions held with them on an ongoing basis. This could be seen through the inspector's review of a sample of residents' meetings and key-worker meetings that were held between January and July 2025.

The local management team and provider's auditing systems included reviews of safeguarding arrangements and a self-assessment audit for compliance with safeguarding requirements. There was a clear reporting structure in place for reporting concerns to the line manager and designated officer. One possible concern that occurred in September 2024 was found to have been followed up appropriately and in line with the provider's policy and procedures.

Judgment: Compliant

Regulation 9: Residents' rights

A human rights-based approach to care was evident in the centre. This could be seen through the language used in the provider's policies and procedures and from the inspector's discussions with all residents. Residents were consulted on an ongoing basis about the centre, through individual and group meetings and questionnaires.

The inspector observed that individualised person-centred care was provided that respected residents' choices about how they lived their lives and spent their days. It was clear through the inspector's discussions with residents and through a review of documents, that residents could choose to practice their faith, maintain contact with friends and family and to choose what activities to do and food to eat. Residents spoke to the inspector about their plans for the future, including holidays, planning celebrations in their home, doing work experience and volunteer work. Where residents chose to take positive risks in their lives, for example travelling independently on public transport, this was supported and respected.

In addition, residents were found to be good self-advocates and were supported to voice their opinions. Residents were seen to be treated fairly and with respect. In addition, residents had access to independent advocacy services, should this be their choice.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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 Ashby House OSV-0008545

Inspection ID: MON-0047505

Date of inspection: 02/09/2025

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Since the inspection a full audit of all resident's files has been completed, the includes the following actions:</p> <ul style="list-style-type: none">• Resident's assessment of need has now been fully completed, this was completed by 02/10/2025.• One resident's PCP was reviewed and out-of-date information was removed, this will be completed by 15/10/2025.• PCP goals have updated and now reflect the current status of each resident's goals, this was completed by 01/10/2025.• Personal possessions inventory will be updated, date of purchase and value of items will be included, this will be completed by 15/10/2025.• Overdue resident's annual review meeting was completed 9/10/2025.• Resident's care plan was reviewed to ensure that the language used was consistently person-centred. This was completed on 13/10/2025.	

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 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	15/10/2025