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:	Ballinvoher
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0001529
Fieldwork ID:	MON-0044682

About the designated centre

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

Ballinvoher is a designated centre operated by Peter Bradley Foundation CLG trading as Acquired Brian Injury Ireland. It provides a community residential service to a maximum of four adults with an acquired brain injury. The designated centre consists of a detached two-storey house located in a residential area in County Limerick close to local amenities. The house consists of kitchen/dining room, sitting room, four individual resident bedrooms, staff office and a shared bathroom. There was a small garden to the rear of the premises which residents could use if they wished. The staff team consists of team leader and residential rehabilitation assistants. The staff team are supported by the person in charge.

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
Tuesday 31 March 2026	10:30hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations. This inspection was carried out by one inspector over one day.

Overall, the inspector observed a centre which provided quality care and support to residents. The residents appeared comfortable in their home and a number of residents spoke positively of the care and support provided in the service. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, some areas of the premises required attention and areas of personal plans required significant review.

The inspector had the opportunity to meet with the four residents living in the centre over the course of this inspection. The four residents used verbal methods of communication to communicate their needs.

On arrival, the inspector met with the Person in Charge and completed a walk around of this house.The house was a detached two-storey house which comprised of kitchen/dining room, sitting room, four individual resident bedrooms, staff office and a shared bathroom. Overall, the inspector found that the centre was decorated in a homely manner with pictures of residents and their belongings throughout the house. To the rear of the centre there was a small garden with seating area.

During the morning of the inspection, the inspector was informed that one resident was in the dining room, one resident was having a rest and two residents had left the house to attend day services. The inspector had a coffee with the resident in the dining room. The resident showed the inspector their diary and spoke of people important in their lives, their preference for coffee and their preferred takeaway order. They told the inspector about celebrating a recent birthday with their family and of plans to go for a walk later in the day. They appeared comfortable in their home and in their interactions with the staff team.

Later in the morning, the inspector met with a second resident as they returned from their day service. The resident communicated in their native language but understood English. The inspector was supported in interacting with the resident by the resident's interpreter, who supported the resident two days a week. The resident spoke with the inspector about their acquired brain injury and shared their personal story of where they were form, their profession and family. They told the inspector that they were happy in the house and were actively working towards independent living.

In the early afternoon, the inspector met with the third resident in the small sun room at the end of the dining room. The resident was enjoying lunch and were watching TV. The resident smiled and spoke briefly with the inspector. The resident

said they had no particular plans for the afternoon and evening. The resident appeared comfortable in the centre and the presence of the staff team.

Later in the afternoon, the inspector met with the fourth resident who had returned from day service. They were watching TV in the sitting room and spoke positively about their time in the service and the care and support provided. They spoke with the inspector about some discomfort in their legs which they were being supported with.

The next two sections of the report present the findings of this inspection in relation to the 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

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents needs. The staffing arrangements in place were appropriate to the needs of the residents and the size and layout of the centre.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the provider unannounced six-monthly visits as required by the regulations. These audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place which ensured continuity of care and support. From a review of training records, it was evident that the staff team in the centre had up-to-date training. This meant that there was a continuity of care provided to residents by a staff team who had up-to-date skills and knowledge.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge who was suitably qualified and experienced for the role. The person in charge was responsible for this designated centre alone. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster for February 2026 and March 2026, there was an established staff team in place. The inspector was informed that the centre was operating with a full staff complement but two members of the staff team were on approved long term leave. Where cover was required this was provided by the staff team, regular relief staff or regular agency.

The four residents were supported by at least three staff during the day, two staff in the evening and one sleepover staff at night. There was evidence of staffing levels changing to meet the routine and needs of the particular day. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including fire safety, manual handling, de-escalation and intervention techniques, safe administration of medication and safeguarding. This meant that the staff team had up-to date skills and knowledge to support the residents with their identified support needs.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, the inspector found that for the most part the staff team were provided with supervision in line with the provider's policy. While, there was some gaps identified in the supervision meetings for two members of the staff team, this had been self-identified through the provider's audits and was in an advanced stage of being addressed.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a National Services Manager, who in turn reports to the Head of Service Operations. The person in charge was responsible for this designated centre alone and was supported in their role by a team leader.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included a six-monthly provider visit completed in December 2025 and July 2025. The audit identified a number of areas for improvement and a quality improvement plan was in place to address these areas. For example, the last six-monthly audit identified some areas of out-of-date training, outstanding supervision and the need to update some areas of the personal plans.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre in the period March 2025 to March 2026. It demonstrated that accidents and incidents were managed appropriately and the inspector found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was striving to provide person centred care and support to the residents. However, improvement was required in personal plans and premises.

The inspector reviewed the a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. The inspector found that some personal support plans required review to ensure they suitably guided the staff team and supported the residents with their personal, social and health needs.

There were appropriate systems in place to keep the residents safe. For example, appropriate fire safety systems were in place. In addition, a review incidents and accidents demonstrated that the were appropriately managed and responded to.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of residents. The centres a detached two-storey house located in County Limerick. The inspector completed a walk around the premises and found that that it was well maintained, warm, clean and homely. The centre was decorated to reflect residents' needs, preferences and interests. However, the previous inspection identified some damaged surfaces in the utility room which in their current state could not be cleaned effectively. While there was evidence that the provider had taken steps to address this issue, it remained outstanding. In addition, some areas of internal painting required attention.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre which demonstrated that all persons could evacuate the centre to a safe location in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans which guided staff practice. The inspector reviewed a sample of the four residents' personal files and found that they appropriately identified the residents needs and guided the staff team on how to support the residents.

However, some areas of the personal plans required significant attention to demonstrate that appropriate arrangements were in place to meet the identified needs of residents. For example,

- one resident was identified as requiring significant support to manage their oral health. The personal plan noted in August 2024 that a number of teeth

required attention. However, the care plans did not demonstrate recent efforts to support the resident with their oral health.

- a resident's diabetes care plan outlined that blood sugar levels should be checked two times a day. However, the resident choose not to engage with this care plan. This required review to appropriately support the resident with their assessed need and to ensure the care plan accurately guided the staff team.
- On the day of inspection, one resident chose to have a lying in their room until the early afternoon. While the resident choose not to attend day service, the inspector found that the care plan to demonstrate efforts to support the resident to find and engage in activities meaningful to them required improvement.

Judgment: Not compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff spoken with were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults. The residents were observed to appear relaxed and comfortable in their home.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ballinvoher OSV-0001529

Inspection ID: MON-0044682

Date of inspection: 31/Mar/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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: New cabinets, a sink and worktop have been ordered for the utility room. The date of installation will be confirmed by the supplier in the coming weeks. The areas highlighted by the Inspector as requiring repainting have been repainted since the inspection.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The resident was supported to attend an emergency dental appointment. The resident received treatment during this appointment and has been scheduled for an additional appointment in May 2026. The resident was supported to attended their GP to discuss alternative blood sugar monitoring options. The GP completed a blood test and stated that follow on blood tests to be completed by the GP every three months would be sufficient to monitor the resident's blood sugars. The resident is currently being supported to explore the opportunity to attend a local social activity group and also one of two local disability training providers. Staff met with the resident in relation to these opportunities and also to agree a new goal with the resident in relation to finding out more about relevant activities in the area.	

Residents care plans have been updated to reflect the above.

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/Oct/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	30/Jun/2026