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

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| Name of designated centre: | Ballinea |
| Name of provider: | Health Service Executive |
| Address of centre: | Westmeath |
| Type of inspection: | Announced |
| Date of inspection: | 15 June 2026 |
| Centre ID: | OSV-0002468 |
| Fieldwork ID: | MON-0042117 |

## About the designated centre

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

This designated centre is a wheelchair accessible bungalow just outside a large town in County Westmeath. The centre provides 24-hour residential nursing support for five male and female residents over eighteen years with an intellectual disabilities. The house comprises a sitting room, an open plan dining and living room, a kitchen, a laundry room, five bedrooms and three shower rooms. There is also a designated office space within the house. There is a patio with a seating area and a garden at the rear of the house. There is a garden area and allocated parking at the house's entrance. The person in charge is employed on a full-time basis at this centre. Residents have access to a number of local amenities, including restaurants, shops, cinemas and pubs.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 5 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Monday 15 June 2026 | 09:30hrs to 17:30hrs | Maureen Burns Rees | Lead |

## What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the five residents living in this centre received quality, safe and person centred care. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. However, at the time of inspection, the centre had only access to one wheelchair accessible vehicle for the use of residents. The vehicle could only hold one wheelchair and one mobile resident at any one time. It was identified that this limited some of the residents access to the community when the vehicle was being used by other residents. In addition, a number of members of the staff team were not named drivers. This again impacted on the availability of a driver to support residents accessing the community. Although specific and meaningful goals had been identified and were being progressed for a number of the residents, for others improvements were required.

The centre is registered for five adult residents and there were no vacancies at the time of inspection. One of the residents had been admitted to hospital in the preceding period but was discharged from hospital back into the care of the centre on the day this inspection. Three of the residents had been living together in the house for a significant number of years and two of the residents had been admitted to the centre in the preceding 12 month period. There was evidence that the latter two residents had transitioned well to living in their new home and were compatible with the other residents. The majority of the residents living in the centre were progressing in years and presented with complex medical needs requiring full nursing care and support. This was a staff nurse led service with a staff nurse on duty 24/7. Residents presented with varying levels of independence and support needs.

Two of the residents presented with some behaviours which could be difficult for staff to manage and support in a group living environment. However, behaviours were well supported and suitable plans were in place. Staff presence was consistently high, ensuring residents received responsive support.

There was a happy and relaxed atmosphere noted in the centre. The music man 'Gary' made his weekly visit to the centre on the morning of this inspection which it was evident was greatly enjoyed by the three residents present. These residents could be heard singing along with the performer as he played his guitar and sang some well known songs. Each of the residents was observed smiling, laughing and moving their bodies to the rhythm of the music. One of the residents was observed dancing with a staff member. At the end of the performance, one of the residents was observed hugging and thanking the performer. On the morning of inspection, one of the residents attended a planned activity for bowling and coffee out with the provider's activity coordinator and a staff member. In the afternoon, two of the residents were supported to attend a sensory garden with the support of staff and

the activity coordinator. One of the residents enjoyed a rest in bed while the other resident engaged in art work which was one of their passions. Staff were observed to treat the residents with kindness and respect and to offer them choice in relation to food choices and activities.

The house was comprised of five bedrooms, three bathrooms, a sitting room, a dining room come sitting area, a kitchen, a utility and a laundry room. Each of the residents had their own bedroom which had been personalised to their own taste and unique personality. Ceiling hoists were in place in a number of the bedrooms to support residents' care. There was an accessible nice sized garden to the front and rear of the centre, which could be accessed by residents. The back garden included a table and chairs for outdoor dining, two large raised planting beds with an accessible path around them which had an array of plants including strawberries growing. There were also a number of potted planters and flower boxes on window sills. These added a colourful and homely feel to the centre. There was a separate building to the side of the centre which was used as an office area by the person in charge and as a relaxation area by two of the residents.

The house had been tastefully decorated and was observed to be well maintained and homely. Renovations works had been completed earlier in the year which required the residents to relocate from the centre for a number of days. Renovation works completed included repainting of a number of areas, replacing the flooring in two bedrooms, the sitting room and hall ways, and the renovation and refurbishment of two bathrooms in the centre. Wall paneling had been fitted in the hall way and a new sofa had recently been purchased for the front sitting room.

The inspector met briefly with four of the five residents on the day of inspection. The fifth resident was met with briefly on their return to the centre from hospital. A number of the residents were unable to tell the inspector their views of the service but they appeared in good form and were observed to be happy and content in the company of staff and their peers. Other residents indicated to the inspector that they were happy living in the centre and it was evident that they were proud of their home. One of the residents spoke with the inspector about an outting that morning and how staff were kind to them and supported them well. A resident told the inspector that they felt 'safe' in the centre. The inspector observed a mealtime which was noted to be a social and unhurried occasion with residents receiving appropriate support in line with their support plan. One of the residents told the inspector that they enjoyed getting dressed up and wearing makeup every day which staff supported them to put on. Two of the residents sat in on the feedback meeting with the person in charge and a number of staff members at the end of the inspection day.

The residents were supported to engage in meaningful activities in the community suitable for their medical needs at given times. However, as discussed further under Regulation 13, the centre had only one dedicated vehicle for the use of staff supporting the residents to attend various medical appointments, activities and outings within the community. Four of the five residents engaged in a day service or outreach programme a number of days each week for short periods. Each of the residents had individualised activities coordinated from the centre. An activity

coordinator was based in the centre three days per week and two afternoons and their role was to support residents to engage in activities. Activities that one or more of the residents engaged in, included visits to family, church and family grave visits, shopping trips, pamper days, cooking and baking, coffee and meals out, arts and crafts, bowling, and walks in parks and gardens. On a weekly basis residents had access to a reflexology/ aromatherapy session whereby a practitioner visited the centre at prearranged times two days per week. A music performer attended the centre one day per week. A number of the residents, with staff support were engaged in a charity project to knit hats for donation to a well known premature baby unit.

A number of the residents living in the house had complex communication needs and used a variety of communication methods including some words, vocalisations, gestures, body language and visuals. The majority of staff had been working with residents for a good period and presented with a good knowledge of their preferred communication methods and were observed to respond to their communication signals. Communication plans were in place which included input from the provider's speech and language therapist. Visual aids such as posters and photographs were used to help residents engage with their goals and track progress.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that the residents' families were happy with the care and support that their loved ones were receiving. A compliment log was maintained in the centre and recorded positive feedback from family members. The residents maintained close relations with their respective families, with regular visits in the centre and to their respective family homes. Staff completed questionnaires on behalf of each of the residents. These indicated that the residents were happy with the care and support that they were receiving.

There was one open complaint at the time of inspection which was being managed locally. A small number of other complaints in the preceding 12 month period had been responded to appropriately in line with the provider's complaints policy and procedure. A complaint log maintained included if the complainant was happy with the outcome of the complaint. The person in charge outlined to the inspector, how staff supported the residents in a respectful manner and advocated on their behalf. Information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre.

In summary, this was a well run service which provided quality care for the five residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and

how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had a background as a registered general nurse and held management and leadership qualifications. They had more than six years management experience and were in a full time position. They were not responsible for any other centre and had been allocated protected time for the role. They reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the assistant director of nursing who in turn reported to the Interim director of nursing. The inspector reviewed meeting records which showed that the person in charge and assistant director of nursing held formal meetings on a regular basis.

## Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was found to have a strong knowledge of the care and support needs for each of the residents and of the requirements of the regulations. They had appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was not responsible for any other centre. There were clear reporting structures for the person in charge.

Judgment: Compliant

## Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. This was a staff nurse led service with a staff nurse rostered on duty 24/7. The full compliment of staff were in place at the time of inspection and comprised of registered staff nurses, care staff and the person in charge.

Two new members of staff had commenced working in the centre in the preceding period but the majority of the staff team had been working in the centre for a prolonged period. Staff met with on the day of inspection had a clear understanding of the care and support needs of the residents.

The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate numbers of staff with the required skills to meet residents' assessed needs and that the provider had maintained safe staffing levels. Two waking staff, one staff nurse and one care staff member were rostered on duty at night with one staff nurse and two care staff rostered on duty during the day. An activity coordinator was also rostered to work in the centre three days per week and two afternoons. Their role was to support residents to engage in meaningful activities.

The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection. All interactions between staff and residents was observed to be kind, caring and dignified.

Judgment: Compliant

## Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. Additional training had been provided for staff in areas such as dementia, autism, open disclosure and the human rights. There was a staff training and development policy, dated July 2025. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in place. The inspector reviewed a sample of three staff supervision records and found that they had been completed in line with the time-lines proposed in the provider's policy. A staff member spoken with told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge. Meetings were noted to provide an opportunity for staff to discuss residents' needs, staff rotas and any emerging issues, and to review policies and procedures. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with, were clear on the management structures and supports in place.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six monthly basis as required by the Regulations.

A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, resident finances, medication management, restrictive interventions, personal files, infection prevention and control and fire safety checks. Quality assurance meetings were held every three months which provided a platform for shared learning and dissemination of up to date relevant information to support the effective running of the centre.

There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

There were regular staff team meetings and separate management meetings with evidence of communication of shared learning at these meetings. It was noted that

earlier in the year there had been an extended gap in staff meetings occurring which the person in charge associated with a period when the residents had relocated to another centre while renovations works were being completed in the centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector noted that in the preceding period, there was a low number of incidents in the centre. Three staff members spoken with was clear about the reporting requirements.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place on the matters set out in Schedule 5 of the Regulations. Each of the policies had been reviewed at intervals not exceeding three years as required by the Regulations.

Judgment: Compliant

## **Quality and safety**

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to provision of transport so as to ensure that residents could easily access the community at times of their choosing. Improvements were also required for some of the person centred plans to ensure that specific and measureable goals were identified for each resident which were reflective of the individual resident's personal choice and interest. It was noted that meaningful goals had been identified for some but not all of the residents and the rationale for this was not clear. In addition for some residents some improvements were required to ensure that the effectiveness of the plans in place and progress in achieving identified goals were appropriately monitored.

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A 'my care plan' folder detailed the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual health needs and choices. An annual review of residents' plans had been completed in line with the requirements of the regulations. The inspector found that residents were supported to engage in meaningful activities in accordance with their health vulnerabilities, interests, capacities and developmental needs.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

There were procedures in place for the prevention and control of infection. The recent refurbishment works in the centre enhanced the infection control arrangements in place and ensured that specific areas could be effectively cleaned from an infection control perspective. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

## Regulation 13: General welfare and development

Overall the centre was found to provide each resident with appropriate care and support, having regard to the nature and extent of the resident's disability and assessed needs and their choices. The residents were supported to engage in meaningful activities in the community suitable for their medical needs at given times. However, at the time of inspection, the centre only had access to one wheelchair accessible vehicle for the use of residents. The vehicle could only hold one wheelchair and one mobile resident at any one time. It was identified that this limited some of the residents access to the community when the vehicle was being

used by other residents. In addition, a number of members of the staff team were not named drivers. This again impacted on the availability of a driver to support residents accessing the community.

An activity coordinator was based in the centre three days per week and two afternoons and their role was to support residents to engage in activities.

Judgment: Substantially compliant

## Regulation 17: Premises

The house had been tastefully decorated, homely and was observed to be well maintained. Renovations works had been completed earlier in the year which required the residents to relocate from the centre for a number of days. Renovation works completed included repainting of a number of areas, replacing the flooring in two bedrooms, the sitting room and hall ways and the renovation and refurbishment of two bathrooms in the centre. Wall paneling had been fitted in the hall way and a new sofa had recently been purchased for the front sitting room.

The inspector observed that the matters set out in Schedule 6 of the Regulations had been put in place. The residents had personalised their own bed rooms according to their individual taste and preference. Pictures of loved ones and other memorabilia were on display in each of their bedrooms.

Judgment: Compliant

## Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed a sample of environmental and individual risk assessments and safety assessments which had recently been reviewed. These indicated that where risk was identified, the provider had put appropriate measures in place to mitigate against the risks, including staff training.

The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk which were completed at regular intervals.

There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents occurring in the centre.

Overall, the inspector noted a low number of incidents in the preceding six month period and evidence that all incidents were reviewed by the person in charge, and

where required, learning was shared with the staff team and risk assessments updated to mitigate their re-occurrence.

Judgment: Compliant

## Regulation 27: Protection against infection

Since the last inspection, new infection control procedures had been put in place. This included a new flat mop and colour coded cleaning equipment. All cleaning equipment was found to be appropriately stored. Renovation works had been completed in the centre which included the refurbishment of two bathrooms, repainting of walls and woodwork, installation of new flooring in the sitting room, two bedrooms and hall way and the replacement of the sofa in the front sitting room. These works meant that the surfaces could be effectively cleaned from an infection control perspective.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire in each of the locations. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident.

Records reviewed by the inspector showed that fire drills involving the residents and different scenarios had been undertaken on a regular basis. All staff members had engaged in a fire drill in the preceding period. It was noted that residents evacuated in a timely manner. Risk assessments for fire had been completed and were subject to regular review.

The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the rear and to the front of the house. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company.

Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that appropriate and suitable practices were in place relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. All medications were found to have been securely and appropriately stored in a locked cupboard in the staff office. A self administration of medicines capacity assessment had been completed for each of the residents which found that it was not suitable for them to manage their own medications. All prescribed medications were regularly reviewed by the individual resident's General Practitioner (GP) and the provider's advanced nurse practitioner to ensure appropriate use in line with clinical guidelines. Medication audits were completed on a regular basis by the person in charge in accordance with an audit schedule in place. There were arrangements in place to ensure that out of date or returned medicines were stored separately and in a secure manner before being returned to the pharmacy for disposal in accordance with the provider's policy and procedure.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed the care plans and personal support plans for a sample of the residents. However, specific and measurable goals, which were reflective of the individual resident's personal choice and interest had not been identified for a small number of residents and the rationale for this was not clear. It was noted that meaningful goals had been identified for the other residents. Some improvements were also required to ensure that the effectiveness of the plans in place and progress in achieving identified goals were appropriately monitored for each of the residents.

The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Each of the residents personal plans were subject to an annual review which included involvement of family where possible.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP)

who they visited as required. A rostered staff nurse was on duty in the centre 24/7 to support the residents medical care needs. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

## Regulation 8: Protection

There were measures in place to protect the residents and to ensure suitable safeguarding measures were in place. There had been a small number of safeguarding concerns in the centre in the preceding 12 month period. These were found to have been appropriately responded to and managed. Safeguarding plans were in place for two of the residents and staff met with were knowledgeable about the plans in place and observed to consistently follow the plans. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures.Some of the residents presented with some behaviours that could be difficult to manage in a group living environment. However, the inspector found that the incidents were well managed and had minimal impact in the group living environment.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The provider had a rights officer in place and their contact details were on display in the centre.

The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre.

There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the residents' care and the running of the centre. In the preceding period, the resident meetings had been changed from a group meeting to an individualised meeting with each resident as it was identified that this was each resident's preferred choice. Records were maintained of the individual resident meetings which recorded their preferences for activities and meal choices.

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| Staff were observed to treat residents with dignity and respect in all interactions over the course of the day. |
| Judgment: Compliant |

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 13: General welfare and development | Substantially compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Ballinea OSV-0002468

## Inspection ID: MON-0042117

## Date of inspection: 15/06/2026

**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 13: General welfare and development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 13: General welfare and development:<br><br>The existing bus will be reviewed in conjunction by a specialist company who adapt vehicles for wheelchair by 24th July 2026 to determine what adaptations or modifications can be implemented to enhance its seating capacity to support additional residents safely and effectively.<br>An additional vehicle is available when required and can be accessed through the Activity Coordinator. This vehicle is suitable for meeting the transportation needs of residents, ensuring continued access to community-based activities and appointments while maintaining safe and appropriate transport arrangements.<br>Roster is planned in advance to ensure they is always drivers on each shift | |
| 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:<br><br>A comprehensive review of all person-centred plans will be undertaken to ensure that each resident's identified goals are person-specific, measurable, and reflective of their individual preferences, choices, and interests.<br>To ensure the ongoing effectiveness of the plans in place, the Person in Charge (PIC) will conduct a fortnightly audit of all person-centred plans. This audit will monitor progress towards identified goals, verify that appropriate supports and interventions are being implemented, and ensure that outcomes are consistently documented and reviewed for each resident. Any areas requiring improvement will be identified and addressed through the audit process to support continuous quality improvement. | |

## 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 13(2)(a) | The registered provider shall provide the following for residents; access to facilities for occupation and recreation. | Substantially Compliant | Yellow | 24/07/2026 |
| 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 needs or circumstances, which review shall assess the effectiveness of the plan. | Substantially Compliant | Yellow | 31/07/2026 |