



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

Issued by the Chief Inspector

| | |
|----------------------------|------------------|
| Name of designated centre: | Ballard House |
| Name of provider: | The Rehab Group |
| Address of centre: | Offaly |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 November 2025 |
| Centre ID: | OSV-0002667 |
| Fieldwork ID: | MON-0048374 |

About the designated centre

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

Ballard House is a designated centre operated by RehabCare. It provides a community residential service to up to four adults with a disability. The designated centre is a large two storey house which comprises of four individualised resident bedrooms, an office, a staff bedroom, a sitting room, living room, sun room and kitchen. The designated centre is located in a busy town in County Offaly with access to local amenities and facilities. The staff team consists of residential care workers. 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: | 3 |
|--|---|

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 24 November 2025 | 08:30hrs to 17:15hrs | Ivan Cormican | Lead |
| Tuesday 25 November 2025 | 10:15hrs to 12:30hrs | Ivan Cormican | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection conducted following the receipt of unsolicited information in regards to the admission of a resident to the centre, and also in regards to solicited information pertaining to safeguarding. The inspection was also conducted to assess the provider's compliance with a restrictive condition which required the provider to meet two specific actions, as detailed in an action plan submitted to the Chief Inspector by the provider, following a serious allegation of harm.

The inspection was conducted over one full day and one half day, and it was facilitated by the centre's person in charge. A person who participated in the management of the centre attended on the second day and the inspector also spoke to a senior manager on the phone for a period of time. As part of the inspection process, the inspector met with the three residents who used this service and five staff members, two of which were agency staff.

The inspector found that residents were generally very happy in their home. The management structure in the centre had stabilised after several changes in relation to the person in charge, and overall this was a more positive inspection than others recently conducted. Although the centre was moving in the right direction in relation to the quality and safety of care provided, some issue remained in relation to the overall governance in terms of the following areas of care - oversight of a new admission, safeguarding, notifications and the implementation of a recommended action from an external safeguarding review.

The unsolicited information indicated issues in relation to the admission of a resident to the centre. As part of the inspection, the inspector was given information in relation to the work which was completed with the resident as part of their transition to the centre. The evidence showed that the resident was well prepared for their move, and although they expressed reservations in the days prior to this inspection, the provider demonstrated that they were happy to progress with their move. The resident had previously lived in this centre and documented conversations highlighted that they were happy to return to live with their friends. Residents who currently live in the centre were kept informed of the potential admission with no concerns raised. The inspector met with all three residents in relation to their thoughts on having another person in their home, with two of the residents stating that they were delighted to have their old friend back. The other resident stated that they wanted to talk to the person in charge to get reassurance on some minor issues, but they had no overall concerns in relation to the person moving into their home.

Although, residents were happy with the arrangements for a new person to move to their home, there were some issues identified with the arrangements to meet the collective needs of all residents following the new admission to the centre. The

inspector reviewed information which detailed that a significant increase in staffing hours was required to ensure the safe admission of this resident to the centre. The resident was due to move into this centre two days after this inspection; however, the additional assessed staffing hours had not been assigned to the centre, which had the potential to impact upon the quality and safety of care. The inspector contacted a senior manager and assurances were given that the required staffing hours would be in place on the planned day of admission.

The centre was a large detached property located in a large town in the Midlands. Each resident had their own bedroom and there was an ample number of bathrooms and toilets for residents to use. There was also a large open plan kitchen/dining area and two reception areas for residents to relax. The inspection commenced in the early morning when the staff who covered the previous night were still on duty. Two residents were up and about, having their breakfast and preparing for the day ahead. One resident was still in bed but they got up a short time later, and following some assistance with personal care, they had their breakfast and got ready to go to their day service. The centre had a very relaxed and pleasant atmosphere and residents chatted freely with each other and the staff on duty. A staff member made pancakes for one resident and they chatted to the inspector as they ate. They spoke about their life, religious beliefs and what life was like for them. They explained that they liked their home and that staff were very nice. It was clear that they had good social supports and they talked about the Christmas shopping they had done in Athlone over the previous weekend. They also had plans to go to Harry Potter world, and they were saving every week and arrangements were underway to go there on their next holiday.

The second resident who was up early was busy chatting to staff and they offered the inspector a cup of tea when introduced. They explained that they liked to cook, and they made their own tea, breakfast and snacks each day. During the morning they had a video call with a family member who was abroad and they explained that it was important to them to have their own phone. They also met with the inspector when they returned from their day service and they also chatted about their life and home. They said that they were very happy there and that they got on very well with the other residents. The inspector also met with the third resident before they headed off to their day service. They also stated that they were very happy in their home and they were looking forward to an old friend who was returning to live in the centre.

The inspector found that residents were very happy in their home and they were well informed in relation to a resident returning to live in the centre. However, issues were raised on this inspection in relation to the allocation of staffing resources as part of a new admission to the centre. In addition, the oversight arrangements in relation to notifications, the implementation of a recommendation from an external review, and supporting a resident with a history of making allegations required further attention.

Capacity and capability

The quality and safety of care had improved over previous inspections of this centre and it was clear that the provider had made progress in bringing the centre back into compliance with the regulations. An external review had been completed following a serious concern which had been raised by a resident, with the findings indicating that no other concerns of a serious nature were identified. A number of recommendations were made to the provider; however, one of these recommendations in relation to the ongoing review of information, had not been addressed.

A restrictive condition was applied to the registration of this centre requiring the provider to implement two specific actions as detailed in an action plan submitted to the Chief Inspector by the provider, following a serious allegation of harm. The findings of this inspection highlighted that these two actions had been implemented as stated, with the completion of an external safeguarding review. This review highlighted that the provider made extensive efforts to inform each resident about safeguarding to ensure that they had the requisite skills to keep themselves from harm. The review also went on to explain that staff interventions had been positive, but recommended that a framework for the review of data would further enhance the safeguarding of residents. During the inspection the inspector noted three reported incidents which were not fully ruled out as a safeguarding issue. The inspector found that the above mentioned recommendation would have enhanced the safeguarding of residents in these situations, and ensured that safeguarding procedures were fully implemented.

The provider had completed all required audits and reviews as set out in the regulations. Any actions derived from these audits and reviews were compiled into an action plan tracker which the person in charge completed, as and when issues were addressed. The centre's most recent six monthly audit was comprehensive in nature and examined regulations in relation to incidents, rights, behavioural support and staffing.

The general oversight of care had improved and the person in charge held responsibility of the daily oversight and management of the centre. They were supported by a senior manager and also a team leader. The centre's team leader and person in charge completed a range of both weekly and monthly audits which assisted in ensuring that care was generally held to a good standard. Although the day to day management of care had improved, the submission of notifications to the Chief Inspector required further attention. In addition, a resident had a history making allegations and although the resident was listened to, and allegations documented, the provider failed to ensure that safeguarding procedures were fully implemented at all times.

The inspector found that the provider had made progress in relation to the general oversight of care; however, the oversight of safeguarding required further attention to ensure that all allegations were fully reviewed.

Regulation 15: Staffing

The provider had a rota in place which indicated that all shift patterns were filled with a combination of full time staff and agency staff members. The person in charge indicated that recruitment was ongoing as there was a number of staff vacancies in the centre.

A full time staff member and an agency staff member who met with the inspector stated that they felt supported in their role and that the person in charge was readily available for advice and support if required. A review of team meetings showed that safeguarding was frequently discussed, and individual supervision sessions were also in place which gave staff a further platform to discuss their role or any concerns which they may have.

The previous inspection of this centre found that one staff member did not have a vetting disclosure on file. As part of this inspection, three staff files were reviewed, and they each contained an active vetting disclosure. Although the provider had ensured that vetting disclosures were in place across all three files, the provider failed to ensure that one staff file had a full employment history and that another staff file had met the requirements for references.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although there had been a renewed focus on safeguarding, the arrangements for supporting a resident in relation to raising safeguarding concerns had not improved. Management of the centre indicated that some of these concerns may be linked to cyclical changes in the resident's mental health; however, the provider had not ensured that all allegations which this resident made were fully reviewed. The inspector found that the safeguarding procedures in this centre required further examination.

The provider had made arrangements for the planned admission of a resident to this centre. This admission was to occur in the days subsequent to the inspection; however, an increase in suitable staff numbers was not planned to coincide with this admission. The person in charge stated that 28 additional staff hours were required to ensure the resident's safe admission but these staff hours had not been allocated at the time of inspection. The inspector contacted a senior manager, who confirmed that the required staff allocation would be in place on the day of the resident's admission.

An external review recommended the better use of data, and the audit of the centre's records should be incorporated into the provider's framework of oversight

and governance, but this framework was not in place on the days of inspection. The inspector found three documented incidents whereby this recommended framework could have lead to a more thorough review of potential safeguarding concerns.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of information indicated that notifications in relation to two safeguarding concerns and one allegation of staff misconduct had not been submitted as required by the regulations.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There was a planned admission to the centre due to occur in the days subsequent to this inspection. The inspector found there was an open and transparent process in relation to this admission and that the resident and their representative were actively informed and involved throughout this transition process.

The resident had previously lived in this centre and they knew the other residents well. They had visited the centre on several occasions and they had picked out new furnishings and upholstery for their bedroom. The residents who currently live in this centre were also kept well informed about this admission and they had no concerns in relation to this move.

Judgment: Compliant

Quality and safety

The residents who met with the inspector stated that they felt safe and happy in their home. The inspector observed pleasant interactions throughout the inspection between residents and their peers, and also with the staff members who assisted them. The inspector found that residents enjoyed a good quality of life and they were active in their local community. This inspection highlighted that the arrangements to support a resident who had a history of making allegations

required review, and also that the provider failed to ensure that a comprehensive assessment of need was underway at the time of inspection.

Residents enjoyed a good social life and they were generally assisted to go out with one staff member when accessing their local community. Residents explained that they enjoyed shopping, recent hotel breaks and also having coffee out. One resident also discussed how they were trying to loose some weight and that referred to the menu planner which helped them to stay on track with their weight loss programme.

The provider had a system in place for recording and responding to incidents, and the centre's person in charge held responsibility for reviewing incidents and risks in the centre. A review of the incident recording system indicated that they were no recent trends in concern which had not been identified by management of the centre.

The centre had a revised focus on safeguarding and residents who met with the inspector stated that they felt safe in their home. They also stated that they were happy with a resident who was returning to live in the centre. Although residents reported that they felt safe, a resident had specific needs in relation to safeguarding and the provider failed to ensure that arrangements were in place, for the adequate review of all concerns which they may raise. As mentioned in the opening section of this report, this inspection was also conducted following the receipt of solicited information in relation to safeguarding. As stated above, better arrangements were required to support a resident with raising concerns. However, the inspector found that solicited information which was received in relation to a significant concern was handled promptly by the provider and referrals to two external agencies were made, which safeguarded this resident from further potential harm.

The inspector found that residents were well supported in this centre to enjoy a good quality of life. Further consideration was required in relation to some aspects of safeguarding, but overall residents reported that they were safe and happy in their home.

Regulation 5: Individual assessment and personal plan

The provider was in the process of admitting a resident to the centre who had previously resided there. They had visited the centre on several occasions and residents who met with the inspector stated that they were happy to have their old friend back to live with them. This resident met frequently with senior management in regards to their move and their next of kin was also involved with their transition to the centre.

The person in charge had reviewed some aspects of their needs in regards to their admission and the requirement for additional support hours was confirmed by the provider on the first day of inspection. A compatibility risk assessment was also completed which indicated that there was a moderate risk of compatibility issues

arising. However, a comprehensive needs assessment had not been completed to reflect their new home and living arrangements.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken a recent and significant allegation seriously and measures were implemented to safeguard the resident from further harm. There were three main safeguarding issues relevant to the delivery of care and safeguarding plans were in place with all required actions completed by the centre's person in charge.

An external safeguarding review had occurred which generally found that safeguarding was promoted within the centre. Although, overall improvements were noted in relation to safeguarding, the provider failed to demonstrate that adequate arrangements were in place to support a resident with all concerns which they may raise.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge held responsibility for managing risks in the centre and specific risk assessments were in place in relation to issues such as safeguarding, behaviours of concern, community access and self harm. All risks were reviewed to reflect any changes/incidents and also as part of the ongoing assessment of risks in the centre.

The inspector reviewed incidents which had occurred over the previous two months and found that each incident had been reviewed by the person in charge. These reviews had highlighted a trend for one resident in relation to behaviours of concern and appointments with relevant mental health professionals were scheduled to occur in the weeks subsequent to this inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Quality and safety | |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |

Compliance Plan for Ballard House OSV-0002667

Inspection ID: MON-0048374

Date of inspection: 25/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: The provider will complete a full review of all staff members files. This will include ensuring that the full employment history and references for the files referred to above are in place. This will be completed by 31/01/2026. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • 28 additional hours of staff support are now being provided in the service on a weekly basis. This has been in place since the 26/11/2025. • The provided has prepared a business case for submission to the HSE to secure funding for these additional 28 hours. These will be completed by 23/12/25 • The Designated Officer (PPIM) will lead of review of current practice in respect of managing allegations being received from one resident. This review will include consultation with staff who know the resident well, the PIC, Head of Accommodation and Head of Operations. The review of practice will ensure that going forward all allegations of abuse are reported and managed in a timely manner. This will be completed by 14/02/2025. • Senior Operations Managers and senior staff from the Quality and Governance Directorate will work with the Providers Safeguarding Lead to develop an agreed mechanism for internal oversight of safeguarding concerns, this will include the development of regional safeguarding review groups. The groups will examine trends and themes with a view to identifying concerns and addressing these in a timely manner. This will be completed by 31/01/2026. | |

| | |
|---|-------------------------|
| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification of two safeguarding concerns and one allegation of staff misconduct will be submitted to HIQA, this will be completed by 19/12/2025. </p> | |
| 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: A needs assessment review will be completed for all residents including the resident who has recently moved back into the house to ensure their needs assessment reflects their new home and living arrangements. This will be completed by 31/01/2026. </p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The Designated Officer (PPIM) will lead of review of current practice in respect of managing allegations being received from one resident. This review will include consultation with staff who know the resident well, the PIC, Head of Accommodation and Head of Operations. The review of practice will ensure that going forward all allegations of abuse are reported and managed in a timely manner. This will be completed by 14/02/2025. • Senior Operations Managers and senior staff from the Quality and Governance Directorate will work with the Providers Safeguarding Lead to develop an agreed mechanism for internal oversight of safeguarding concerns, this will include the development of regional safeguarding review groups. The groups will examine trends and themes with a view to identifying concerns and addressing these in a timely manner. This will be completed by 31/01/2026. | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 15(5) | The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2. | Substantially Compliant | Yellow | 31/01/2026 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. | Not Compliant | Orange | 26/11/2025 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate | Not Compliant | Orange | 14/02/2025 |

| | | | | |
|---------------------|---|-------------------------|--------|------------|
| | to residents' needs, consistent and effectively monitored. | | | |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | Not Compliant | Orange | 19/12/2025 |
| Regulation 31(1)(g) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff. | Not Compliant | Orange | 19/12/2025 |
| Regulation 05(1)(a) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre. | Substantially Compliant | Yellow | 31/01/2026 |
| Regulation 08(3) | The person in charge shall | Substantially Compliant | Yellow | 14/02/2025 |

| | | | | |
|--|---|--|--|--|
| | initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. | | | |
|--|---|--|--|--|