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:	Ballinamore Accommodation
Name of provider:	The Rehab Group
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	08 July 2026
Centre ID:	OSV-0002684
Fieldwork ID:	MON-0042089

About the designated centre

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

Ballinamore Supported Accommodation is a designated centre run by The Rehab Group. The service is intended to meet the needs of up to seven male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two two-storey houses which are adjacent to each other on the outskirts of a town in Co. Leitrim. Each resident has their own bedroom, bathrooms, kitchen and dining area, sitting room, utility, staff office and garden area. Staff are on duty both day and night to support the residents who live there.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Wednesday 8 July 2026	09:00hrs to 17:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The registered provider for Ballinamore accommodation is Rehab care. This was an announced inspection to monitor the arrangements the provider had in place to ensure compliance with the care and support of residents in designated centres for persons with disabilities regulations (2013).

The registered provider had applied to renew the registration of this centre and this inspection was to review the arrangements in place to ensure that a rights based service was provided to residents to enable them to live the life they chose and enjoyed. The inspector arrived in the morning and there was a hive of activity in the two houses with residents getting ready to go to their day services. One of the residents told the inspector they would see them on their return to the centre. Other residents who were availing of their activity programme from the centre or doing activities independently were having their breakfast and the inspector joined one of them for a cup of tea.

The inspector met with four residents and four staff members and the person in charge. All residents could clearly communicate their views, and some accessed the community as and when they chose. One resident told the inspector that if they felt like going down the town to meet a friend for coffee or a drink, they could do so. Another resident regularly used the local link bus to meet friends or do activities in a local town. Residents spoken with had control over their finances Residents told the inspector they were very happy living in the centre and staff were very kind and caring to them and they got on well with them they helped them whenever they required help

The premises provided were suitable for the needs of the residents accommodated and residents were happy with the furnishings and decor of the centre. One resident had recently chosen two comfortable chairs for the sitting room and was delighted to sit in one of these and invited the inspector to sit in the other one beside them while they were having a chat with the inspector. The resident also spoke of taking photographs of their new kitchen to send to friends because they thought it was lovely. The inspector also met with two social care assistants, the team leader and the person in charge.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

The findings from this inspection supported that this was a very good centre which was well-managed and offered a good person-centred service to the residents.

The person in charge and team leader both facilitated the inspection and were well prepared and swiftly obtained any information requested. The team leader post was organised that they spent 50-% of their time working with the residents and 50 % on management duties. This ensured that the team leader could observe staff interaction with residents and the care and support delivered to residents. They both voiced the view that their priority was to ensure a rights based service was delivered to residents and residents choice was paramount.

The day to day running of the service was shared between the person in charge and the team leader. The centre was managed by a competent person in charge. Regular staff meetings and governance meetings were taking place. There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre.

The previous inspection of this centre was carried out in May 2025, and this centre was found to be compliant with all regulations reviewed at that time. An auditing system was in place and post audits, areas for service improvement were identified and actioned.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider has submitted a complete application for the renewal of the registration of this designated centre

Judgment: Compliant

Regulation 14: Persons in charge

A full time person in charge was in post. They had the required qualifications and experience to meet the requirements of the regulations.

In addition to mandatory training they had completed a course in mental health and wellbeing.They were very clear that the rights of the residents were paramount. residents spoke highly of the support and care the person in charge provided to them. Regular meetings were held between the person in charge and their line manager. These meetings provided updates and discussion around the running of the service and residents care and support. The person in charge was supported in the post by a competent team leader.

Judgment: Compliant

Regulation 15: Staffing

Residents had a stable staff team who were experienced in delivering care and support to residents.

From a review of the rota from the 25 May to the 5th of July 2026, observations on the day of inspection and chatting with staff and residents, the inspector found that the registered provider had ensured that the number, qualifications and skill mix of staff in the centre was appropriate to the number and assessed needs of residents accommodated .

One residents' needs had changed and the staffing requirement had been reviewed in response to these changing needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had up to date training in safeguarding vulnerable adults , fire safety and management of behaviours of concern.

Other training in addition to mandatory training for example hand hygiene, manual handling and basic life support had been delivered to staff. An out of hours on call service was available for staff to contact should they require assistance. Staff meetings occurred regularly and information in relation to the care and support of residents was shared at these meetings. The inspector noted that there re was good attendance at these meetings. The person in charge explained that they had changed the meeting form in person to teams and in person and this increased the attendance of staff. Minutes were available of these meetings so staff who were unable to attend were aware of issues discussed.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place that met with the requirements of the regulation. This has been submitted as part of the documents for renewal of

Judgment: Compliant

Regulation 23: Governance and management

The registered provider maintained good oversight of the quality of this centre.

The inspector reviewed the two most recent unannounced audits of the service that had been completed by a representative of the registered provider. These occurred on the on 9 May 2026 and 25 November 2025.

Staff meetings were being held monthly. 13 staff out of a possible 16 attended the most recent meeting. Residents care and support was discussed at these meetings and the general running of the services was also discussed.

These meetings also encompassed a training component. At the last meeting a psychologist attended to provide training to staff regarding the needs of one resident. An annual review of the quality and safety of care provided to residents had been completed. Relatives and residents views were included as part of this review and these were very complementary of the service provided. Six residents questionnaires were reviewed by the inspector.

The registered provider had made improvements to the centre since the last inspection these included a new kitchen a new worktop in the utility room additional storage space and generators had been purchased for both houses

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector viewed the most recent statement of purpose and found that this complied with regulation 3 schedule 1 of the regulations.

It detailed the aims and objectives of the service and the facilities to be provided to the residents. The person in charge was aware of their responsibility for to review and update the statement of purpose on an annual basis or (sooner) as required by the regulations. It was last reviewed on the 4 June 2026.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place and a easy to read version was available.

The inspector saw that one resident had raised a complaint and this was quickly actioned to the satisfaction of the resident. The person in charge welcomed complaints and comments and spoke positively and respectfully of residents rights to make a complaint and viewed this as an important aspect of quality assurance and wanted to ensure that listening and responding to residents views was at the heart of the service provided. They also attributed this to forming trusting relationships with residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 polices were in place The inspector reviewed a sample of these to include the safeguarding policy the communications policy and the behaviour positive behaviour support policy policies had been reviewed at intervals not exceeding 3 years

Judgment: Compliant

Quality and safety

There was evidence that a good quality and safe service was being provided to residents who lived in this centre.

The provider had good measures in place to ensure that the well-being of residents was promoted and that they received a good level of care and support which met their assessed needs. The management team and staff in this service were focused on maximising the community involvement and general welfare of residents. The inspector found that residents received person-centred care and support that allowed them to take part in activities that they enjoyed. The centre had transport, but this was shared with day services. The person in charge explained that if they required transport during the day they could obtain the vehicle from day services. However, this needs to be kept under review to ensure it meets the needs of residents whose activities are provided from the centre. Residents meaningful activities in included outings to local places of interest , going to visit the graves of their parents going to mass, having coffee or a drink or meal with friends, shopping, going home to families attending music concerts, and gardening

Regulation 10: Communication

All residents accommodated could clearly voice their views and wishes.

Staff were observed to be attentive to the residents and chatting pleasantly with them throughout the day. Residents confirmed that staff chatted with them about their care and support and took into consideration their views regarding what they wanted to do on a daily basis.

Judgment: Compliant

Regulation 11: Visits

An open policy with regard to visitors attending the centre was in place. If visitors chose to attend, here was adequate space for residents to meet them in private.

Judgment: Compliant

Regulation 12: Personal possessions

There was suitable storage space for residents' personal possessions and residents could retain control over their personal possessions.

From a review of resident's bedrooms, they were neat tidy and personalised, and residents' clothes were stored neatly and folded. Residents were well dressed on the day of inspection. Some residents told the inspector they were supported by staff to manage their laundry, and some did their own laundry. All had control over their day to day finances and most have individual bank accounts.

Judgment: Compliant

Regulation 17: Premises

The premises provided were suitable for the needs of the residents accommodated and residents were happy with the furnishings and decor of the centre. The centre comprises of two semi detached houses which were located beside each other .

The centre was near a busy town and the provider's day service. The inspector visited both houses and found that they provided a comfortable home for the

residents While walking around the houses the inspector noted that they were easy to read documents displayed in appropriate places to assist residents understanding and promote their independence and rights.

In each house residents had their own bedroom and shared communal spaces including sitting rooms, kitchen and dining areas Bathrooms were ensuite or located near residents' bedrooms. Both houses were well maintained externally and internally and were welcoming and homely and provided a comfortable home to residents. They were tidy and organised and well-furnished. A garden and parking space was available to the front of the houses. There were lots of flowers to the front of the house and one resident who had a keen interest in gardening took responsibility for assisting with this. A private back garden was also available, which provided a nice place for residents to relax. A garden bench, parking space and an egg chair was available in the front garden.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre.The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. An easy to read version was available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good risk management procedures in place in this centre. This enhanced the safety of the service provided to residents. A risk management policy was in place which complied with the regulations. A risk register was also in place. All incidents were reviewed by the person in charge or the team leader in their absence. The observations of what occurred were documented at the time of the incident.

This ensured there was an accurate account recorded of the incident. Regular audits of accident and incidents were undertaken by the person in charge and any deficits identified were actioned

Staff were aware of who to contact out of hours to assist staff where an incident occurred.

Personal risk management plans were in place regarding individual risks to residents, for example nutritional care guidance or falls prevention and staff displayed a good knowledge of these.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to protect the residents against an outbreak of fire. A fire alarm system was in place which supported staff to safely evacuate residents should the need arise.

Procedures in place to protect residents should a fire occur included completion of regular fire evacuation drills, fire extinguishers and a fire blanket in the kitchen. A personal evacuation plan for each resident, exit signage, emergency lighting and regular checks that the fire doors were functional was assisted with safe evacuation.

All exits were free of any clutter or obstacles to enable swift evacuation on the day of inspection

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment was completed before residents were admitted and updated in response to changing needs.

For example, one resident had fall and comprehensive falls prevent plan was in place and was reviewed regularly. Some residents also like to relax at home listening to their favourite music and watching television. Other activities enjoyed by residents included shopping go to the cinema gone out for meals and coffee go on a short breaks visiting family members I'm going to see their homes prior to moving into the centre and visiting the graves of loved ones

Annual reviews were taking place and health, and social care personnel and families were invited to these meetings. The centre had an activities ideas folder in place this was termed have a look to see if anything catches your eye and included reflexology art classes fishing, dance classes. Goals were identified and there was good evidence of progression of goals. For example, one resident liked country music and there was evidence that this resident had planned to attend a country music festival. Other goals included go to vintage fares and agricultural events. A key worker system was in place in this centre This model is intended to provide continuity and oversight and progression of goals and personal plans.

Judgment: Compliant

Regulation 6: Health care

There was good access to health and social care staff for example access to the dentist the GP, occupational therapist physiotherapist behaviour support therapist and psychology.

One resident had been referred to a geriatrician. This doctor attended the house to complete an overview of the resident's health needs and is going to liaise with the GP in relation to this assessment. Residents chose their GP and some had kept their GP from before they entered the centre. The person in charge stated that any concerns regarding mental or physical health are acted upon immediately

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had specialist behavioural support training which enhanced their ability to recognise triggers, or to de-escalate situations proactively.

Comprehensive behaviour support plans were in place to meet the assessed needs of residents. There was a small number of restrictive practises in place which included a false prevention mat for the resident who was a high risk of falls.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding plans in place at the time of this inspection.

The registered provider and person in charge had procedures in place to safeguard residents. These included ensuring all staff had safeguarding training, a designated officer was available and their name, photo and contact details was displayed in the centre. From a review of minutes of staff meetings, it was evident that safeguarding was discussed at these meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Residents felt respected , listened to and valued living in this centre.The inspector found from speaking with residents, staff on duty and from reviewing documentation that there was an open culture which respected the individuality of each resident and protected their rights.

Residents' meetings were occurring regularly and the inspector reviewed the minutes of some of these meetings. Items discussed included fire safety, infection prevention control, the importance of hand hygiene, safeguarding, fire safety and a how can we make your day better document. Access to advocacy and maintaining independence by residents assisting in household tasks in the centre. were discussed In this centre or reported by staff to live as independent as possible and to choose how they wished to live their lives. Staff spoke of the importance of enhancing and maintaining residents' independence for example helping to keep their bedrooms clean and tidy, doing heir own washing, and having control over their finances. Six resident questionnaires of their views of living in the centre were reviewed by the inspector. these were all positive with regard to the service that was being provided to them.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant