



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

## Issued by the Chief Inspector

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| Name of designated centre: | Ballywaltrim                          |
| Name of provider:          | St John of God Community Services CLG |
| Address of centre:         | Dublin 6w                             |
| Type of inspection:        | Unannounced                           |
| Date of inspection:        | 16 September 2025                     |
| Centre ID:                 | OSV-0002877                           |
| Fieldwork ID:              | MON-0048179                           |

## About the designated centre

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

Ballywaltrim is a designated centre operated by St. John of God Community Services CLG. The designated centre comprises of two detached bungalows on a shared site located near a large town in North Co. Wicklow. Each resident has their own bedroom and access to shared bathrooms. In each house there is an open plan living, dining room and kitchen space. The houses are situated within walking distance of local amenities and public transport links. The aim of Ballywaltrim is to provide residential services for adults with varied levels of intellectual disabilities. Both male and female residents over the age of 18 currently reside in the centre. A staff team of social care workers, staff nurses, care assistant, a supervisory manager and a person in charge work in the centre.

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

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| Number of residents on the date of inspection: | 6 |
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                         | Times of Inspection     | Inspector        | Role |
|------------------------------|-------------------------|------------------|------|
| Tuesday 16<br>September 2025 | 09:30hrs to<br>16:15hrs | Karen McLaughlin | Lead |

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. The inspection focused on how residents were being safeguarded in the centre. From what residents told us and what inspectors observed, it was evident that residents living in this centre were treated with dignity and respect and that they were empowered to make decisions about their own lives. The inspection had positive findings, with high levels of compliance across all regulations inspected.

The inspector used observations, in addition to a review of documentation, and conversations with staff and residents to form judgements on the residents' quality of life. The inspection was conducted over a single day and was facilitated by the person in charge.

This designated centre is comprised of two detached bungalows on a shared site located near a large town in Co. Wicklow. The first house is a four-bedroom house, with three residents' bedrooms and a sleepover room/office for staff. There was two bathrooms, a utility room, and open plan kitchen/living/dining room. The second house was a three-bedroom house. There was two bathrooms/shower room, a utility room, kitchen and dining room/sitting room.

Residents' bedrooms were arranged to reflect their personal tastes and included items of interest to them. Two residents in one of the houses happily showed the inspector their respective bedrooms, which featured artwork on the walls and photographs of family and friends.

The inspector spoke with the person in charge, programme manager and staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring residents needs were met to a high standard at all times.

The person in charge spoke highly of the standard of care provided to all residents and had no concerns regarding the safeguarding or well-being of anyone living in the designated centre. They also took time to discuss one resident's changing medical needs and the support plans that had been implemented as a result.

The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

Residents were supported to stay connected with important people in their lives and to make choices and decisions about their day-to-day activities. Throughout the

inspection, residents were observed getting along very well with one another. It was evident to the inspector that they had formed strong bonds of friendship.

Residents were observed throughout the course of the inspection receiving a good quality, person-centred service that was meeting their needs. Observations carried out by inspectors, feedback from residents and documentation reviewed provided suitable evidence to support this.

On the day of the inspection, some residents attended day services, while others relaxed in the centre which was in line with their will and preferences. In one house, a resident was having a lie on when the inspector arrived, they got up and had breakfast before heading out locally for the afternoon. One of the residents in this house, went to get a hair cut in the evening when they returned from day services.

In the other house, one resident was knitting and listening to music on their headphones, another was relaxing on the couch watching TV.

The inspection found that, overall, residents were in receipt of good quality care which was delivered by a familiar staff team in a kind and respectful manner. The atmosphere of the centre was noted to be calm and relaxed. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support.

The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report will describe the governance and management arrangements in the centre and how these were effective in ensuring there were appropriate safeguarding practices in the centre, as well as a description of the quality and safety of care of residents, with a particular focus on safeguarding.

## Capacity and capability

Safeguarding is a critical responsibility for providers in designated centres. All residents have the right to safety and to live free from harm, which is essential for delivering high-quality health and social care. Residents should be able to trust the provider, person in charge, and the staff to help them feel secure. Therefore, effective safeguarding depends on collaboration among individuals and services to ensure that residents are treated with dignity and respect, and are empowered to make decisions about their own lives.

The centre's statement of purpose and function stated that 'promoting a safe secure living environment that ensures residents health and safety is always paramount, while embracing a culture of positive risk taking'.

This inspection found that the provider had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that residents were safeguarded and were in receipt of a good quality and person-centred service. It ensured that residents were safeguarded and were in receipt of a high-quality, person-centred service.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. Staff were observed to be available to residents should they require any support and to make choices.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. All staff were supported and given sufficient time to receive training in safeguarding in order to provide safe services and supports to residents.

Overall, it was found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

Residents were in receipt of support from a stable and consistent staff team. Staffing levels were in line with the centre's statement of purpose and the needs of the residents.

The inspector examined the planned and actual staff rosters for August and September 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that

the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the provider had provided additional staffing resources as a measure to increase and support activity activation in one of the houses.

The inspector reviewed the staff files of two staff members working in the centre. They contained all the requirements of Schedule 2. For example, all three staff members had been vetted with An Garda Síochána.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the staff training records maintained by the person in charge and found that it was effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Consistent with the provider's policy, all staff were in receipt of quality supervision. A comprehensive 2025 supervision schedule, created by the person in charge, was reviewed and found to ensure that all staff were in receipt of quarterly formal supervision and ongoing informal supports tailored to their roles.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Both the provider and the person in charge had implemented comprehensive management structures that effectively promoted safeguarding across the service. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.



There was clear evidence of consistent oversight and monitoring of the care and support provided within the designated centre, with regular management presence on-site. Adequate arrangements were in place to ensure effective oversight and operational management during periods when the person in charge was off duty or absent. Additionally, clear and well-communicated on-call arrangements provided staff with access to managerial advice at all times, as needed.

There were effective arrangements for staff to raise concerns. In addition to the staff supervision and support arrangements, staff also attended regular team meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to residents.

A series of audits were in place including monthly local audits in the areas of infection prevention control, safeguarding, fire safety, personal plans. In addition, the provider ensured regulatory required provider-led six-monthly unannounced visits of the centre. These audits identified any areas for service improvement and action plans were derived from these.

Judgment: Compliant

## Quality and safety

This section of the report provides an evaluation of the quality of services delivered and the effectiveness of measures implemented to ensure the safety of residents. Regulations pertaining to safeguarding were specifically assessed as a part of this inspection.

Safeguarding involves a proactive approach, recognising safeguarding concerns, and implementing measures to protect individuals from harm. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

The provider and person in charge were committed to maintaining a safe environment for all residents at all times.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. Support plans included personal intimate care, personal safety, positive behaviour support and healthcare. Residents were in receipt of appropriate care and support that was individualised and focused on their needs.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents. The inspector found that appropriate procedures were

in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Throughout the inspection, the inspector observed that staff demonstrated flexibility and adaptability in their use of various communication strategies. Additionally, residents had access to safeguarding information presented in formats appropriate to their communication styles and abilities.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concern. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment.

The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individualised specific risk assessments were also in place for each resident.

The inspector saw that staff practices in the centre were upholding residents' dignity and were supporting residents to have control over their lives. Information was made available to residents in a way that they could understand in order to support them to make informed choices and decisions.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair. There were some minor maintenance issues were identified by the person in charge and they had already been reported to the provider's maintenance department.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

## Regulation 10: Communication

The inspector found that residents were supported by staff who understood their communication needs and could respond appropriately.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans.

Throughout the duration of the inspection, the inspector observed residents receiving information and being communicated with in the best way that met their assessed needs. For instance, a number of residents had communication challenges. Staff supporting these residents acted as communication partners and were observed to be familiar with the residents' communication support plans.

Residents had access to information about safeguarding measures tailored to their communication preferences. Additionally, the inspector noted that easy-to-read materials on safeguarding, the complaints process, and advocacy services were available to residents on the day of the inspection.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents.

The provider had taken measures to amend the premises and facilities in response to feedback from the last inspection and actions had been completed in a timely manner, with some minor works outstanding. The issues had been identified by the person in charge and reported to maintenance.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy and standard operating procedure in place, which was reviewed by the inspector. The provider had ensured that the policy included all necessary information in accordance with regulatory requirements. For instance, it contained detailed information on managing the unexpected absence of a resident, accidental injuries, self-harm, and outlined the systems in place within the designated centre for the assessment, management, and ongoing review of risk.

Safeguarding risks were identified, assessed, and necessary measures and actions were in place to control and mitigate risks. In line with the risk management policy,

there was a risk register in place which detailed potential risks in the centre as well as the measures in place to reduce or eliminate them.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that the provider had arranged to meet the safeguarding needs of each resident and the person in charge had ensured that safeguarding needs were part of all residents' assessments of need and of their review thereafter.

Comprehensive care plans were created in a person-centred way, outlining residents' preferences and needs for their care and support.

The inspector reviewed two residents' assessments and plans. The plans, included those on personal, health, and social care needs, were up to date, sufficiently detailed, and readily available to staff in order to guide their practice.

The person in charge had ensured that written personal care plans had been prepared to guide staff in supporting residents in this area in a manner that respected their dignity and bodily integrity.

The inspector saw evidence that residents were able to take part in activities and goals of their own choosing.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

Staff received training in managing behaviour that is challenging and participated in regular refresher courses based on best practices.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. The inspector completed a review of restrictive practices in place in the centre and found that all restrictive practices were logged, regularly reviewed and risk assessed in line with the provider's policy. In addition

the person in charge and staff team were monitoring the use of restrictive practices and attempting to reduce the frequency of use within the designated centre.

Judgment: Compliant

### Regulation 8: Protection

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. Inspectors found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Furthermore, residents had access to information about safeguarding interventions and education that was appropriate to their communication style and ability.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

The inspector saw that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to residents needs and requests by providing direct assistance in a manner which respected residents' right to dignity and privacy.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights.

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| Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the 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  |
|---|-----------|
| <b>Capacity and capability</b>                        |           |
| Regulation 15: Staffing                               | Compliant |
| Regulation 16: Training and staff development         | Compliant |
| Regulation 23: Governance and management              | Compliant |
| <b>Quality and safety</b>                             |           |
| Regulation 10: Communication                          | Compliant |
| Regulation 17: Premises                               | Compliant |
| Regulation 26: Risk management procedures             | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support            | Compliant |
| Regulation 8: Protection                              | Compliant |
| Regulation 9: Residents' rights                       | Compliant |