



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

Issued by the Chief Inspector

Name of designated centre:	Bailin
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	26 May 2026
Centre ID:	OSV-0003283
Fieldwork ID:	MON-0042069

About the designated centre

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

Bailin is a designated centre operated by Waterford Intellectual Disability Association CLG. The designated centre provides a community residential service to a maximum of five adults with a disability. The centre comprises of a large bungalow and adjoining apartment in County Waterford. The main house consists of a kitchen/dining area, laundry room, staff sleepover room, four resident bedrooms (two of which had an en-suite bathroom) and two bathrooms. The adjoining apartment consists of a kitchen/dining area, a resident bedroom and en-suite. The designated centre is located on the outskirts of a town centre close to local amenities. The staff team consists of care staff. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 26 May 2026	09:10hrs to 17:00hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing the decision in relation to renewing the registration of the designated centre. It took place over one day and was carried out by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Improvements were required under Regulation 17: Premises, Regulation 13: General welfare and development, Regulation 28: Fire precautions.

The designated centre comprises a large bungalow with a single occupancy apartment to the rear of the premises and located in an urban area in Co. Waterford. At the time of this inspection, the apartment was undergoing major renovations and the resident, whose home this was, had moved out of the designated centre for the duration of the works. The bungalow consisted of four resident bedrooms, all of which were en-suite, a staff sleepover room, an open plan kitchen/dining/living room, quiet room, bathroom, utility room, store room and staff office.

The inspection was facilitated by the centre's person in charge and a member of the provider's management team. On the day of the inspection, the centre was home to four residents. On arrival to the centre, two residents had left to attend their respective day services, one resident was out with a staff member and one resident was at home, beginning their day.

Over the course of the inspection, the inspector had the opportunity to meet with all of the residents in the centre. Two residents were supported by staff to go out for the day to a preferred seaside location and two residents attended day service. The inspector sat with residents in the evening time as they relaxed before their evening meal. One resident was preparing to celebrate a milestone birthday shortly and everyone in the centre was excited to attend the party that was planned. Residents in the centre communicated in their own unique styles. The inspector was unable to receive verbal feedback from them about their lives in the centre and the care and support they received.

During the inspection, the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times. Residents appeared to be relaxed and happy in the company of staff and the person in charge. One resident communicated using a specific communication method and staff had received training in this. The inspector observed staff communicating with the resident using this method during the inspection.

Staff that the inspector spoke with were very knowledgeable regarding the residents' needs and the supports in place to meet those needs. The inspector

reviewed feedback received from family members of residents and this feedback was positive. One family member spoke about how they were aware that they could bring thoughts or complaints to the staff or managers should an issue arise. This demonstrated that there was good communication between the centre and family members.

An ongoing issue in the centre, which the provider had identified, was that residents were not regularly engaging in activities of their choice and had limited opportunities to engage in activities outside of their home. The provider had identified in their audits of the centre that more work was required to support residents to identify their preferences and to attend these activities. This will be discussed further under Regulation 13: General welfare and development.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored.

Regulation 14: Persons in charge

The person in charge was employed by the provider in a full-time capacity and had the necessary qualifications and experience to fulfil the role, in line with the regulations.

The person in charge had responsibility for three designated centres operated by the provider. There were suitable arrangements in place to facilitate this. The person in charge discussed the arrangements with the inspector and provided assurances around oversight of the centre.

They were found to be actively involved in the operational management of the centre and were a regular presence in the centre. Staff spoken with felt supported in their role by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that, at the time of inspection, the staffing arrangements in the centre had recently improved. The inspector reviewed the rosters for March and April 2026 and found that in the months prior to the inspection, there was a deficit on the staff team of 2.5 Whole Time Equivalent (WTE). This had led to significant agency staff usage in the centre. However, the provider had been successful in recruiting new members to the staff team and on the day of the inspection, there was a 0.5 WTE deficit, which related to the covering of staff leave. A review of the planned roster for June 2026 showed that familiar agency staff were scheduled to complete a small number of shifts, to cover staff leave.

Staff spoken with discussed the impact of the previous staffing deficit on the residents and the staff team. They spoke positively about the new staff team that was in place in the centre and the improvements that this had for residents. In addition to recruiting new staff, the provider was in the process of changing the roster arrangements to ensure there was that there were core staff available to residents consistently across the week.

Team meetings were taking place in the centre every two months. There was a schedule in place for the year ahead. The inspector reviewed the meeting minutes for the last three meetings. There was a set agenda which included review of restraints, complaints, adverse incidents, staffing issues and feedback from residents meetings.

The inspector reviewed the staff files of three 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

Comprehensive systems were established to regularly record and monitor staff training, and ensuring its effectiveness. There was a staff training matrix in place in the centre which the person in charge had oversight of. The inspector reviewed the training matrix and found that all staff had completed all training that was

considered mandatory for the centre to meet the needs of the residents, with the exception of a new staff member who had very recently commenced in the centre. The training completed included safeguarding, fire safety, first aid and manual and patient handling.

Staff had also completed training in human rights, fundamentals of advocacy and assisted decision-making. Staff had also completed training in Lámh (a manual sign system) to support one of the residents with their communication methods.

The person in charge completed supervision meetings with the staff team. Supervision meetings with staff took place twice a year, in line with the provider's policy. The inspector reviewed the last two supervision records for three staff members and found that they were up-to-date and followed a set format.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of their application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there were management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. There was a full time person in charge appointed to the centre. Staff spoken with felt supported in their roles by the person in charge.

There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There was a number of audits taking place in the centre on a quarterly basis. These included audits on cleaning, food and nutrition, medication, finances, record keeping and health and safety.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives were consulted for their feedback on the service over the course of the year.

There were systems in place to manage ongoing risk in the centre. For example, the person in charge had completed a risk assessment for the major building works happening in the centre. There were control measures to ensure residents safety during the works which the inspector observed during the inspection. For example, the building area was closed off. In addition, the provider's senior management team received a checklist for safety parameters at the end of each day.

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 staff team were very knowledgeable about the support needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations. The provider had submitted the statement of purpose to the Chief Inspector as part of their application to renew the registration of the centre.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the people who accessed services in the designated centre. Improvements were required under

Regulation 17: Premises, Regulation 13: General welfare and development, Regulation 28: Fire precautions.

Residents had limited opportunities to engage in activities outside of their home and it was not clear if they were engaging in activities which were in keeping with their interests.

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

Regulation 10: Communication

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

Staff were observed to be very knowledgeable regarding how residents communicated when supporting them. One resident communicated using a manual sign system. Staff had completed training in this and one staff member spoke to the inspector about this training and the refresher training they had completed. Each week a different sign was designated as the sign of the week and this was displayed on the notice board for the week. There was a visual roster also displayed, which showed the written name and picture of staff on duty that day.

There was a folder in place which contained all of the signs that the resident regularly used with visual instruction on how to complete the sign. These included established signs and also ones the resident had adapted for themselves. The inspector observed staff using this signing system when communicating with the resident.

The inspector also observed a visual communication aid one resident utilised. The "now, next, then" picture board was a recommendation in the resident's communication support plan and was something which staff utilised at all times with the resident to support their needs.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that residents could receive visitors as they wished. It was clear from speaking with staff how important visits to and from friends and families were to the residents. Staff also supported residents to make alternative arrangements where circumstances changed to ensure that they could still visit with their family members.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had limited opportunities to engage in activities outside of their home and it was not evidenced that they were engaging in activities which were in keeping with their interests.

The provider had identified in their previous six-month audit of the service that the activities residents were supported to engage in were repetitive and a lack of new opportunities and forward planning meant that residents were not supported to make informed choices about what could be available to them. This remained an ongoing issue at the time of this inspection.

A review of daily notes for the month of May 2026 showed that for the residents who did not attend a formal day service, there were limited activities they engaged in outside their home that were not walks or drives. There was no evidence to determine if this was the residents' choice or if they were offered other opportunities.

It had also been identified and reported by staff that the frequent usage of agency staff impacted on the activities of residents as the agency staff required more support and guidance. As mentioned earlier in the report, the provider had recruited two new staff members to the centre which was addressing the usage of agency staff. The provider had also sought input from an occupational therapist to design a weekly timetable which included activities of different support levels with the aim for the staff team to work on building up to residents regularly engaging in new and social activities. This new timetable had very recently been introduced and it was now discussed at weekly residents meetings regarding selecting activities for the weekend ahead. The provider also now also had oversight of the outcome of the activities agreed at the residents meeting to ensure implementation of the new measures. However, at the time of this inspection, these measures had been newly introduced and it was not possible to review if they had made an impact on the residents quality of life in the centre.

Judgment: Not compliant

Regulation 17: Premises

The centre was found to be warm and welcoming on the day of the inspection. However, there were long standing maintenance issues in the centre that remained outstanding at the time of the inspection. It had been identified during the previous

inspection of the centre that two en-suites required modernisation and updating. These works had not been completed at this time.

In addition, other works required action in the centre. These included:

- Wear and tear marks in the flooring in the hallway
- Wear and tear damage to the couch in the living room
- Updating of the staff bathroom
- Upkeep of an outside area which contained rusty nails

The provider was aware that works needed to be completed in the centre, however, no start date had been identified.

Each resident had their own bedroom and these contained the residents' personal items. There were multiple areas in the house for residents to spend time in, either together or by themselves.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

At the time of the inspection, one resident had temporarily transitioned from the centre to another centre operated by the provider while major renovations were taking place in their apartment. To meet the resident's needs, this transition had been completed on a phased basis and was directed by the speed which the resident wished.

A transition plan had been developed to guide the move and members of the provider's multi-disciplinary team had been involved in the transition. The existing staff team that supported the resident had also moved to support the resident in their temporary home.

Judgment: Compliant

Regulation 28: Fire precautions

While there were fire prevention measures in place in the centre, improvements were required to the documentation in place to relation to the evacuation procedures in the event of an emergency.

The instructions for the evacuation of residents during an emergency contained within the centre's evacuation plan was different from the instructions contained in the centre's night time evacuation plan. The order for the evacuation of residents were different in each document and the instructions contained in the evacuation plan were not fit for purpose.

The inspector spoke to staff on duty during the inspection and they were clear on how residents are evacuated during an emergency and the person in charge had also described the process during the walk around of the centre. The documentation required review to ensure that it matched staff practices and best practice.

Fire drills were taking place in the centre, with both night and day time staffing levels. Fire drills with both staffing levels had taken place in the last month.

There was fire safety equipment in place in the centre and this included fire extinguishers, fire doors and emergency lighting. This equipment had been serviced by competent fire personnel, for example, the emergency lighting had been serviced in March 2026 and the fire detection and alarm system had also been serviced in March.

Staff were conducting checks to ensure that effective fire safety systems were maintained in the centre. For example, staff completed daily checks on the means of escape and fire fighting equipment.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that appropriate healthcare was provided for each resident. The person in charge had ensured that all residents had access to health and social care professionals, as required.

Where residents had an identified healthcare need, there was a support plan in place to guide staff on supporting residents with this need.

Residents were in receipt of care from a range of professionals that included occupational therapists, speech and language therapists, dentists, chiropodists and general practitioners (GPs).

There was evidence of staff supporting residents to advocate for themselves around their healthcare needs. For example, a resident had an ongoing issue with a mobility device. Staff members had supported the resident to submit an official complaint, and this was responded to positively and the outcome resulted in the resident getting a new mobility device, which they were awaiting delivery of.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Chief Inspector of Social Services, as required by the regulations.

The provider had a clear process in place when a new restrictive practice was introduced in the centre. A restrictive practice assessment was completed which reviewed the residents' wishes and the options available after reviewing the risks. The inspector reviewed the assessment in place for one restrictive practice. Three options had been identified to address the risk which necessitated the introduction of restrictive practice. Members of the provider's senior management and multi-disciplinary team weighted in on the three options and agreed a plan.

The restrictive practice is then reviewed quarterly. This review examines if there is a negative impact on the resident or other residents and what interventions have been implemented to reduce the need for the restriction. It also identifies if there is any good practice to be shared with other services operated by the provider.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed the positive behaviour support plan in place for one resident. This plan had been completed by a relevant health and social care professional. It contained proactive and reactive strategies to support the resident with their need in this area. The professional had also visited the centre in recent weeks. During that visit, they observed staff implementation of the plan and made further recommendations for staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Bailin OSV-0003283

Inspection ID: MON-0042069

Date of inspection: 26/05/2026

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	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The Person in Charge now attends all weekly resident's meetings where activities are planned and staff are allocated to support activities. There is a new weekly activity schedule document completed for each resident every week. A new quarterly audit of social activities/opportunities for engagement is being introduced to the audit schedule. Training on a meaningful day is being provided by the Person in Charge to the staff team. This will be completed by 31st October 2026.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The environmental works required will be completed by 31st July 2027. A new sofa will be purchased by 31st October 2026. The outside area is part of current works and will be completed by 31st July 2027.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A review of all fire evacuation procedures is underway and will be completed by 31st July 2026. There will be clear direction in all fire evacuation plans by that date.	

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)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/10/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/07/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the	Substantially Compliant	Yellow	31/07/2026

	designated centre and bringing them to safe locations.			
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