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:	Ballina Cheshire Service
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	31 March 2026
Centre ID:	OSV-0003451
Fieldwork ID:	MON-0041264

About the designated centre

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

This service is registered to support five residents with a physical and/or sensory disability and associated mobility needs. Residents may also have additional medical needs. Residents are supported by a combination of care support workers, community connectors and one personal assistant attend the service on a weekly basis to further assist a resident to access the community. Residents are supported by a staff team that includes care staff and nurses, who are available both during the day and night. The centre comprises two houses which are located on a shared site. Each resident has their own bedroom and there are overhead hoists and mobility aids to support residents with reduced mobility. There is adequate communal areas for residents to relax and the kitchens in both houses have been adapted to meet the needs of wheelchair users. There is wheelchair accessible vehicle for residents to use and the centre is located within walking distance of a large town where public amenities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 1 April 2026	09:40hrs to 15:30hrs	Angela McCormack	Lead
Tuesday 31 March 2026	16:00hrs to 18:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents living in Ballina Cheshire designated centre were provided with safe, person-centred support where their choices and rights were respected.

This inspection was announced and was completed to monitor compliance with the regulations and as part of the renewal of the registration of the centre. The inspection was completed over two half days, one evening and the following morning.

The designated centre comprised two detached two-storey houses that were located beside each other. They were located on the outskirts of a large town. The centre had vehicles to support residents to access amenities and go on outings. The centre could accommodate five adults. There were four residents living in the centre at the time of inspection, two residents in each house. The inspector got the opportunity to meet, and talk with, all four residents throughout the two days. In addition, the inspector met with four staff members, the senior care worker, the clinical nurse manager 1 (CNM1), and the person in charge.

All residents completed questionnaires that were sent to the centre from the Health Information and Quality Authority (HIQA) prior to the inspection. The questionnaires sought feedback from residents on choices offered, privacy, bedrooms, food, and staff. Overall, the feedback was positive. However, two residents answered that staff members knowing what they like 'could be better', and one resident mentioned that the food could be better. One resident also said that choosing what they did each day could be better. The centre was found to be responsive to feedback. For example, on the day of inspection one resident, when speaking with the inspector, said that they disliked their mattress. By the second day this issue was discussed with the resident and their choice heard and responded to.

On the first evening, the inspector met with two residents. One other resident was out at the cinema and another resident was resting. They were met with the following day. All residents communicated about their experiences of living in the centre and were happy to answer questions that the inspector asked them.

Residents said that they liked their homes, that they felt safe and that they got on with each other. Residents who agreed to show the inspector their bedrooms had personalised rooms that reflected their likes and personalities. In addition, the communal areas of the homes were equipped and designed to support all residents needs' and interests. For example, some residents had preferred areas in which they liked to spend time and the homes were designed to support residents' comfort and interests.

Through the conversations had with residents and staff members, the inspector could see that residents were facilitated to do things that were meaningful to them. Interests included; going to music events and discos, going to local attractions, attending religious events, going out for meals, getting take-aways and receiving visits from family and friends. One resident went on a holiday abroad the previous September, which was reported to be a highlight of their life. The inspector was shown a video that the resident had made capturing the experience. This video showed how joyful and meaningful this holiday was for them. The inspector was informed about the planning that was required to ensure that the trip could go ahead. This involved an element of positive risk-taking and careful planning to ensure that the resident was safe and that their individual physical needs could be met during the travels. The trip was reported to be a great success and staff members talked about it with fondness and emotion. The resident communicated that they enjoyed it, and the inspector was informed that there were plans being discussed to do another trip again soon.

From a walkaround of the centre, the inspector observed that the houses were clean, well maintained and warm. They were nicely decorated with framed photographs, house plants and soft furnishings. The furniture and layout ensured residents' comfort and accessibility. Throughout the inspection residents were seen to move around their home with support from staff where required. Residents had access to aids and equipment to support them with their needs. The homes were designed to promote accessibility and to support residents' autonomy and independence. For example, all residents had downstairs bedrooms and the communal areas were designed to support ease of movement for those with mobility needs. One resident was awaiting a new motorised wheelchair since their previous one broke a few months previous. This was in progress.

In addition, the homes contained easy-to-read information and posters about various topics that were readily accessible to residents. Residents were consulted about their homes through one-to-one meetings and group meetings, depending on residents' preferences, where plans for activities and goals were made. In addition, residents were supported to understand about their healthcare needs and about recommended interventions, so that they could make an informed choice about their health and wellbeing.

Staff members were observed to be familiar to residents and responded to residents' communications with warmth and respect. Staff members spoke about residents in a caring manner and it was clear that they understood their individual needs and communications. Observations were that residents were relaxed and safe in their homes, and comfortable around staff members and each other.

Overall, the service was found to provide safe, person-centred care to residents. Residents appeared relaxed and comfortable in their homes.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there were effective arrangements for the management and monitoring of the centre. The centre was found to be in compliance with the regulations.

The governance structure included a person in charge who was supported in the operational management of the centre by the CNM1. The staffing levels and skill-mix appeared to meet the needs of residents at this time. Training was provided to staff to support them to have the skills and knowledge required to support residents with their needs.

The systems for the monitoring and oversight of the centre included a suite of audits completed by the management team and unannounced provider audits. This meant that actions that were required to improve the service were identified in a timely manner. This ensured that the centre was safe, to a good quality and person-centred.

Overall, the centre was found to be well managed and effectively monitored to ensure that it met residents' needs.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre was completed by the provider and submitted to the Chief Inspector of Social Services within the time frames required.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a competent and qualified person in charge. The person in charge worked full-time and had responsibility for one other designated centre located nearby. The arrangements in place supported them to manage Ballina Cheshire service effectively. The person in charge had very good knowledge about the centre, residents' needs and their responsibilities under the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with ongoing training and supervision to support them with their professional development.

The inspector reviewed the current training records for staff. From this it could be seen that all staff had undertaken the mandatory training required to support residents in the centre. This included training in First aid, manual handling, fire safety, behaviour management and safeguarding. Where refresher training was due, this was identified by the person in charge and arrangements made to ensure staff undertook these refreshers in a timely manner.

Supervision meetings were held with staff members every six months. A sample of two meeting records were reviewed by the inspector that showed that these meetings were occurring. Staff members spoken with said that they felt well supported.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was insurance in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that residents were supported to be safe and to have their needs met. The centre was resourced with suitable numbers of staff and vehicles to meet the needs of residents and to support them to do activities of their choosing.

The systems for the monitoring and oversight of the centre were effective in ensuring that a person-centred and safe service was provided. This included regular audits completed by the person in charge and provider. The person in charge undertook regular audits throughout the year. The audits for 2026 were reviewed by the inspector and showed that consistent monitoring occurred. The provider ensured that unannounced visits occurred every six months as required in the regulations. The provider report completed in January 2026 was reviewed by the inspector and found to be very comprehensive. Actions were developed to improve the quality of the service provided. This demonstrated that there was effective oversight and monitoring of the centre. An annual review of the service was completed as required

under the regulations. The report for 2025 was reviewed by the inspector. This included consultation with residents and their representatives. This also showed where areas to improve the quality of care and support was identified, with actions noted that were kept under review for completion.

Staff meetings were held regularly which facilitated staff to raise any issues of concern. The inspector reviewed three staff meetings that took place between September 2025 and March 2026. From this review , it could be seen that discussions took place on residents' needs, staff training, safeguarding and a review of risks and incidents.

In addition, regular analysis and review of incidents that occurred in the centre took place. The data from incidents were trended and reviewed at meetings with the regional manager. The minutes of the meeting that took place in March 2026 were reviewed by the inspector. where it could be seen that a detailed review took place which included upward and downward trends. This demonstrated very good oversight of the risks that were occurring in the centre and the supports that residents' required with their individual needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all information that was required to be notified to the Chief Inspector was submitted as required in the regulations. The person in charge explained the centre's recording of skin integrity issues, and discussed with the inspector the types of injuries that required submission based on guidance provided by the Chief Inspector and the provider's review of their policies and procedures.

Judgment: Compliant

Quality and safety

Ballina Cheshire was found to provide person-centred care and support to residents. Residents' needs were kept under ongoing review and monitored for changes. This ensured that the service was responsive to residents' needs.

There were comprehensive assessments completed on the health, personal and social care needs of residents. Support plans were in place to provide guidance to staff members. These were developed with consultation from residents and their multidisciplinary team (MDT).

Residents were protected through the ongoing review of incidents and through the provider's policies, including safeguarding and reporting of skin integrity procedures. Risks were identified, assessed and managed well, with ongoing monitoring occurring.

In summary, the care and supports provided to residents were found to be person-centred, safe and regularly monitored.

Regulation 10: Communication

Residents' individual communication preferences were supported in the centre.

The inspector reviewed two residents' communication support plans. These were found to provide clear information on each resident's individual communication preferences and provided guidance to staff members on how to effectively communicate with residents.

Staff members were observed responding to residents' communications in a caring and respectful way. It was clear that staff members knew residents well and were responsive to residents' preferred communications. In addition, residents had access to telephones, mobile phones, televisions, music players, magazines, the Internet and social media in line with their individual preferences.

Judgment: Compliant

Regulation 11: Visits

The centre had a visitor's policy and procedures in place that provided guidance on visiting arrangements. Residents were supported to have visitors to their home. There was space in the houses for residents to meet with their visitors in private if

they so wished to. On the days of inspection, one resident received visitors to their home which showed that there was no restriction on visitors.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents were supported with their general wellbeing and had opportunities for personal development and trying new experiences.

Residents talked with the inspector about their hobbies and interests. These included; going out for meals, going to concerts, going on shopping trips, going to the gym and going on holidays. With support from staff, one resident communicated about a trip abroad that they had taken last September of which a video had been created to reflect this life long dream.

Within the house, residents had access to a range of leisure and recreational activities that were meaningful to them. For example; listening to music, baking, watching YouTube, doing 'wordsearch' puzzles and watching preferred television programmes.

Judgment: Compliant

Regulation 17: Premises

The homes were was spacious, clean, and well maintained. Each resident had their own bedroom that was decorated in line with their individual preferences. Two residents showed the inspector their bedrooms where it could be seen that residents had space to store personal belongings securely.

There were ample communal areas for residents to relax and have visitors. The rooms were bright, clean and contained well-maintained, comfortable furniture. Residents had access to individual aids and appliances as required. There were suitable bathroom and laundry facilities to meet the numbers and needs of residents. The kitchens had cooking equipment to enable residents to cook meals and do baking.

The garden areas were accessible and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre supported residents' nutritional needs and provided a range of wholesome and nutritious foods that residents were involved in choosing and shopping for.

Residents who required supports with their nutrition and safety had safe feeding eating, drinking and swallowing (FEDS) plans in place that were developed following assessments by a speech and language professional. Residents were supported with information about their dietary recommendations and FEDS plans. Furthermore, residents had the autonomy to make informed decisions about their food and nutritional intake and were supported with information on healthy eating.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that there was a guide prepared for residents that included all of the information that is required under the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good arrangements in the centre for the management of risk, that was guided by the provider's policies and procedures.

This inspection found that risks of harm to residents were clearly identified, assessed and kept under ongoing monitoring and review to ensure that control measures were effective in reducing the risk of harm. The inspector reviewed two residents' care plans that included supports around specific risks. Risks were found to be clearly identified and monitored in conjunction with incidents that occurred in the centre. The local management team and regional director met regularly to review risks, incidents and trends that could cause harm to residents. The inspector reviewed the minutes of one of these meetings that was held in March 2026 that showed the arrangements for oversight and monitoring of risks. The provider was found to be responsive to risks. For example, through the provider's review of incidents that occurred in 2025 one of the highest risks in the centre related to residents' skin integrity concerns. As a result the provider implemented a new audit to review this that was based on a new policy on 'Pressure ulcer prevention' that was implemented during 2025.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was equipped with fire safety management measures including; emergency lighting, fire fighting equipment, a fire alarm and fire doors. In addition, regular checks were completed on the fire safety arrangements. On the day of inspection, the fire alarm was being fixed as a fault had occurred that morning.

One staff member did a walkaround with the inspector and talked through the centre's evacuation plan including the arrangements to ensure that residents could be evacuated to safe locations. The inspector reviewed the last six fire drills completed since October 2025, which included the scenario of minimum staffing levels at night time. These drills demonstrated that residents could be evacuated in a timely manner to a safe location.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were good arrangements in place for the assessment and review of residents' needs.

The inspector reviewed two residents' personal plans. These showed that comprehensive assessments were completed of residents' health, personal and social care needs. Care and support plans were in place and kept under review and updated if changes occurred. In addition, residents had access to MDT supports where required to support with their needs.

Annual review meetings occurred to review residents' care and support. The inspector reviewed two residents' meeting notes and found that these were attended by residents and their representatives, as relevant. This showed that a collaborative approach was taken to support residents with their care and support.

In addition, residents were supported to identify and achieve personal goals that were meaningful to them. Through the inspector's review of two care plans, goals identified were found to be kept under review to ensure that they were achieved in a timely manner.

Judgment: Compliant

Regulation 6: Health care

Residents were found to be supported to achieve the best possible health and wellbeing. There were good arrangements in place for monitoring residents' health and changing needs, with appropriate follow-ups to allied healthcare professionals and MDT completed.

The inspector reviewed two residents' personal plans which included support plans for health and wellbeing. Residents were facilitated and supported to access a range of allied healthcare professionals, including national screening programmes and vaccinations where recommended and agreed by residents. Residents were also supported to understand about how to be well and healthy through the sharing of information in a format that suited their understanding. Residents' choices were respected. For example, if residents wished to continue to smoke this was respected, all the while the service strived to continue to educate residents on how to achieve the best possible health.

Judgment: Compliant

Regulation 8: Protection

Residents' protection and safety were promoted in the centre.

The inspector reviewed the provider's procedures for safeguarding and found that the procedures were followed where there were protection concerns in the centre.The training records reviewed by the inspector showed that all staff members completed training in safeguarding vulnerable adults. Safeguarding was also a regular agenda item at staff meetings. Residents were supported to understand about safeguarding through regular discussion with them at one-to-one meetings and residents' meetings. The inspector reviewed one resident's one-to-one meetings held between January and March 2026, where it could be seen that safeguarding was discussed with them recently on 26 March 2026. Residents spoken with said that they felt safe. Observations by the inspector throughout the inspection were that residents were comfortable and relaxed around each other and staff members.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted about the running of the centre through regular one-to-one or group meetings. It was clear through talking with residents and staff members, that residents were

supported to make choices in their lives and that these choices were facilitated. For example, one resident spoke about going to Mass, while another spoke about their preferences for grocery shopping.

In addition, residents were supported with information to help them make informed choices and to aid in their understanding of various topics. For example, residents had access to information on relevant healthcare related topics such as smoking cessation and healthy eating. Residents were also provided with information on human rights, complaints, safeguarding, and advocacy services in an easy-to-read format which were visibly located within the homes.

Overall, it was clear from communications and observations that residents' choices about how they lived their lives were respected and promoted.

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 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	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant