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:	Camphill Community Ballybay
Name of provider:	Camphill Communities of Ireland
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0003603
Fieldwork ID:	MON-0046354

About the designated centre

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

Camphill Community Ballybay is a residential service that provides care and support for 17 adults with an intellectual disability. This designated centre is located on a large campus including a farm, several workshops, outbuildings and five separate residential buildings for residents and volunteers. The provider, Camphill Communities of Ireland, operate a unique approach to service provision that aims to support people to discover and apply their personal gifts, identify their ambitions and vision, build assets and strengths and to live fulfilled lives as participating members of society and the community. Residents living at this campus participate in activities which support the overall ethos of the service and may undertake work-based activities on the campus, supported by staff and short term co-workers, who work in a voluntary capacity. Residents are also able to access the local community and services in the local town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

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 22 April 2026	10:00hrs to 18:00hrs	Miranda Tully	Lead
Thursday 23 April 2026	09:30hrs to 12:30hrs	Miranda Tully	Lead
Wednesday 22 April 2026	10:00hrs to 18:00hrs	Stevan Orme	Support
Thursday 23 April 2026	09:30hrs to 12:30hrs	Stevan Orme	Support

What residents told us and what inspectors observed

The inspectors found that this was a well run centre where safe and good quality care was being delivered to the residents by a professional, knowledgeable and competent staff team. The inspection was completed by two inspectors over the course of two days. High levels of compliance were found with all regulations reviewed found to be compliant with the exception of Regulation 16: Training and staff development.

The centre comprises five separate houses located on large grounds which include a farm and garden. Over the course of the two day inspection, inspectors met with all 15 residents who were living there. Inspectors observed various interactions between staff and residents such as meal times, care tasks, meal preparation and working in the garden as well as other non- structured time spent in their homes. Each resident reported to and appeared content and comfortable in the centre. Engagements between staff and residents was seen to be respectful and engaging. Residents were supported in a kind and gentle manner in line with their assessed needs.

Residents were supported to engage and be part of their local communities, there was strong evidence of residents participating in community groups, socialising and being present in their local area. Residents' goals were thoughtful and clearly driven by the residents. One resident had written to the new president of Ireland and had invited them to visit for tea, as they were also from Galway. A second resident who had been supported to attend a barista course, received news that they had been offered a job in a coffee shop in a nearby busy town. Staff were visibly proud and enthusiastic about hearing the residents achievement. Residents across the centre attended and participated in a wide variety of courses, work commitments and social engagements. A resident who wished to become a teacher and had undertaken several educational courses linked to their goal. They also spoke with staff about plans to attend open days at Dundalk IT, and how they had gone to other open days in Maynooth and Trinity college. They had completed language courses and enjoyed teaching one inspector some simple phrases.

Residents both told inspector about and were observed working in the garden and on the farm. Each residents' participation varied according to their own preferences, residents spoke about how they enjoyed feeding and counting the chickens, while another resident spoke about how they had been supported to make vegetable soup for their lunch using the produce from the centre's farm. They spoke about how they had visited a garden centre in a nearby town that morning to purchase strawberry plants for raised beds. The inspectors also observed residents participating in garden work, one resident was seen to relax, while others carried out their preferred tasks such as watering and potting. A resident also spoke about

their cats at the centre, of which there were many and how they were building a shelter for one of the cats called 'Captain'.

Inspectors had the opportunity to be present for mealtimes such as lunch, there was a variety of options available to residents which were prepared and cooked in the centre. Meals to suit residents' preferences and diet plans were available. One resident spoke to the inspector about how they enjoyed helping a staff member prepare the lunch and set the table, the resident had helped prepare fresh salads and lasagne. Each resident and staff enjoyed lunch together. Staff were seen to positively engage with residents and respectfully guide them regarding eating and drinking plans and also portion control and healthy eating. Residents appeared relaxed throughout the meal, with some residents engaging in jovial banter with staff and their peers.

Residents were seen to be supported to communicate in means appropriate to their assessed needs, for example staff spoke about the residents' communication and use of Lamh signs and encouraged the resident to show the inspector how they made choices through signing and about the staff wo supported them as well as their love of Dublin bus. Other residents had been supported in one to one rapid prompting method (RPM) sessions. Visual references and notices were also observed in homes.

Residents were supported to maintain family and community connections, for example some residents either regularly visited their family or family regularly visited them at the centre. Residents were supported to practice their faith as they wished, with some residents telling inspectors they attended their local church, while others choose to attend a morning gathering in the centre. One resident also spoke of how they themselves wished to become a clergy man.

There was evidence of effective oversight of the centre. There was a full-time person in charge who appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspectors.

In summary, the inspectors found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspectors found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre for the most part had up-to-date training and were appropriately supervised. However, not all staff had up to date refresher training and some newly recruited staff had not yet completed training in manual handling. While management were in the process of arranging training dates, confirmation of scheduled sessions was not available on the day of inspection

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was regularly present in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements at the centre ensured that residents needs were meet. Although the centre at the time of the inspection was not fully staff with eight to ten vacancies, this was managed by the provider in order that it did not negatively impact on residents choices and needs being met. The provider ensured that regular and consistent temporary workers were used to fill staffing vacancies and this was reflected in rosters reviewed for the period February - April 2026. Inspectors also spoke with a range of staff engaged at the centre including both permanent and temporary workers, who reinforced the consistency of the staff team. With temporary workers being fully integrated into the centre's staff team accessing the provider's training opportunities, attending staff meetings and receiving formal supervision by the centres management team. Reviewed rotas further reflected the specific needs of residents in regards the need for enhanced supports such as one-to-one staffing and this being consistently provided as and when required.

Inspectors also reviewed three staff files during the inspection, and found that these were in compliance with the regulations containing required information such as employment histories, references, qualification records and evidence of vetting bureau disclosures. Furthermore, the centre accessed regular international volunteers who supported residents for up to 12 months. Related records illustrated that stringent processes were adopted by the provider prior to volunteers being placed at the centre including both Irish and international vetting being completed and interviews with centre management being completed to ensure their suitably to work with residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff including volunteers and agency staff had access to a range of training appropriate to their roles for example, First aid, Safeguarding, Fire safety and Epilepsy awareness training. However , some gaps were identified in people moving and handling. Not all staff had up to date refresher training and some newly recruited staff had not yet completed this training. While management were in the process of arranging training dates, confirmation of scheduled sessions was not available on the day of inspection.

Records reviewed indicated that supervision was completed in line with the providers policy and staff spoken with demonstrated good knowledge of their roles and responsibilities. Where staff had periods of leave, follow up supervision was conducted to ensured continued support and oversight.

Overall, while systems were in place to support staff training and development, improvements were required to ensure staff had timely access to mandatory

training, particularly moving and handling to ensure the safety and well being of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and management arrangement at the centre ensured that residents' needs were met and the effectiveness of care and support at the centre was subject to regular review to ensure its effectiveness. Inspectors found that all levels of management at the centre were both suitably qualified and experienced and very knowledgeable about the assessed of residents. The person in charge was responsible for five houses within the designated centre which supported 15 residents at the time of the inspection, and throughout the inspection it was evident that she was well known to all residents and was fully informed about their needs and preferences. This was further reflected in the knowledge of both Team Leaders and House Coordinators who supported the person in charge in the day-to-day management of the centre. In addition, inspectors reviewed a range of audits completed by the person in charge or delegated persons to ensure the effectiveness of the centre these included :

- Medication
- Health & safety
- Safeguarding arrangements
- Infection protection prevention and control
- Resident Finances
- Care Planning

In addition, to centre based management audits, Inspectors reviewed the provider's arrangements for unannounced six monthly visits which were comprehensive in nature and completed by the provider's designated 'Quality & Safety Team'. Inspectors reviewed the two visit reports including the most recent undertaken between the 24/02/26 and 26/02/26, and found this to be very comprehensive , looking at all aspects of the centre's operations and including observations, discussions with staff and residents were able. The report clearly illustrated where compliance was achieved as well as areas requiring improvement. Records in addition showed subsequent action being undertaken with nominated persons responsible and dates for achievement.

Oversight of the centre was further ensured through staff meetings, with the person in charge facilitating monthly team meeting in the individual houses within the centre, and a full centre wide staff meeting occurring quarterly. Records of both house and centre meeting in 2026 showed that staff were updated on changes in residents' needs and activities, planned medical appointments, staffing rosters, advocacy arrangements, required improvements following completed audits and incidents which had occurred. Staff also spoke about how these meetings and the

availability of centre management allowed them to voice their opinions or raise concerns freely.

Judgment: Compliant

Regulation 30: Volunteers

Over the course of the two day inspection, both inspectors met and spoke with volunteers. Volunteers have their roles and responsibilities set out in writing and also spoke to the inspectors about their roles in the centre. It was evident that the role of volunteers was to
enhance the wellbeing and quality of life of residents and positively contribute to their lived experience. The roles of volunteers were considered and clearly defined in relation to how care and support was delivered. For example, volunteers supported recreational programmes in the garden and farm and contributed to house duties such as cleaning and upkeep of the premises. Each volunteer was in receipt of supervision appropriate to their role and level of involvement in the centre. Residents' wishes and needs are taken into consideration when volunteers are recruited process and as noted previously under Regulation 15: Staffing, volunteers had provided a vetting disclosure in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an established an effective complaint handling processes to attain the most appropriate outcome for residents. All staff were
provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

There was an effective complaints procedure in place that was in an accessible format. The procedure was consistent with relevant legislation, regulations and protocols, and took into account best practice guidelines. All open complaints on the day of inspection were seen to be managed as per the providers procedure.

Judgment: Compliant

Quality and safety

The inspectors found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team and a review of residents' personal plans and risk documentation. The inspectors found good evidence of residents being well supported in the areas of care and support.

The inspectors reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspectors reviewed the risk management arrangements and found the provider ensured that risks were appropriately managed. The inspectors reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to.

The residents were observed to live busy lives and engaged in a number of community and centre based groups or activities. Residents appeared comfortable and content in their home.

Regulation 10: Communication

Residents were supported to communicate in accordance with their preferenced method by staff. The inspectors reviewed communication passports which clearly illustrated how residents expressed their needs including the use of lambh signs, photograph and picture references as well as objects of reference. Staff working with residents were knowledge on their communication needs, and were enthusiastic in showing inspectors how daily choices were made in areas such as meals and activities. Residents communication was further supported through the accessing of Speech and Language therapy (SALT), with inspectors observing subsequent communication recommendations such as those made in a SALT report dated 24/02/25 being used by staff when supporting a resident's needs during the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported at the centre to access a diverse range of activities in accordance with their needs and preferences. Inspectors reviewed daily logs and residents weekly plans which showed that residents were involved in both activities in their individual houses, on the centre's extensive grounds and in their local community. Residents were supported in their homes to participate in the day-to-day running of the house in activities such as food preparation, food shopping and general household tasks. Residents were also supported if they wished to be actively involved in the centre's farm and gardening projects, with the produce from these activities being shared and used across the centre's five houses. As well as farming, the centre also provided arts and craft activities through the provision of a weaving and candle-making room, with several residents being involved in holding exhibitions and selling their work in the local area. Residents planned their weekly activities through regular house meetings as well as discussions at the centre's morning gathering meeting. Residents spoke to inspectors about the activities they enjoyed such as attending education at local colleges, gym sessions at a local leisure centre as well as swimming in the same leisure centre or local hotel based on their needs. Residents also told inspectors about how they were supported to maintain relationships with their families either through visits or regular weekend home visits. Residents and staff also spoke to inspectors about the centre's onsite cafe which had been developed to provide residents with work experience, and for two residents had lead to gaining unpaid employment in a local charity shop and coffee house.

Judgment: Compliant

Regulation 17: Premises

The centre comprised five individual houses which were well maintained and were designed to meet the individual needs of residents. Inspectors visited and spent time throughout the inspection in all five houses within the centre as well as visiting buildings used for activities such as weaving ,arts & craft, farming and candle-making. All houses were well maintained and the provider engaged a full-time maintenance person on site at the centre. The provider had arrangements in place for regular redecoration of the houses as well as adhoc repairs as they arose. Inspectors found that each house was homely in nature and reflected the needs and preferences of the residents who lived their. Inspectors observed family photographs , resident art work and ornaments reflective of residents interests throughout the houses. The houses were also subject to regular review to ensure they continued to meet the needs of the residents , resulting in renovations to install personal en suite bathrooms due to changing needs. Also inspectors observed that where residents' needs required them to be supported to live alone or spaces away from the communal areas, this was advocated for with several residents being supported to live in their own apartments or larger houses having individual spaces such as movie rooms being provided away from the communal lounges.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements in place at the centre ensured that risks were effectively identified and residents were kept safe from harm. Risk assessments reviewed by inspectors showed that care ad support practices ensured that residents changing needs were identified resulting in changes to practice, additional equipment or environmental reconfiguration was needed this was responsively undertaken. This was evidenced through the provider's actions to support residents with the management of their personal finances resulting in the accessing of advocates, safeguarding & protection teams and social workers. In addition, the changing needs of residents had resulted in the reconfiguration of their homes and the installation of en suite bathroom facilities.Ongoing review of risk at the centre was ensured through regular health and safety audits which in the event of improvement being required clearly illustrated persons responsible for its undertaking an time frames for completion. Analysis was also undertaken by the centre's management on all reports accidents and incidents, involving actions to reduce future occurrence such as the installation of bed rails due to risk of a resident falling and staff training on the use of hoists.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment of need in place, which was reflective of the residents health social and personal support needs. Assessments were person centred and informed individualised personal plans. Personal plans were reflective of residents will and preference, communication and support needs. There was evidence of regular review and response to changing needs . Documentation demonstrated that plans were updated to reflect current support needs. Multidisciplinary input was evident in assessments and personal pans including input from allied health professions. Recommendations were incorporated into practice and observed on the day of inspection in practice.

Residents had clearly defined goals which were meaningful and aligned to their interests, abilities and aspirations. Goals promoted independence , community participation and overall quality of life.

Overall, documentation reviewed demonstrated a high standard of care planning and review ensuring positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve and maintain best possible health. They had timely access to a range of allied healthcare professionals in line with their assessed needs. Records reviewed demonstrated that referrals were made appropriately and recommendations from healthcare professionals were implemented in practice.

Care plans were clear, up to date and provided detailed guidance on how best to support residents with their assessed healthcare needs. These plans were person centred and reflected residents' preferences and individual requirements.

Staff supported residents to make informed decisions about their health and wellbeing and every effort was made to promote and encourage healthy lifestyle choices where possible. For example, during the inspection, one inspector observed the residents enjoying a home cooked meal which included homemade salads which were enjoyed by all residents. Staff members ate with residents and used subtle and thoughtful prompts to guide residents with appropriate portion control and servings. Residents were provided with appropriate information regarding their care, supporting their understanding and involvement in decision making.

Overall, the centre demonstrated a strong commitment to meeting residents healthcare needs in a consistent and person centred manner.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to achieve and maintain positive mental health and emotional well being. Staff demonstrated a clear understanding of residents behavioural support needs. Where behaviours of concern were identified, comprehensive and up to date behaviour support plans were in place. Plans clearly outlined proactive and reactive strategies to guide staff practice.

There was evidence that where restrictive practices where in use, were applied as a last resort and in line with national policy and best practice. Records reviewed demonstrated that all restrictive practices were appropriately recorded and subject to regular review. There was evidence of oversight and governance to ensure their ongoing necessity and proportionality.

Overall the centre demonstrated a proactive and rights based approach to the management of behaviours of concern, with a clear emphasis on supporting residents wellbeing safety and quality of life.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported by the provider and staff to express their opinions and make decisions about daily choices, goals and the running of the centre. Inspectors spoke to residents who told them about choices they made regarding daily activities and annual goals such as going on holiday abroad, attending educational classes and gaining unpaid employment. These choices were further reflected in reviewed daily logs, activity summaries, and management meetings minutes.

Furthermore, several residents attended the provider's National 'Voices group', where they were supported to attend self advocacy events in other parts of the country. The national advocacy service was also engaged to ensure residents' voices were heard in personal decision-making in areas such as finance management.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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

Compliance Plan for Camphill Community Ballybay OSV-0003603

Inspection ID: MON-0046354

Date of inspection: 23/04/2026

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

• On the day of inspection, six staff members did not have up-to-date Manual Handling training. All six staff members had commenced employment with the organisation within the previous three months and are working through a training schedule set out for them.

• Two Manual Handling training sessions were delivered on 12/05/2026 and 13/05/2026. As a result, five of the six staff members identified now hold a valid and up-to-date Manual Handling certificate.

• The remaining staff member is scheduled to attend the next available Manual Handling training session. In the interim, a risk-based control measure has been implemented whereby the staff member is supporting residents who do not have mobility support requirements and where no moving and handling equipment is required.

• The Ballybay community currently has an overall training compliance rate of 93.6%.

• To ensure ongoing oversight and compliance, the training matrix is reviewed at each monthly Community Management Meeting by the Area Service Manager and the Person in Charge (PIC). Any training gaps identified are discussed and action plans are put in place.

• A monthly training review meeting is held between the community management team and CCOI Training Department. Training compliance is reviewed, training needs are identified, and appropriate action plans are implemented to ensure staff training remains current and compliant.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2026