



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

Issued by the Chief Inspector

Name of designated centre:	Ballin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	17 February 2025
Centre ID:	OSV-0004853
Fieldwork ID:	MON-0037580

About the designated centre

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

Ballin Services provides residential support for up to 13 individuals of mixed gender who are over 18 years of age and who have an intellectual disability. Support can be provided to individuals with complex needs such as physical, medical, mental health, mobility and / or sensory needs and who may require assistance with communication. The centre comprises of two houses located on the outskirts of a large a rural town. All dwellings have good access to the facilities of the town. Residents at Ballin Services are supported by a staff team, which includes; nurses, social care leaders, social care workers and support workers. Staff are based in the centre when residents are present and there is a combination of sleep-in and waking staff in the centre at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Monday 17 February 2025	10:00hrs to 18:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and, to monitor compliance with the regulations. The inspection was facilitated by the person in charge. The inspector also met with two team leaders who worked in the centre and with the area manager who visited during the inspection.

The designated centre comprised of two houses located in residential areas on the outskirts of a large rural town. The inspector visited both houses and met with residents living there. At the time of inspection, there were six residents living in each house. The inspector met and spoke with all six residents in one of the houses and met and spoke with four residents in the other house. The inspector also reviewed 10 completed questionnaires which residents had completed outlining their views of what it is like to live in the centre.

In the first house visited, residents welcomed the inspector and all were happy to show the inspector around their accommodation. Five of the residents who were in the house on the morning of the inspection spoke about how they liked living in the house, were very happy living with one another and with staff working in the centre. They told the inspector how they enjoyed their independence and having choices around how they spent their days. Some told the inspector that they enjoyed attending day services a few days a week and in particular how they enjoyed the bingo sessions, completing art, computer skills, pottery classes and catering activities. They also spoke about how they enjoyed going on shopping trips, eating out, going for walks, meeting with family members on other days when not attending the day services. One resident spoke about how they enjoyed using public transport independently to go and visit family members. Others mentioned how they enjoyed spending time in the house, relaxing, knitting, doing word searches, watching television, using their ipad, and helping out with household tasks. Some residents spoke about how they had enjoyed short holiday breaks in hotels, and some had enjoyed a holiday to Majorca. All residents spoke about how they had enjoyed attending a gala ball before Christmas with staff and family members in a local hotel and were looking forward to an upcoming Valentines disco and the 'Operation Transformation' step challenge. On the day of inspection, four of the residents told the inspector how they had decided and agreed on a trip to Athlone to have a walk, have lunch out and do some shopping. There were two vehicles available to residents which they used to go on trips and attend activities. The inspector met with another resident during the afternoon. They advised that they were not happy living in the centre, felt lonely and wished to move to alternative accommodation in order to live with peers of a similar age group. The local management team were aware of this residents wishes and outlined how discussions had been taking place with the senior management team who were exploring ways of how this residents needs could be met.

This house is two-storey in design and was extensively refurbished in recent years.

Accommodation for five residents is provided on the ground floor in single bedrooms with an adequate number of suitably adapted bathroom facilities. A separate self contained apartment is located on the first floor for one resident. The house is spacious, bright, suitably furnished and decorated in a homely style to a high standard. There is a variety of communal day spaces provided for residents use. Residents spoken with told the inspector how they had been involved in choosing their preferred paint colours and soft furnishings. Each bedroom was personalised with photographs of family members, of residents enjoying recent events, achievement certificates and some with residents own artwork. Residents spoke about how they were proud of their bedrooms and liked to keep them clean and tidy. Each resident had access to a large en suite bathroom. Residents had easy access to a large sensory garden and courtyard which had been developed in consultation and with the support of residents. The house was found to be well-maintained and visibly clean throughout.

The inspector visited the second house during the afternoon of the inspection. This house provides accommodation to five full-time residents and to two people who avail of respite on one to two nights a week. The residents living in this house had generally higher and more complex support needs. They normally attended day services during the weekdays. The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. This house is single storey with accommodation provided for up to seven residents in single bedrooms with an adequate number of suitably adapted bathroom facilities. One of the bathrooms had a specialised Jacuzzi style bath. Some bedrooms had ensuite shower facilities, all were decorated to reflect individual preferences and assessed needs. There was a variety of communal day spaces provided for residents use. The house is spacious, suitably furnished and decorated in a homely manner. The house was generally found to be well maintained and visibly clean throughout. Recent improvements had included the fitting of new kitchen units and appliances. The person in charge advised that further repainting of some bedrooms and the replacement of flooring to a bedroom was planned. Overhead ceiling hoists were provided to all bedrooms and bathrooms to safely support residents with mobility issues. Specialised equipment including beds, mattresses and a variety of specialised individual chairs were provided. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced.

The inspector met and spoke with four residents when they returned to the centre from attending their respective day services. Residents were in good form as they smiled, chatted with and interacted with staff in a familiar way. Residents spoken with said they were happy living in the centre and had enjoyed attending their day service. Some spoke of having enjoyed playing and winning at bingo. Another stated how they had enjoyed doing artwork. One resident spoke about looking forward to going on a planned hotel break holiday to Donegal in the coming months. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Staff were observed providing reassurances to a resident who had concerns regarding getting a refund for equipment that they no longer could use.

There were stable staffing arrangements in place in both houses and staff were well

known to the residents. Staffing arrangements were flexible in order to meet the support needs and choices of residents. For example, in one of the houses, some staff were rostered to work in both the designated centre and in the day service. The person in charge outlined how this arrangement supported residents who might be unwell or choose to remain in the designated centre during the day-time. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents spoken with were complimentary of the staff supporting them.

Residents were involved and had choice in selecting their preferred food and meal options. Residents discussed and selected their preferred meal options at the weekly house meetings. There were colorful pictorial menu options so that residents could easily see and select their preferred options. Some residents assisted with grocery shopping and meal preparation. Residents were also supported to eat out or get takeaways. The inspector saw residents eating nutritious food that they clearly enjoyed. Staff were knowledgeable regarding the nutritional needs of residents including those who required modified and specialised diets including the recommendations of the dietitian and speech and language.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visitors to the centre, while others were supported to meet with family members outside of the centre. Some residents told the inspector how they enjoyed regularly meeting with family members, eating out and going on day trips with them. Other residents enjoyed overnight stays away with family members. Residents were also supported to stay in contact with family and friends through regular telephone calls.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as the complaints process, the human right charter, safeguarding information, staffing information, menu options and national policy on advocacy were made available to residents. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. Topics including advocacy services, human rights and the complaints process had been discussed with residents at recent house meetings. The designated officer had recently visited the residents in one of the houses to discuss their right to feel safe. Residents had access to information, television, radio, newspapers and the Internet. Some residents had their own mobile telephones and others their own iPads. Each resident had their own bedroom and the inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Staff interactions with residents throughout the day were dignified, staff were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Residents had access to advocacy services, and some residents were involved in local advocacy groups.

From conversations with residents and staff, observations made by the inspector, a

review of completed questionnaires and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and interests.

Overall, there was good compliance with the regulations reviewed on inspection, however, some improvements were required to staffing rosters to ensure they clearly outlined the hours worked by all staff in the centre and clearly identified the staff member in charge of each shift. Further improvements were also required to the emergency fire action plan to provide clarity around fire zones and fire compartments in one of the houses visited.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and to inform a decision following the provider's application to renew the registration of the centre.

The findings from this inspection indicated a well managed service. Issues identified at the previous inspection had been addressed. However, some improvements were required to records that were required to be maintained in relation to staff rosters and to providing further clarity to the emergency fire procedure for one of the houses in the centre.

There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was responsible for two other designated centres as well as having other managerial responsibilities in the organisation. The person in charge was supported in their role by a nurse manager who had been appointed as a team leader in each house, staff team and area manager. There were on-call management arrangements in place for out-of-hours.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. Staffing levels were flexible and kept under regular review. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for 9 February 2025 to 22 February 2025 indicated that a team of consistent staff was in place. Some improvements were required to the staff rosters in one of the houses to clearly set out the actual hours worked by each staff member and to clearly identify the staff member in charge of each shift.

Staff training records reviewed indicated that all staff had completed mandatory training and further training was scheduled. Additional training had also been

provided to staff to support them in their roles.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review for 2024 had been completed and included feedback from residents and their families indicating satisfaction with service. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews such as further planned renovation works to the premises and the identification of suitable alternative accommodation for one resident were in progress.

Regular reviews of identified risks, infection prevention and control, medicines management and errors, accidents and incidents, fire safety, staff training, personal outcomes, residents finances, complaints and restrictive practices were carried out regularly by the local management team. There were regular staff meeting taking place which were used as opportunities to discuss identified risks, share information and learning and to facilitate staff to have discussions or raise concerns about the service. Further staff training in order to better support a resident with mental health issues was planned and additional staffing on some days was being trialled as an outcome of concerns raised and discussions held at a recent staff meeting.

The local management team and staff had audit systems to regularly review areas such as health and safety, infection prevention and control and medication management. The audit systems also included a quarterly review of incidents and accidents, medication errors and complaints. The inspector reviewed a sample of completed audits. The results of recent audits indicated good compliance.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time. They were found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They were knowledgeable regarding their statutory responsibilities and showed a willingness to comply with the regulations. The person in charge had a regular presence in the centre and was well known to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. However, some improvements were required to the staff rosters in one of the houses to clearly set out the actual hours worked by each staff member and to clearly identify the staff member in charge of each shift. There was a nurse manager appointed as team leader in each house. While one of the team leaders worked shifts on the floor, they had been allocated 16 hours a week to their management operational role and the other team leader was supernumerary to staff working on the floor. There were consistent and stable staffing arrangements in place. There were no staff vacancies at the time of inspection. Staffing arrangements were flexible to meet the individual support needs of residents. For example, staffing arrangements allowed for residents who would normally attend day services remain at home if they were feeling unwell or if they choose not to attend on a given day. Additional staff had recently been rostered on two afternoons a week and on Saturdays in order to provide additional one to one support to some residents partake in additional activities of their choice.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, feeding eating and drinking guidance, administration of medications, epilepsy care and oxygen therapy. Further training was scheduled on diabetes care and training was planned to take place in relation to mental health and schizophrenia.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The compliance plan submitted following the previous inspection had

been addressed and the regulations reviewed on this inspection were found to be generally compliant. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with residents and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose recently submitted with the application to renew registration of the centre. It was found to contain the prescribed information as set out in Schedule 1 of the Regulations.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals. Questionnaires completed by residents, as well as, conversations with residents with the exception of one indicated that they liked living in the centre.

Staff spoken with were familiar with and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services. The inspector reviewed two residents files in detail and also reviewed sections of a further three files. There were a range of up-to-date assessments, as well as, care and support plans recorded. Support plans in place including those to guide the specific health care needs of residents were found to be comprehensive, informative, person centered and had been recently reviewed.

Personal plans had been developed in consultation with residents, family members and staff. Planning meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and there were regular reviews of progress throughout the year. This documentation was found to clearly

identify meaningful goals for residents, with a clear plan of action to support these residents to achieve their goals. The inspector noted that goals set out for 2024 had generally been achieved.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. The designated officer had recently visited residents in one house to discuss their right to feel safe. Residents spoken with and questionnaires reviewed indicated that they felt safe living in the centre. The person in charge advised that there were no safeguarding concerns at the time of inspection.

The houses were designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. They were comfortable, visibly clean, spacious, furnished and decorated in a homely style. The provider had continued to invest in the building with recent renovations to the kitchen of one house and ongoing refurbishments haven taken place.

The provider had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and medication management. Identified risks as well as the results of audits were discussed with staff at team meetings. The management and staff team continued to regularly review all restrictive practices and restrictions in use had been reduced. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency. All staff had been involved in completing fire drills and regular fire drills had continued to take place. However, the emergency fire action in one of the houses required updating to accurately reflect the number and location of identified fire zones in relation to the three identified fire compartments in the house.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in

place to facilitate this. Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. The centre was close to a range of amenities and facilities in the local area and nearby towns. There were several photographs showing residents clearly enjoying a wide range of activities during recent months. Residents spoken with confirmed that they continued to partake in a range of activities that they enjoyed and spoke of a looking forward to many upcoming events.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. Both houses were found to well maintained, visibly clean, furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided. There were service contracts in place for the regular servicing of all equipment to ensure safe working order.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated. The centre had an emergency plan in place and staff discussed how it had worked effectively during recent power outages as a result of storm Eowyn. They advised that there had been minimum impact on residents as a result of the recent power outages as they had used the centres generator to maintain both the electricity and heating.

All residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed indicated that all residents could be evacuated safely in the event of fire and no issues had been identified.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that residents could be evacuated safely in a timely manner. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency. Residents spoken with were able to describe what to do in the event of hearing the fire alarm. One resident spoke of how a new alarm sounder had been provided and that they could now clearly hear the fire alarm.

However, the documented emergency fire action plan in one of the houses required updating to accurately reflect the number and location of identified fire zones in relation to the three identified fire compartments in the house. The fire alarm panel identified four zones and the fire plan identified three fire compartments. The number and location of the fire zones as identified by the fire alarm panel did not clearly correspond with the three fire compartments in the building. This posed a risk and could lead to confusion and delays in locating the fire in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with, and knowledgeable regarding those residents with complex care and support needs. The inspector reviewed the files of two residents in detail and also reviewed sections of a further three files. There were assessments of need completed, individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed.

Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and their family representatives and regular reviews took place to track progress of identified goals. Files and photographs reviewed showed that residents had been supported to achieve their chosen goals during 2024 including boat trips, helicopter ride, afternoon tea with family member, hotel breaks and overseas holiday trip.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the psychologist, psychiatrist, physiotherapist, occupational therapist, speech and language therapist, dietitian, dentist, optician and chiropodist. Records reviewed showed that guidance from healthcare professionals was available to inform and guide staff in the designated centre. Staff had been provided with training for some specific health care needs, including, feeding eating and drinking guidance, epilepsy care, diabetes care and oxygen therapy. Residents were supported to avail of vaccine programmes and national health screening programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management, psychology and written plans were in place. All staff had received training in order to support residents manage their behaviour. The person in charge advised how additional training was being planned in consultation with the psychologist and psychiatrist to further guide staff in how to better support a resident with mental health issues.

The local management team promoted a restraint free environment and continued to regularly review restrictive practices in use. The person in charge outlined how a further reduction in some practices that impacted upon residents rights were no longer in use, for example, a resident was no longer restricted from accessing their own cigarettes. Issues identified at the previous inspection in relation to the documentation to support the use of bed rails had been addressed. There were two bed rails in use at the time of inspection. Risk assessments, a clear rationale for their use and input from the multidisciplinary team was evident. Restrictions in use had been approved by the organisations human rights committee.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The inspector was satisfied that a safeguarding incident recently reported to the Chief Inspector had been managed appropriately in line with the safeguarding policy. The person in charge advised that there were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of residents. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to avail of advocacy services. Topics relating to human rights were regularly discussed with residents at weekly house meetings and the designated officer had recently visited some residents and had discussed their right to feel safe. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. Residents continued to be supported to partake in activities that they enjoyed in the centre and in the local community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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 Ballin Services OSV-0004853

Inspection ID: MON-0037580

Date of inspection: 17/02/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Person in charge and Team leader reviewed the roster, changes made to reflect the actual hours worked by staff and identify the shift lead. Colour coded index added at end of roster now reflect shift lead. Completed 27/02/25	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Person in charge contacted fire monitor company to identify the location of the four zones on the floor plans. The emergency plan was updated to reflect the four zones with in the three compartments in the house. The updated plans are displayed throughout the house and beside the fire panel. Completed 02/02/25	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	27/02/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	03/03/2025