



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

Issued by the Chief Inspector

Name of designated centre:	Ballytobin Services Tus Nua
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	24 April 2025
Centre ID:	OSV-0007383
Fieldwork ID:	MON-0038149

About the designated centre

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

Comeragh Services Tus Nua consists of a bungalow located in a rural area. The designated centre provides a full-time residential service for a maximum of three male residents with intellectual disabilities, between the ages of 40 and 65. Each resident has their own bedroom and other facilities in the centre include a kitchen, a dining room, two sitting rooms, a staff office and bathroom facilities. Residents are supported by social care workers and care assistant staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 24 April 2025	09:00hrs to 16:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This announced inspection was completed over a one day period, following an application by the provider to renew the registration of this designated centre. Overall, the findings of this inspection were that this was a well managed centre where residents were in receipt of person-centered care in line with their individual assessed needs. Levels of compliance with regulations were good which resulted in positive outcomes for the residents. Improvement was required in the provider-level governance of submission of required documentation in relation to the registration process.

The designated centre is located in a rural area in Co. Kilkenny. The centre has capacity to accommodate three residents. On the day of inspection two residents were living in the centre. The inspector had the opportunity to meet with both residents across the day of inspection.

The inspector used observations, conversations with staff, interaction with residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. In addition, the inspector met with the Regional Service Manager who provided an overview of the changes that had occurred in the centre to increase the level of oversight and monitoring of care and support over the preceding six month period.

On arrival at the centre, the inspector was welcomed in by the Person in Charge and Regional Service Manager. As part of the inspection process, the inspector completed a walk around of the centre. The centre comprises a four bedroom, detached bungalow building surrounded by a well kept garden area. Both residents that lived in the centre had their own individual bedrooms. One bedroom was vacant at the time of inspection and the fourth bedroom was used for storage/activity room. Additionally, there was an open plan kitchen, living and dining room and a room allocated as an office. The residents had access to two bathrooms, one which contained an accessible shower and the other smaller bathroom which had access to a toilet and sink area. All parts of the home were very well maintained and decorated. The home was warm, inviting and homely in presentation. Some recent refurbishment works had been completed to the home. Outside there was a very well maintained garden, with accessible raised flower beds, seating areas, bird feeders, water feature and a recently planted memorial tree and plaque for a resident that had passed away in recent months. The majority of the garden could be viewed from the dining room table which meant that when the weather conditions were poor the residents could still enjoy viewing the garden from the comfort of their own home.

The inspector met the first resident when they came up in their wheelchair to the kitchen area to have their breakfast. The resident primarily used non-verbal modes of expression when communicating. They were very well presented and had a preferred item with them to ensure they were comfortable. They observed the

inspector and seemed happy to continue with their routine. The inspector observed the staff support the resident in a caring and kind manner while they had their breakfast. The staff explained that the resident had plans to complete a reflexology session in the home in the morning and later in the day were heading out to lunch and visiting a family member.

The second resident was enjoying a lie in on the day of inspection. They normally attended day service five days a week, but due to the Easter break it was closed on the day of inspection. The inspector heard the staff go to the resident's room and support them to get up and enjoy breakfast at their leisure. During this time, choices around what clothes to wear and what to eat for breakfast were given to the resident. The inspector met with the resident while they were watching their preferred television show in the sitting room. The appeared very relaxed and used some repetitive statements to communicate with the staff team and the inspector. The staff team were seen to reassure the resident at this time.

Overall, the residents were getting out and about on a frequent basis and also enjoying activities in house. The centre was equipped with a wheelchair accessible vehicle. From a review of resident notes and goals chosen as part of the residents' personal planning, residents enjoyed meals out, visits to local attractions and farms, visiting family and friends, walks, drives, visits to libraries and sensory rooms, music therapy and reflexology.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to inspectors on the day of the inspection. One survey had been completed by a family member and the other survey was filled out by a resident with the assistance of their key worker, the residents family member also was contacted to provide feedback on the survey and a comment had been added. The feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. Comments on the surveys included, "the staff are so good and kind", "I could not imagine a better place to live in", "the resident is the happiest they have been in many years".

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

Capacity and capability

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

The centre's management structure had recently been re-configured. This meant that the designated centre now came under a different management structure. Although some members of the management team were new to this designated centre they were a well established team under the provider's overarching management structure supports. Since commencing in the centre the management team had implemented a number of changes which were positively impacting the quality of care within the centre. Overall, the staff team expressed that the transition to the new management structure had been seamless and staff reported they felt well supported in their roles.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application for renewal of registration of the centre. The provider had failed to make the application in line with the required time frame. The provider is required to submit an application to renew the registration six months prior to the registration end date. They are informed of this process (in writing) and are provided with a date to when the registration to renewal must be submitted to the office of the Chief Inspector. Additionally a reminder (in writing) is also provided four weeks prior to the deadline. However, the provider had failed to submit their application to renew their registration by the required date.

Judgment: Not 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 living in the centre at the time of the inspection.

The skill-mix comprised the person in charge and care assistants. There were no vacancies on the day of inspection. There was an ongoing recruitment process for a relief panel. The management team stated that recently two staff members had been selected for these posts and the induction process would commence over the next few weeks. This would further strengthen the continuity of care available to residents.

The inspector reviewed the actual and planned rosters for a six week period across April and May 2025. The rosters were well maintained with staff hours and the staff full names represented on the roster. It was found that two staff were available to

the residents during the day and a waking staff rostered on each night. Although some agency staff use was evident on the roster this was kept to a minimum. For example, over a four week period one agency staff cover five shifts. This ensured continuity of staffing was available on a consistent basis.

The inspector observed that the staff present were very familiar with the needs of the residents. For example, one staff member was very familiar with a resident's communication method and assisted the inspector with interacting with the resident.

Judgment: Compliant

Regulation 16: Training and staff development

There was a a good level of compliance with mandatory and refresher training maintained in the centre. The inspector reviewed the training records for all staff and saw that all staff were up-to-date in training in key areas including safeguarding, hand hygiene and managing behaviour that is challenging.

Additionally, staff were up-to-date in trainings required by residents' specific needs. For example, all staff had received training in dysphagia and in caring for individuals with dementia.

Staff were in receipt of regular support and supervision through monthly staff meetings and individual staff supervisions. The inspector reviewed the records from the most recent individual supervision sessions for three staff. These were found to cover key areas relating to staff member's roles and responsibilities including, for example, staff training, residents' needs and completing relevant documentation. Overall, the records indicated that all staff felt well supported in their role. Staff on the day of inspection, also directly reported this to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the designated centre. The care assistants reported to the Person in Charge. The person in charge was supported in their role by the Service Manager and Regional Service Manager.

There was evidence of regular oversight both at the local and provider level, which included regular visits to the centre by the senior management team. In addition, the person in charge had protected supernumerary hours to allow them to fulfil their role effectively. The inspector saw in the most recent annual review dated

December 2024, that senior management had visited and audited areas of the service 16 times in this four month period.

The provider had in place a series of comprehensive audits both at local and provider level. For example, at local level, regular Infection Protection and Control (IPC) audits, person in charge audits and trending reports on accidents and incidents were completed. Action plans were implemented where risks were identified on these audits. For example, an IPC audit in March 2025 identified that more attention to detail was needed when the vehicle was being cleaned. An action plan and guidance had been put in place to ensure this was occurring

The provider had also completed regular six monthly audits of the quality and safety of care. The last two audits were completed in June and December 2024 and the inspector reviewed both documents. The inspector saw that all the actions as identified in the most recent six had been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

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

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents lived in a very comfortable home, were their needs were being very well met. Clear care plans were in place that guided staff to provide care in a person-centered manner and ensured that residents were afforded a good quality of life. There had been a focus on ensuring residents were engaged in a meaningful day over the last few months which was also having a very positive influence on the quality of care being delivered.

The inspector completed a walk around of all aspects of the premises. It was warm, clean and tastefully decorated. Refurbishment included the replacement of floors

and painting of all areas in the home which resulted in a bright and welcoming environment for the residents. Both residents had their own individual rooms. Although storage in the centre was limited, the provider and person in charge had put in systems to ensure that items were stored in an appropriate manner.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, medicine sign out sheets and ongoing oversight by the person in charge.

Good practices were in place in relation to risk, safeguarding and fire safety ensuring the service was promoting the residents' right to a safe environment at all times. Risk assessments were up- to-date, staff had good knowledge around safeguarding and fire safety measures.

Regulation 13: General welfare and development

As previously stated the provider had place an emphasis on residents getting out and about into their community to enjoy activities and events in line with their assessed needs and preferences. This had been an area that had required considerable focus due to the changing needs of some of the residents. Over the last few months, the provider had ensured that residents routines were regularised (in line with their assessed needs) to ensure that residents could enjoy activities in their home or out in the community.

Daily activities plans were in place, as well as personal planning goals. There were staffing resources and a vehicle available to ensure residents got opportunities to leave the centre and enjoy activities and community access.

All residents had personal outcome measures in place as part of the personal planning process. Then inspector reviewed the goals in place for both residents in 2025. Goals included, going on a railway trip, overnight stays in hotels, meals out in specific restaurants, and visits to local attractions and farms.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was in line with the centre statement of purpose. The house had been laid out to meet residents' needs. The premises was well maintained and had recently been painted. Although storage in some residents' bedrooms was limited additional storage of items was kept in spare room that

residents could easily access if needed. Due to residents' specific assessed needs this arrangement was deemed appropriate.

Internally the residents' bedrooms were personalised and decorated in line with their taste and preferences. The inspector observed photographs, televisions, and voice activated devices available for residents' use. All rooms were clean and very well presented.

There was sufficient communal spaces available for residents to enjoy and relax. The garden was very well presented and was utilised by both residents and their families when they came to visit.

Judgment: Compliant

Regulation 20: Information for residents

As part of the renewal of registration the provider submitted the residents' guide. This document was reviewed by the inspector. All required information, as set out in the regulation was in place. For example, the guide outlined the procedures on how to make complaints and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained the information as required by the Regulation. The provider and person in charge were, in this centre identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individuals needs and the need to promote their safety. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. For example, one resident had 10 individual risk assessments in place. All risk assessments had been recently updated and were in line with the residents' specific assessed needs. There were risk assessments in relation to medical needs, falls, feeding eating drinking and swallowing and behaviours of concern.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to ensure there was a range of precautions in place in the centre to protect residents from the risk of fire. The inspector saw fire containment measures in place such as fire doors with self-closing mechanism. Additionally fire equipment such as fire extinguishers and a fire blanket were in place and serviced on a regular basis. For example all fire extinguishers had been serviced in January 2025.

Residents had detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly. The inspector reviewed the two fire drills that occurred in 2025. One fire drill took place with the least amount of staff and maximum number of residents. Both fire drills demonstrated that all residents could be effectively evacuated. Fire drills also identified areas of improvement. For example, a drill that occurred in February 2025 identified that wires located underneath a bed hindered hoist access. This issue was rectified and ensured that this risk was no longer present. Overall good systems were in place to ensure the residents safety was considered at all times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of two residents' medicine administration records indicated that medicines were administered as prescribed.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

In addition, the inspector observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management. For example, an external professional had completed a medication audit in January 2025. All actions had been completed such as the addition of labels indicating when medicinal products were opened and the introduction of a blister based medication system around the use of prescribed as necessary medication

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' current and changing needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend medical appointments and to follow up appropriately. Records were maintained of residents' appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. The inspector reviewed all health related care plans and found them to be detailed and to guide staff practice. Where required plans were linked to risk assessments. For example, one resident was prescribed a specific medication which had potential specific side effects if not managed appropriately. The inspector reviewed the associated care plan and risk assessment in place for this and found that the information was detailed and guided staff in an appropriate manner.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy and standard operating procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

On the day of the inspection there were no safeguarding concerns open. However, due to the differing assessed needs of residents living in the centre the provider had developed a protection plan for one resident to ensure they were safeguarded at all times. This was effective and residents were safe on the day of inspection

Following a review of two residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the rights of residents were being respected and promoted in the centre. Residents' personal plans, and their goals were reflective of their likes, dislikes, wishes and preferences.

Residents themselves were observed making choices and the staff were observed respecting their wishes and listening to what residents had to say. The residents' wishes were central to the day-to-day running of the centre and in how they spent their time and who they spent time with. The residents' daily and weekly planners and schedules had recently been reviewed to ensure they had access to meaningful days, activities and spent time with relatives and friends.

Care practices on the day of inspection were carried out ensuring residents' right to privacy and dignity was respected at all times. Written guidance was also in place to ensure staff were appropriately guided.

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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballytobin Services Tus Nua OSV-0007383

Inspection ID: MON-0038149

Date of inspection: 24/04/2025

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none">• The registered provider will ensure all documentation going forward is submitted in line with the required timeframe.	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	30/04/2025