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:	Ballynakelly
Name of provider:	Cheeverstown House CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	07 July 2026
Centre ID:	OSV-0008691
Fieldwork ID:	MON-0042320

About the designated centre

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

Ballynakelly is a designated centre registered to provide community-based residential care and support service on a full-time basis for up to three adults with an intellectual disability, mental health diagnosis or other assessed health and social care needs. This centre is a detached bungalow in a suburban residential area in Co. Dublin, in which each resident has a single bedroom and shared use of a communal living room, kitchen and dining room, garden spaces, accessible bathroom facilities and accessible vehicle. The support team consists of social care workers, with nursing and clinical support available as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 July 2026	10:20hrs to 18:30hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This announced inspection was carried out following an application by the provider to renew the registration of this centre. The centre could accommodate three residents, and there were no vacancies on the day of inspection.

From speaking with the person in charge and staff, reviewing documentation, and observing residents being supported, it was clear that residents were living the life they preferred, and were provided with good quality of care and support.

The person in charge facilitated the inspection, and they had worked in the centre for a number of years. On arrival, the inspector briefly met residents, as they were going out on a planned trip for the morning. Residents went out most days and liked to get their dinner in preferred restaurants. Residents also liked to go shopping, go on walks in various parks and sensory gardens in the vicinity, and one resident liked to visit horses in a stable. A staff member explained one resident loved football matches, and had a season ticket for a Dublin club, and went to all the home matches.

Staff supported residents to plan events and holidays for the year and two residents had gone on holidays to Dingle last year during a seafood festival. The sensory needs of residents were considered and integrated into social plans, for example, ensuring a resident had access to their iPad, headphones and preferred music when going out and about and during mealtimes. This was observed to be provided and was part of the support plan to help the resident manage their emotions.

As mentioned, residents preferred to have their main meal when they were out and about during the day, and in the evening they were provided with a lighter meal. The inspector observed an easy-to-read picture menu was on display, and the meals provided were nutritious. The person in charge explained these meals were planned with residents around their known preferences, and a good variety of choice was provided.

While the inspector was not familiar with the communication preferences of residents, they did observe that staff interacted with residents in a kind, respectful way, and were cognisant of the need to use clear and simple phrases. They also ensured that they were engaged with residents at all times, supporting residents transitioning from the centre to the bus in the morning, or chatting with residents later in the day in the garden. It was evident from speaking with the person in charge and a staff member that they knew residents very well and described a number of supports and safety measures in place to ensure residents needs were met.

The inspector reviewed three resident questionnaires completed by family members on behalf of their loved ones living in the centre. Overall positive feedback was

received. For example, families indicated residents liked living in the centre, the people in their home were kind, that they felt safe, and they got to choose what they wanted to do everyday. This inspection found similar outcomes, and residents appeared very content living in the centre, their safety and wellbeing was prioritised, and the centre was organised around the day-to-day choices residents made.

The next two sections of the report outline the governance and management arrangements and how these arrangements impacted positively on the quality and safety of care and support residents received in the centre.

Capacity and capability

The provider had the resources and systems in place to ensure the service provided to residents was safe, appropriate and was monitored on an ongoing basis. The provider had implemented all of the actions in their compliance plan since the last inspection.

There were sufficient resources in the centre to meet the needs of residents, and this included a well-established knowledgeable team. The team was led by an experienced person in charge, who also knew the residents well, and ensured that they implemented arrangements in line with their regulatory responsibilities.

The centre was monitored on an ongoing basis, and improvements implemented where necessary. The staff team met every two weeks, and this promoted good communication within the team, for example following adverse incidents, or where changes in residents' supports were required.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre to accommodate three residents was received by the Chief Inspector of Social Services (Chief Inspector)

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff numbers in the centre, and staff had the skills and knowledge to safely and effectively meet the needs of residents.

On the day of inspection there were no staff vacancies. The centre was staffed by the person in charge and support workers. There were two to three staff on duty during the day, and one staff at night time. The inspector reviewed a sample of rosters over a three month period and consistent staff were provided. In the main where vacancies arose due to planned or unplanned absences these were filled by permanent staff.

The inspector reviewed the working hours of staff since the last inspection, and while some staff were consistently doing overtime, they were maintaining these hours within the Working Time Act. There was limited use of agency staff, for example, in the sample of rosters reviewed only one shift was assigned to an agency staff. Planned and actual rosters were available and were appropriately maintained.

The staffing arrangements meant that residents were receiving continuity of care and support. The inspector met with a staff member and it was evident that they knew residents well and described some of the supports and interventions in place for residents. It was also evident from observations that staff were providing social and sensory support in line with residents needs and preferences.

The inspector reviewed three staff files, and all the requirements as per schedule 2 of the regulations were available. This meant that the provider had effective recruitment and vetting procedures in place.

Judgment: Compliant

Regulation 22: Insurance

The provider had up-to-date insurance and a copy of the insurance was submitted to the Chief Inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service was safe, appropriate to residents' needs and was monitored on an ongoing basis. High levels of compliance were found on inspection reflecting a service that delivered a consistent and person-centred model of support, and as a result residents were safe and well-cared for in this centre.

Suitable resources were provided in the centre and including a well-maintained premises, sufficient staffing, transport for residents' use, and a household budget to

cover shopping and social events. The person in charge confirmed that sufficient funds were made available in the household budget.

There was a clearly defined management structure and staff reported to the person in charge. The person in charge reported to the area manager who reported to the Director of Operations and Service Development and onwards to the Chief Executive Officer. The service was governed by a board of directors.

The person in charge was responsible for this centre and had recently been appointed to manage an additional centre. However, the person in charge outlined this was a temporary arrangement and a new person in charge was in the process of being recruited for this centre and was anticipated to commence in post in the coming weeks.

Regular staff meetings continued to take place and were completed every second week. The inspector reviewed a sample of minutes of three meetings since the last inspection and where staff could not attend a meeting, the person in charge had ensured all staff read and signed the minutes of these meetings. Since the last inspection, staff meetings had included the development of identified actions in order to address any issues or developments. Staff meetings did include reviewing each individual residents' needs and supports, adverse incidents and learning from these, and a staff member told the inspector they can raise concerns with the person in charge about the care and support of residents and the person in charge will follow up on any concerns.

The centre was monitored on an ongoing basis, and the person in charge completed audits of medicine management , residents finances, personal planning and a practical audit of staff hand hygiene practice. An annual review of the quality and safety of care and support was completed for 2025, and since the last inspection actions had been added to this review, and were either complete or had commenced and were within timelines for completion.

The six-monthly unannounced visit had been completed in January 2026, and since the last inspection, the report and actions required, were made available to the person in charge at the end of April 2026. While there was a significant gap between the dates of the visit and subsequent review with the person in charge, actions were either complete or in progress on the day of inspection. For example, the audit schedule had been updated and included staff supervisions and performance development meetings, and an external contractor was due to visit the centre the following week to review the flooring in a bedroom and in the hall. The actions arising from audits and reviews were recorded and tracked on the centre quality improvement plan (QIP) and the inspector saw most of the actions in the QIP were complete, with eleven remaining actions not due for completion yet.

The management system were ensuring the service was safe and effective, and appropriate arrangements were in place for the management of risk and adverse incidents, medicine management, assessment of need and personal planning, and for the protection of residents. These are discussed in the report in individual regulations in the Quality and Safety section.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that did contain most of the required information. However, some minor amendments were required including the arrangements for dealing with review of the residents' personal plans, and the documented whole-time equivalent of the person in charge. The statement of purpose was updated by the end of the inspection with the required amendments.

Judgment: Compliant

Quality and safety

Overall residents were provided with a good standard of care and support, delivered through a person-centre model of support, by a team who knew the residents well.

Residents' needs had been assessed, and a range of healthcare professionals had reviewed residents' needs, and healthcare plans were developed and implemented based on professional recommendations. Suitable arrangements were in place to meet the needs of residents and the premises was well-maintained and comfortable for residents.

Safe and suitable arrangements were in place to manage risk and adverse incidents in the centre, as well as medicine management and the protection of residents. Residents kept control of their own possessions and were supported appropriately to manage their finances. Appropriate safeguards were in place relating to residents finances.

Regulation 12: Personal possessions

Each resident retained control over their own possessions and staff helped them manage their finances.

Residents had plenty of room for storage of their personal possessions, and their clothes. There were suitable laundry facilities, and staff helped residents to take care of their clothes. Residents kept their money in their own locked presses.

Residents had their own bank accounts, and staff helped them to withdraw money when they needed, as well as keep account of their incoming and outgoing finances. Residents also had accounts managed by the provider.

The inspector reviewed records of three residents' finances. Financial transactions were recorded in individual residents' ledgers, and receipts were available for purchases made by or on behalf of residents. Bank cards were checked daily by two staff, and a weekly finance check was completed by staff. Bank statements were also received every quarter and audited against records in ledgers to ensure accuracy. The provider's finance department also audited receipts and ledgers.

The inspector noted that each resident had an account with the provider, and a statement had been provided of their balances in 2024. Since that time there was evidently no records provided to residents to confirm the balance of these accounts. This was discussed with the person in charge, and further assurances were provided by the person participating in management on the day following the inspection. This included that all residents in the centre had since been provided with a statement of all transactions since 2019 and their current balance, and residents could access their account with the support of staff and managers on weekdays.

Judgment: Compliant

Regulation 17: Premises

The premises was spacious and well-maintained and was suitable for its intended purpose to accommodate three residents.

The centre comprised a single-storey premises, with three bedrooms. The inspector was shown around the premises by the person in charge. The inspector observed the centre was spacious, bright, and homely, and was clean and well-maintained throughout.

Each resident had their own bedroom, and these were decorated in the way residents preferred. For example, residents had pictures of family and of their favourite team, had sensory lighting, and had photos of their dreams and wishes on display. Each bedroom had walk-in wardrobes, and there was plenty of storage for residents' personal belongings.

Two large bathrooms were provided for residents' use, and these were equipped with assistive equipment, for example, handrails, a shower chair, and a changing plinth. Residents also had been assessed for and provided with self-propelling and power-assisted wheelchairs where required.

There was a large sitting room, with plenty of comfortable seating for residents' use. The kitchen dining room was equipped with suitable cooking and food storage facilities and had a large dining table where residents could have their meals together. Adjoining the kitchen was a small office. The inspector observed residents'

files were kept on open shelving. This meant that residents' personal information was not secure. This was discussed with the person in charge, and assurances were provided the day following the inspection, that a locked cabinet would be provided to store these files.

Suitable arrangements were in place to launder residents' clothes, and for the disposal of general and clinical waste.

There was a large garden to the rear of the centre, and residents were observed to spend some time in the evening on the patio. The garden was very well-maintained and was fully accessible for residents. The person in charge indicated residents had been supported to do some planting and with the support of staff had a range of plants growing in the garden. Parking was provided at the front of the centre.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents guide available that contained all of the required information including for example, a summary of the services and facilities, the terms and conditions related to residency, and how to access any inspection reports. The residents guide had been submitted to the Chief Inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risks in the centre, and for the response to adverse incidents.

There was an up-to-date risk management policy available, and the policy included the measures and actions to control the risks of the unexpected absence of a resident, accidental injury to a resident, visitor or staff, aggression and violence, and of self-harm.

Risks had been assessed and risk management plans clearly outlined the control measures to mitigate the risk of harm. Control measures were implemented, for example, ensuring a resident had their preferred music playing during mealtimes, administering treatment for the prevention of infection, and ensuring close supervision for a resident at risk of falls.

While fire safety was not specifically reviewed as part of this inspection, the inspector observed suitable fire detection and fire-fighting equipment was provided.

There were fire doors throughout the centre, and all final exits routes were observed to be clear on the day of inspection.

Similarly, there were suitable infection prevention and control measures in place. For example, the centre was observed to be clean throughout, a range of personal protective equipment was available, food preparation and storage areas were observed to be clean with colour-coded chipping boards provided, and there were suitable arrangements in place for the disposal of clinical and general waste.

The inspector reviewed incidents records since the last inspection, and incidents had been recorded and investigated. The person in charge reviewed all incident records as they occurred and had followed up where needed. Where further clinical examinations were required, these were completed. The person in charge had also introduced behavioural incident records and this had meant improved tracking of minor injuries to observed incidents. Adverse incidents and any learning were discussed with the staff at fortnightly staff meetings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable and safe procedures were in place for the medicines management including ordering, receipt, prescribing, storage, disposal and administration of medicines.

The inspector reviewed medicines management arrangements with the person in charge. Residents accessed the services of a local pharmacy and were supported by staff to collect their supply of medicines. The pharmacist had also completed three monthly reviews of residents' medicines including records.

Stock records of all medicines received into the centre were completed by staff, and a further stock take was completed before medicines were recorded from the pharmacy.

Most medicines were supplied in a monitored dosage system, and the inspector observed medicines in liquid format had an opening date recorded on the label. Medicines were stored in individual locked presses in residents' room, and medicines requiring refrigeration were stored in a locked medicine fridge. Keys for medicines presses and the fridge were securely stored. Each individual medicine press was observed to be clean and well-organised, and a guide was displayed in these presses of how residents preferred to take their medicines.

The inspector reviewed prescription and administration records for the three residents and all records were complete. Prescription records included the name of the medicines along with the date of prescription, dose, route, times and frequency of administration, and all medicines were signed by the prescriber. A review of administration records for a month period demonstrated medicines had been administered as prescribed to each resident. PRN (as needed) medicines prescription

records clearly stated the circumstances for administration and the maximum dose in 24 hours was stated.

Suitable arrangements were in place for disposal of unused or out of date medicines, and these were returned to the dispensing pharmacy and records were maintained.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare was met by comprehensive assessment of and planning for their needs, and by providing healthcare interventions in line with recommendations.

Residents' healthcare needs had been assessed by their general practitioner (GP) and by a range of allied health care professionals and hospital consultants as required. Assessment of need documents contained up-to-date information, and healthcare plans were developed for each identified need. Plans were detailed and guided the practice in the provision of care, and the inspector found plans were implemented. For example, meals were provided in line with dietary recommendations, monitoring interventions were completed, and residents were supported to attend scheduled appointments. Residents had been reviewed by for example, a physiotherapist, speech and language therapist, a dentist, and an occupational therapist.

To support a resident's preference not to attend hospital for a healthcare procedure, training had been provided to a number of nurses in the service, and this enabled the resident to receive this treatment in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre and arrangements were in place to report and investigate safeguarding concerns should they arise.

There was an up-to-date centre policy and procedures on safeguarding. The Chief Inspector had been notified of a recent safeguarding incident in the centre since the last inspection, and the inspector followed-up on the outcome of this incident. An interim safeguarding plan was developed, and a preliminary screen had been completed. Following the outcome of the preliminary screening, the incident was due to be reported to the safeguarding and protection team. This was in line with

the timelines set out in the provider's policy. In the meantime, the risk to residents had been mitigated. The inspector spoke to a staff member who told the inspector they had been provided with training in the protection of adults and described the actions they would take if a safeguarding incident occurred in the centre. As mentioned, there were safe and suitable arrangements in place to protect residents' finances.
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 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant