



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

Issued by the Chief Inspector

Name of designated centre:	Ballybranagh
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 June 2026
Centre ID:	OSV-0008984
Fieldwork ID:	MON-0046870

About the designated centre

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

Ballybranagh provides a respite service for up to a maximum of five adults at a time. Both male and female residents with intellectual disabilities, autism spectrum and acquired brain injuries can be supported in the designated centre. Individuals who also present with mental health difficulties and behaviours which challenge may also be supported. The objective of the service is to promote independence and to maximise quality of life through interventions and supports in line with the provider's model of person centred care and support. The designated centre is designed to provide a home like environment that promotes dignity, respect, kindness and engagement for each resident. The staff team provide on going supports by day and waking staff are present at night time.

The house is a two storey building located in a rural area which is surrounded on all sides by large garden areas and parking facilities. There are security gates at the entrance to the property. On the ground floor there is a large kitchen-dining area, pantry and laundry areas. There is a large sitting room and two wheelchair accessible bedrooms, one of which is en-suite. There is an accessible wet room and additional storage spaces also on the ground floor. On the first floor there are three bedrooms, one of which is en-suite. There is also another bathroom staff office and additional storage rooms located on this floor.

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 11 June 2026	09:25hrs to 14:35hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed in the designated centre Ballybranagh. This designated centre was registered to provide respite services on a planned and emergency basis to a total of five adult residents. On the day of the inspection, two individuals were attending the centre for respite.

Overall, residents were provided with a good level of care and support in Ballybranagh. There was evidence of effective oversight of the centre to ensure the safety of residents. Although some minor improvements were required in relation to medicines management, this did not have a significant impact on the resident attending the centre for respite.

The inspector met with both of the residents attending the centre on the inspection day. One of the residents attended the centre for respite regularly, whilst the other resident was staying in the respite house until they transitioned to a residential service nearer their home. Both residents were observed relaxing in the kitchen with three staff on duty providing support to residents. One resident was eating their breakfast while one resident asked staff if they could make them a hot breakfast to take with them to have on the go. This resident was planning to get the train into the city to go shopping and have lunch. Staff supported this request and provided the resident with their hot breakfast and some napkins to have later.

Residents were both planning to go shopping on the inspection day. However, residents were being supported to go separately with staff support. One resident was supported with a one-to-one staffing ratio, while the other resident was supported by two staff. One resident spoke with the inspector about the shops they wanted to go to, and the restaurant where they planned to have their lunch. The resident was supported to get their purse so that they could buy items and lunch while out.

Staff spoken with noted that a meeting was completed with residents on each admission to the centre for respite. At this meeting, residents made meal choices and decided what activities and goals they would like to complete during their respite stay. Staff noted one resident was learning independent living skills such as cooking and baking. The resident told the inspector that they were planning to make burritos for dinner when they returned from shopping.

The inspector sat with residents as they got ready to go shopping. They also met and spoke with staff members and the person in charge. It was evident that residents knew the staff working with them in Ballybranagh. At all times, residents were observed to be comfortable as they interacted with staff and each other. One resident told the inspector that they enjoyed coming to the centre for respite and were observed smiling as they did so. The second resident did not tell the inspector

their view on what it was like to stay in Ballybranagh, however they did tell the inspector about visits to the cinema and eating out in local restaurants.

In summary, residents appeared to enjoy their time in Ballybranagh. At all times, support was provided by staff in a kind, caring and compassionate manner. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The findings of this inspection found that residents received a good quality service when they visited Ballybranagh. The designated centre's statement of purpose outlined that Ballybranagh is a respite service for five adults with an intellectual disability, autism and/or an acquired brain injury. It also stated that residents may also have mental health difficulties and behaviours that challenge. It was evident that residents attending the centre were supported to meet these needs.

There was a clear governance and management structure in the designated centre. A person in charge had been appointed in the centre. They held the role for a total of two designated centres. Staff providing direct supports to residents reported to the social care team leaders and the person in charge. There was a clear reporting and governance structure from the person in charge to the organisation's chief executive officer.

Quarterly staff meetings had been completed with staff and management in Ballybranagh. Discussions included the assessed needs of residents to ensure staff were informed of any updates relating to residents' care and support plans. Staff spoken with felt well supported in their role, and management was complimentary of the staff team. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 22: Insurance

The registered provider had ensured that there was a valid contract of insurance in place. This contract provided insurance for any injury to residents whilst being supported in Ballybranagh.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured there was effective oversight and monitoring systems in place.

Auditing was carried out by the person in charge, senior management and the staff team to ensure effective oversight and monitoring in the designated centre. A schedule of audits outlined the areas for review each month which included;

- Complaints audit
- Fire safety audit
- Food and nutrition audit
- Healthcare audit
- Medicines management
- Safeguarding.

An annual review of the quality of care and support provided to residents had been completed in June 2026. In addition, an unannounced six monthly visit had been completed in May 2026 and September 2025. These reviews were comprehensive in nature, and included areas for quality improvement in the centre with a clear timeline for actions to be addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been developed for residents who attended Ballybranagh for respite. This was reviewed as part of the inspection and it was noted that it outlined the specific care and support needs of residents who accessed this service. It was also evident that it had been reviewed in January 2026 to ensure the information outlined in the statement of purpose was accurate.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had ensured that the Chief Inspector had been provided with notice in writing within three days of adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre's incident report records from 10 June 2026 to 22 December 2025. This review noted that the incidents recorded had been notified as required.

Judgment: Compliant

Quality and safety

Overall, the wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evident that residents received person-centred supports when spending time in Ballybranagh. Improvements were required in relation to one resident's medicines prescription to ensure the time of administration was as prescribed by their general practitioner (GP).

One resident was being supported to transition to a long-term residential placement at the time of this inspection. Staff noted that they met with the staff in the resident's proposed new home regularly so that the resident can get to know them. Management noted that this transition was being completed at the resident's pace, in line with their assessed needs.

Short-term goals were developed with residents on each of their visits to Ballybranagh. Goals included cooking, beach walks, picnics and trips to the zoo. Photographs of the residents participating in these goals were also observed by the inspector with residents observed smiling with staff as they supported them to complete these goals. A resident who was staying in the centre until they moved to their new home had been supported to develop a photo-book of the time they spent in Ballybranagh. Staff noted that they felt it was important for the resident to have memories of their time in the centre and the friends they made whilst there. Photos included trips to Dingle aquarium, Blarney castle and restaurants.

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transition between the respite service and residential services. Several residents had transitioned from respite in Ballybranagh to residential care in other designated centres operated by the registered provider. The inspector reviewed the transition plan developed for one of these residents. This plan outlined the actions taken and support required to transition the resident to their new home. A review was also completed after the resident had been discharged from respite services outlining the positive outcomes in their new living environment. It was also noted that staff members had transitioned with the resident to ensure consistency of staffing was provided as they moved.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risks in the centre. The inspector reviewed the risk assessments for three risks outlined in a resident's care and support plan. It was evident that these assessments outlined the controls in place to mitigate the risk to residents and staff. For example, it outlined the staffing ratios observed on the inspection day, and the use of residents' prescribed medicines.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required to ensure there were appropriate practices in place in relation to the prescribing and administration of residents' medicines. The inspector reviewed two residents' medicines prescription records outlining their prescribed medicines. It was noted that a medicine for one resident was prescribed twice daily, however the time for administration was only documented for one dose of this medicine. Staff had been administering this medicine twice daily, however it was not evident if the second dose was being administered at an appropriate time as this was not outlined in their medicines prescription record. This required review.

Residents' medicines were stored in a locked cupboard in the centre's medicines room. Residents' support plans also outlined residents' preferences for how they would like to take their prescribed medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two of the 12 residents who regularly accessed Ballybranagh for respite. Assessments were completed prior to residents' admission to the centre, and support plans were developed to outline their care and support needs. This included the health, personal and social care needs of the residents. Goals were also developed of activities they residents would like to participate in, and skills to learn while in Ballybranagh for respite. It was evident that this was completed in a person-centred manner for each individual resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

An audit of behaviour support provided to residents had been completed in May 2026. This audit identified areas for improvement such as putting place risk assessments relating to the behaviour support needs of one resident. Following a review by the inspector, it was identified that these risks assessments had been put in place to provide effective guidance for staff on the behaviour support needs of the residents.

The inspector reviewed the guidance for staff to support a resident to manage behaviour that is challenging. This provided clear guidance on the supports required both proactively and reactively. It was also noted that when the resident began to display behaviours indicating they were getting overwhelmed, staff supported the inspector to move to another area of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Ballybranagh OSV-0008984

Inspection ID: MON-0046870

Date of inspection: 12/06/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Medication documentation Error with identified through the inspection, the PIC linked with the relevant GP and the Kardex was rectified on the date of the inspection, 11th June 2026.</p> <p>Medication Error incident form completed to ensure appropriate review and Learning.</p> <p>PIC had debrief with team leaders following inspection, regarding error identified, to ensure that Kardex's are checked on admission and any discrepancies to be reported to PIC, on-call manager as applicable, 12th June 2026</p> <p>Medicine protocol prior to attending respite discussed at the team meeting, discussion with team regarding being vigilant to documentation and following medication administration procedure as per training. 29th June 2026</p> <p>There is a community nurse in place who offers support for staff Monday to Friday 9-5pm. Community nurse completes audits for the centres. As an action from this incident the Community Nurse attended the RN's Medicine Management & Auditing Information Session on the 16/07/2026.</p>	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	17/07/2026