

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

Issued by the Chief Inspector

Name of designated centre:	Ballygunner Village
Name of provider:	Orchard Community Care Limited
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	27 March 2026
Centre ID:	OSV-0009066
Fieldwork ID:	MON-0049692

About the designated centre

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

Ballygunner Village is a residential care facility for up to 3 residents at a time who present with intellectual disability and /or autism. The residents may also have co-morbidities such as mental health needs. The centre is also designed to meet the needs of any individual who requires support with their mobility and is wheelchair accessible. The designated centre comprises of two houses Ballygunner Village and Lower Grange. Both premises have individual resident bedrooms, along with kitchen, dining and living areas. Ballygunner Village provides 24-hour care 7 days a week to adults over the age of 18. Ballygunner Village works off the model of Social Care. Residents will be supported through a number of multi-disciplinary inputs including both Orchard staff and Community based support. Residents at Ballygunner Village can avail of a range of social activities, hobbies, and leisure interests on and off site. These are coordinated by the Manager/ keyworker and supported by the Care team working at Ballygunner Village. As well as good access to public transport, there will be individual cars available for transport to all external activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Friday 27 March 2026	09:45hrs to 17:30hrs	Sinead Whitely	Lead
Friday 27 March 2026	09:45hrs to 17:30hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

This inspection was short-term announced and completed by two inspectors over the course of one day. The purpose was to review actions from the centre's most previous inspections in October 2025 and January 2026. These inspections had identified high risk findings in areas such as risk management, safeguarding, governance and management, premises and resident's assessments of need and personal planning. Overall, while improvements were noted on this inspection, improvements were still required to ensure the safety and well-being of the residents living there.

The designated centre comprises two separate houses located a short distance from each other in Waterford. There was one resident living in each house and the inspectors had the opportunity to visit both houses and meet with both residents throughout the course of the day. There was one vacancy in the designated centre.

Inspectors visited the first house and were greeted by staff team member at the door. There was one resident in the home and they also greeted the inspectors and communicated that they were "good" when asked. The inspectors chatted with the resident and staff and the resident communicated that they were heading out to visit family later in the day. The resident and staff discussed a sports match from the previous evening with the inspectors and it was noted that the sitting room had been decorated to support a team in this match.

One inspector completed a walk around the first home at the beginning of the day and this was facilitated by the service Director of quality who was present for the full day of the inspection. Overall this home was maintained in a good state of repair and presented as warm and clean. The house was surrounded by a garden which contained soccer goals and a basketball net and staff noted that the resident liked to use these from time to time. There were jigsaws throughout the home which the resident appeared to enjoy doing and some of these had been completed and framed. A resident had recently been discharged from this house and some of their packed belongings were noted still in the vacant bedroom.

One inspector visited the second home of the centre. The inspector parked to the side of this home and used the back entrance of the premises. This was due to identified risks. The premises was a large bungalow and was occupied by one resident. This home was clean and well maintained and provided suitable space for the resident. The resident met with the inspector and spoke briefly with the inspector in a humorous manner. The staff interacted with the resident in a respectful manner and were heard to interact in a playful manner with the resident later in the day. The resident was heard to enjoy this interaction. The resident went for a spin in the centre's car and recently had expanded their activities having previously spent all their time in their home. The staff team talked about how the activities were being prepared and planned for and reported that the activities of

taking walks in parks for example were going well. The management team in the centre discussed improvements that were planned for the resident such as the installation of a bath, a patio area and increased outdoor space for the resident.

There was a regular core staff team supporting residents and this was important due to the residents' assessed needs and identified risks. Staff spoken with on the day of inspection appeared familiar with the residents and their individual needs. Residents both received individualised wraparound supports for daily activation and had individual goals that they were working towards. Following a review of the residents' documentation, inspectors found that improvements were required to ensure that activation support plans and schedules were always reflective of support requirements in this area as discussed further under Regulation 5.

The inspectors met with one resident again in the afternoon as they returned from their family visit. They appeared in good form and communicated that they had a nice day when asked by the inspector. They had a takeaway for their lunch and had bought some new jigsaws and appeared very happy with this. At the close of the inspection day, they were working on a complex jigsaw with staff. There was a relaxed and comfortable atmosphere and the resident appeared happy and at ease in their home.

The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre, and how these arrangements impacted on the quality and safety of care for the residents.

Capacity and capability

The purpose of the inspection was to follow up on progress or regress of actions identified during two previous inspections in October 2025 and January 2026. The centre was experiencing a period of regulatory escalation during this time and a number of high risk issues had been found during these inspections.

The centre's registered overall number of residents had been reduced from three residents to two residents since the previous inspections and inspectors noted a decrease in the incidence of adverse events. Inspectors also found some improvements had occurred in areas such as medication management and risk management. Inspection findings indicated that while audits and reviews had happened since the centre's previous inspection, inspectors were still not assured that monitoring systems were providing adequate oversight of the quality and safety of the residents' care. Improvements continue to be required in areas such as personal planning and financial safeguarding and these were not being self-identified by the provider and the quality of some audits being completed were found to be tick-box in nature.

Regulation 23: Governance and management

The person in charge was due to finish working in the centre in the week following the inspection and they were not present on the day of inspection. The centre was actively recruiting for a new person in charge. The service Director of Quality facilitated the inspection day and they were found to be knowledgeable regarding the residents' needs and were responsive to the inspection process. There was a regular management presence in the centre. The service Director of Quality has based themselves in the centre daily during the recent period of escalation and while working on the previously identified areas of non-compliance. Both houses had team leaders in place and they were regularly present in the centre and worked with the residents. Staff supervision was taking place regularly and team meetings were occurring in the centre, with items such as the medications, daily notes and community goals being discussed.

The inspectors reviewed the management oversight and quality improvement systems in place. Some actions following the centre's previous inspections were still in progress and some of the actions could not be fully completed due to one resident self-discharging from the centre. Six monthly unannounced provider audits had been completed since the previous inspection in January 2026. This fed into an overall quality improvement plan, which directed work on the actions previously identified on inspection such as risk management and governance actions. Overall, inspectors found that the auditing systems throughout the centre were inconsistent. Some audit tools recorded information and provided actions to work on such as, the person in charge audit. Some audits still used in the centre were tick-box in nature and did not provide suitable information on the corrective actions to be undertaken following the audit. This had been noted during the centre's most previous inspection. Improvements continued to be required in areas such as personal planning and financial safeguarding and these were not always being self-identified by the provider. A member of the management team spoke about a new system which was currently being implemented in the centre which they stated would improve this.

Overall inspection findings found that while improvements were noted since the centre's previous inspections, further actions continued to be required in areas such as resident's discharge processes, personal planning, and financial safeguarding to ensure that the service provided was always safe and appropriate to the residents' assessed needs.

Judgment: Substantially compliant

Quality and safety

The inspectors reviewed a number of areas to determine the quality and safety of the service being provided in the designated centre. This included visiting both premises, meeting with both residents, speaking with staff and management and reviewing documentation such as personal plans, daily notes, incident reports, risk management documentation, resident discharge processes, financial records and safeguarding plans.

One resident had self-discharged from the service since the previous inspection. Inspectors found that improvements were needed to ensure that there were systems in place which would ensure any future discharges would take place in a safe and planned manner, based on transparent criteria. This is discussed further under Regulation 25. Further improvements were also required in areas such as personal planning and financial safeguarding.

Regulation 25: Temporary absence, transition and discharge of residents

One resident had been discharged from the service two weeks prior to the inspection. This followed repeated requests from the resident to self-discharge from the centre and incidents of absconsion since their admission in September 2025. While it was found that the provider had continued to engage with the resident, the funder of the service and relevant stakeholders for a number of weeks prior to the resident's discharge, they could not ensure that this discharge took place in a planned and safe manner determined on the basis of transparent criteria. These criteria for discharge should have been applied in accordance with the centre statement of purpose, the provider's policy and in line with Regulation 25.

The inspectors acknowledge the inherent complexities in supporting adults with capacity in exercising their right to leave the designated centre. The provider had self-identified these concerns and had formed a working group to review and develop a more comprehensive service policy to guide practice, should a request to self-discharge by a resident happen again in the service.

Judgment: Not compliant

Regulation 26: Risk management procedures

In general, improvements were found in the area of risk management in the designated centre. The inspectors spoke with management and staff and reviewed accident and incident records, daily notes, meeting notes and risk management documentation and found that the occurrence of significant incidents such as absconsion and behavioural incidents had reduced in the centre in recent months. A new system had been introduced for recording adverse incidents.

All risk assessments had been reviewed in January 2026. Some new restrictive practices had been introduced since the centre's previous inspection due to identified risks. There was corresponding risk management documentation in place which identified these potential risks and they had been appropriately risk rated. Rationale for the risk assessment and control measures to minimise potential risks to residents were clearly outlined. For example there was a risk assessment in place for one resident for community integration and this was continuously updated as the resident increased their outings in the local area. Both residents had personal emergency evacuation plans (PEEP's) in place and these detailed support requirements in the event of an emergency evacuation. One resident presented with significant risks in the area of financial safeguarding and this is discussed further under regulation 8.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were noted in the area of medicines management since the centre's two previous inspections. Inspectors reviewed systems in place in both houses and found that the provider had ensured that there were safe medication management systems utilised. Both houses had safe storage systems that were well clean and well maintained and keys for these were stored in a safe manner. Medication systems and stock levels were regularly audited and reviewed by staff and the centre management team. Residents used blister pack systems and staff ensured that medication was administered daily in line with the ten rights of medication. Any medications prescribed as needed (PRN), were in stock on the day of inspection and had corresponding PRN protocols to guide staff on their administration. Topical medications were found to be appropriately labelled and dated on opening.

Medication documentation in the centre was well managed and maintained and had been reviewed and signed by the appropriate medical professionals. Guidance had been sought from a psychiatrist for medications used in relation to the residents' mental health. The centre had a policy to guide staff to properly order, monitor and store medication stock. Residents had self-administration risk assessments completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Both residents had assessments of need and personal plans in place. Easy read versions of personal plans were made available to the residents. The residents participated in person centred planning meetings to inform their plan of care. There

was a key-working system in place and the residents had regular one-to-one meetings with their key-workers and regular meetings with staff. There was information on positive behaviour support and communication styles which provided staff with guidance on how to work with each resident in these areas. Residents had personal goals in place and one resident had recently enrolled in a course in a local college and was looking forward to starting this. Another resident was working towards visiting local parks with support from staff.

Following review of both personal plans, it was found however, that improvements were required to ensure that a personal plan for one resident was reflective of their support requirements in the area of personal care. There were daily notes and checklists completed for the resident but it was unclear from these notes how often the resident was supported with personal care or to change their clothes. This was often left blank or recorded as 'no' by supporting staff. This was an area the management team in the centre described as challenging. They had incorporated steps such as agreeing with the resident that they would change their clothes if they were going on an outing to a park.

Improvements were also required to ensure that residents' activation documentation and schedules were guiding staff to support meaningful daily activation. For example it was noted that one resident had a schedule in place for daily activation. This comprised of a weekly plan to brush teeth, go to the post office, watch tv, play on the computer, play basketball in their home and get takeaways. However from speaking with staff and reading daily notes, it was evident that the resident was regularly engaging in further activation in their local community such as walks on local beaches, regular trips to local walks such as The Greenway, shopping and work on independent living skills.

Judgment: Substantially compliant

Regulation 8: Protection

Significant concerns had been noted during the centre's previous inspection in relation to financial safeguarding for residents. Following the last inspection the centre had been referred to the National Safeguarding Office by the Chief Inspector of Social Services for this reason. The inspectors found that the provider had engaged with the relevant stakeholders following this referral. It was evident that work had been done with the residents to support them with safeguarding their finances since the previous inspection. Money management plans, monetary needs assessments and financial risk assessments had been developed, as well as financial safeguarding plans. Both residents had full access to their own bank accounts and bank cards and further financial oversight and recording systems had been implemented with bank statements being used to manage and track the residents' finances and spending.

A new restrictive practice had been introduced since the centre's most previous inspection to support one resident with budgeting. However, it was found that the resident continued to require further significant supports with budgeting to help them to safeguard their finances in line with their own capacity. An inspector reviewed records and receipts of spending over two months for February and March 2026 and found that €963 had been spent by the resident on takeaways and confectionery items over this time period, despite these being provided as part of their care package with the registered provider. The director of quality communicated that this was an ongoing conversation with the resident and the resident had refused the centre funds for these food items. The spending records raised further concerns regarding the resident's overall health and well-being following the consumption of this volume of takeaways and confectionery items and this required ongoing monitoring.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ballygunner Village OSV-0009066

Inspection ID: MON-0049692

Date of inspection: 27/03/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To come into full compliance with Regulation 23: Governance and Management, the following actions will be implemented: • The audit framework will be revised to ensure that all audits are outcome-focused and clearly identify corrective actions required. • All actions arising from audits will be recorded on the centre's Quality Improvement Plan and monitored regularly by the Person in Charge (PIC) to ensure timely completion and sustained improvement. • A comprehensive review of each resident's personal plan will be undertaken to ensure records are accurate, detailed, and reflective of the resident's assessed needs. This will ensure care plans effectively guide staff practice and support consistent care delivery. As part of the revised audit framework, the PIC will regularly monitor personal plans. • In relation to residents' finances, all residents have a monetary needs assessment in place, supported by an individual support plan and risk assessment. • Restrictions relating to one resident's access to personal finances are in place based on identified risks. These restrictions are reviewed and overseen by the organisation's Human Rights Committee to ensure they remain proportionate and appropriate. The resident is also supported through regular key-working sessions aimed at improving understanding of money management and spending habits, with the goal of promoting greater independence over time. • Guidance will be provided to the staff team regarding appropriate use of residents' personal monies and clarification on items that should appropriately be funded through household expenses. • The resident is currently receiving support from a dietitian, and staff are supporting the resident to make informed and healthy choices in line with the dietitian's recommendations and agreed meal plans.	

Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: The provider maintains that a high level of engagement took place with the resident, the funder, and all relevant stakeholders in the period leading up to the discharge, in order to support the resident's clearly expressed wish to self-discharge from the service. In parallel, the provider had already identified the need to further strengthen policy guidance in this area and had established a working group prior to the inspection to review and enhance the discharge policy, ensuring clearer criteria and additional structure to support consistent practice in future self-discharge scenarios in line with Regulation 25.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A comprehensive review of each resident's personal plan will be undertaken to ensure records are accurate, detailed, and reflective of the resident's assessed needs. This will ensure care plans effectively guide staff practice and support consistent care delivery. As part of the revised audit framework, the PIC will regularly monitor personal plans.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: In relation to residents' finances, all residents have a monetary needs assessment in place, supported by an individual support plan and risk assessment. Restrictions relating to one resident's access to personal finances are in place based on identified risks. These restrictions are reviewed and overseen by the organisation's Human Rights Committee to ensure they remain proportionate and appropriate. The resident is also supported through regular key-working sessions aimed at improving	

understanding of money management and spending habits, with the goal of promoting greater independence over time.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2026
25 (4) (b)	Discharge residents from the designated centre in a planned and safe manner.	Substantially Compliant	Yellow	31/07/2026
25 (4) (a)	Discharge residents from the designated centre on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the	Substantially Compliant	Yellow	31/08/2026

	designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/08/2026