



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

Issued by the Chief Inspector

| | |
|----------------------------|---------------------------|
| Name of designated centre: | Ballymacool Respite House |
| Name of provider: | Health Service Executive |
| Address of centre: | Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 October 2025 |
| Centre ID: | OSV-0002517 |
| Fieldwork ID: | MON-0042137 |

About the designated centre

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

Ballymacool is a large detached two storey house located in Co. Donegal providing short-term respite breaks to both children and adults with disabilities. The centre comprises of 5 bedrooms (2 en-suite), a fully equipped kitchen, a dining room and a sitting room on the ground floor and a large games room on the first floor. There are also bathroom and showering facilities on both floors. There is a large garden to the back of the property with a well equipped playground area for the children and a well maintained garden area to the front. Private parking is also available in the centre. The centre is in close proximity to a nearby town however, transport is provided for residents to go on social outings and drives. The centre is staffed with a full-time person in charge, a team of staff nurses and healthcare assistants. The staffing numbers and arrangements are flexible, based on the number of residents availing of report at any given time and on their assessed needs.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 14 October 2025 | 09:30hrs to 16:50hrs | Alanna Ní Mhíocháin | Lead |

What residents told us and what inspectors observed

The service provided in this centre was of a good quality. The provider had ensured that the needs of residents were assessed, information on these needs was up-to-date and that the necessary supports were implemented. Staffing numbers and skill-mix were in line with the needs of residents. Staff had the required training to support residents. The provider had good systems of oversight and information sharing that ensured the quality of the service. The rights and choices of residents were promoted.

This centre was registered as a respite service. This meant that residents stayed in the centre on a short-term basis. This mainly consisted of staying a few nights in the centre on a regular basis. The person in charge reported that this centre provided a service to 130 people with an additional 66 people on the waiting list on the day of inspection. This respite service was for children and adults. Children and adults did not avail of respite at the same time. Respite services were offered to children one week and to adults the following week. Though the person in charge reported that there was flexibility with this arrangement based on the needs of the residents.

The centre was a large two-storey building on the edge of a large town. It was within a short distance of shops, restaurants, cafes and other amenities. The centre had five bedrooms. All bedrooms were located on the ground floor. Two bedrooms had en-suite bathrooms. There was also a large bathroom that could be used by all residents. This bathroom had an adjustable bath to accommodate residents who required support with their mobility. Additional WCs were also available for residents on the ground floor. There was a large kitchen, a dining room and a sitting room on the ground floor. Two offices for staff were also located on the ground floor. Upstairs, there was an open-plan room that could be used for games and relaxation. It was accessed by two staircases and there was also a bathroom for residents' use upstairs. Outside, the grounds were very well maintained. There was a large garden to the front of the centre. At the back of the centre, there was a beautiful sensory garden with playground equipment, including a trampoline, swing and slide.

The centre was in a very good state of repair and nicely decorated throughout. The furniture was new, modern and comfortable. The centre had a homely feel. It was warm, bright and clean. The centre was laid-out to promote accessibility for residents who required support with their mobility. The hallways were wide. Two bedrooms had extra wide doorways to accommodate larger wheelchairs. Showers were level access and a shower trolley was available in the centre. The front, back and side doors were level access or accessible via a ramp. The sensory garden had a path to accommodate wheelchairs. The centre was equipped with smart televisions so that residents could watch their favourite shows while they were staying in the centre. The provider had also made other accommodations to support residents. For example, one bedroom had a desk where a resident could keep their

games console and television when they were staying in the centre. Another bedroom had a specialised bed to accommodate the specific needs of one resident.

The inspector had the opportunity to meet with four adult residents who were staying in the centre on the day of inspection. Some arrived at the centre that day and others had stayed in the centre the previous night. Some residents spoke with the inspector independently and others required the support of staff. All residents referred to their time in the centre as their 'holidays'. This was reflected in the ethos of the service and the type of activities offered to residents. Residents said that they were looking forward to their holidays. They spoke about the activities that they might like to do in the evening. They talked about the meals they had planned for dinner with some opting to get a take away and others planning to cook a meal. Residents said that they liked the staff in the centre.

The inspector observed staff completing tasks in the centre and supporting residents in the centre. Staff were heard speaking with residents in a friendly and respectful manner. They were observed offering choices to residents and supporting them with their meals and snacks. The inspector met with three staff members during the inspection. These staff members worked in different roles in the centre. They were all clear on the needs of the residents and the supports required to meet those needs. This included information about how to prepare food in line with recommendations from healthcare professionals, how to manage and report any safeguarding incidents that may occur, and the specifics of residents' behaviour support plans.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how this impacts the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had systems in place that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted documentation to the Chief Inspector in line with the regulations. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Actions from these audits were recorded on the centre's quality improvement plan. Residents and family members could provide input on the quality of the service through an effective complaints procedure. The person in charge ensured that all feedback received from residents' questionnaires was processed through this system. This meant that the residents' input was valued and issues were addressed.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. There were systems in place where staff could familiarise themselves with the residents' assessments and care plans prior to residents attending the centre. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

Regulation 15: Staffing

The staffing arrangements in the centre suited the needs of the residents. This meant that residents were supported by the correct number of staff with the necessary skill-mix. This ensured that the needs of residents could be met.

The inspector viewed the roster in the centre from 29 September 2025 to 9 November 2025. This showed that the staffing arrangements in the centre was in line with the number of residents in the centre and their needs. The person in charge reported that staffing arrangements were flexible dependent on the number of residents who were staying in the centre and based on their identified health, social and personal care needs. The skill mix of staff was also suited to the needs of residents. For example, where residents had health or medical care needs, a nurse was available at all times to support those residents.

The provider had completed an audit of the personnel files of all staff on 9 April 2025. This showed that the provider had obtained all of the required documentation from staff as outlined under the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in this centre was up to date. This meant that residents were supported by staff who had the necessary knowledge and skills to meet the needs of residents.

The inspector reviewed the training records for staff that were maintained in the centre. This showed that staff had up-to-date training in modules that the provider had identified as mandatory. In addition, staff had completed training in modules that were specific to the needs of residents who availed of the service in this centre. In addition, the person in charge had developed a training plan for all staff for 2026 that was reviewed by the inspector. This set out the training courses that all staff had to complete at various points throughout the coming year to ensure that their training remained in date.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good systems of oversight in the centre. In addition, there were clear lines of accountability. This meant that the quality of the service was monitored and continually improved. Issues could be reported to senior management and information shared effectively.

The inspector reviewed the routine audits that were completed in the centre since the beginning of 2025. This showed that the provider was routinely monitoring the quality of the service across a number of areas. Where an issue was identified on audit, this was recorded on the centre's quality improvement plan. This gave an overview of the action that needed to be taken to address the issue and the timeline by when it would be completed. The inspector reviewed the centre's quality improvement plan dated 1 October 2025. There was evidence that the provider had addressed issues that had been identified in the centre.

In addition to routine audits, the provider completed unannounced visits of the centre every six months. The two most recent reports from these visits were reviewed by the inspector. These reports were comprehensive and there were clear actions recorded to guide service improvement. Again, these were added to the centre's quality improvement plan.

There were clear lines of accountability in the centre. The quality improvement plan was reviewed by senior managers on a regular basis. The incident reports in the centre from July 2025 were reviewed by the inspector. These showed that incidents were recorded and escalated, as required.

Staff were kept informed of any issues relating to the service through regular meetings. The inspector reviewed the minutes from the two most recent staff meetings. These showed that issues relating to the service were discussed, including any incidents that happened in the centre. This meant that learning from incidents was shared and measures put in place to avoid a reoccurrence.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

In preparation for this inspection, the inspector reviewed the notifications that had been submitted in relation to this centre since the last inspection. The inspector also

reviewed the record of incidents in the centre that had been recorded since July 2025. This found that the provider had submitted all notifications as required. This showed that the provider was aware of their obligations under the regulations and were transparent in sharing necessary information with the regulator.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure and processed complaints in line with this policy. This meant that there was a system where residents and their families could give feedback and that their views could be included in the running of the centre.

The inspector reviewed the provider's complaints procedure. This outlined how complaints would be processed. The inspector reviewed the complaints on file from August 2024. This showed that all complaints were addressed in line with the provider's procedures and were resolved locally. In addition, where residents expressed dissatisfaction with any element of the service through the residents' feedback questionnaires, this was also processed through the provider's complaints procedure. This showed that the provider valued the input of the residents and acted upon this input.

Judgment: Compliant

Quality and safety

The service in this centre was of a very good quality. The health, social and personal care needs of residents were assessed and the appropriate supports were put in place to meet those needs. The ethos of promoting the rights of residents was apparent in the day-to-day running of the centre. Residents were supported to engage in activities that they enjoyed. They told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. There was evidence that the provider implemented safeguarding procedures appropriately. Risks to the residents had been assessed and control measures to reduce risks had been implemented.

Regulation 10: Communication

The provider had systems in place to ensure that residents were supported to express their needs and wishes.

The inspector reviewed two files, one file for a child who availed of respite and one file of an adult who availed of respite. These gave clear guidance to staff on how to support the residents to understand information and how to communicate their choices. The inspector saw that the notes from the residents' recent admissions to the centre recorded how staff had used the specific strategies outlined for each resident. For example, one resident was offered choices about their preferred activities through the use of pictures. Information was shared with the resident through picture-based social stories. This meant that the resident was given the necessary information in a manner that was accessible to them so that they could make informed decisions and choices while they were in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises met the assessed needs of residents.

As outlined in the opening section of the report, the centre was laid-out to meet the needs of residents. It was nicely decorated, clean and in a good state of repair. The centre was equipped with the necessary equipment to support residents with their activities of daily living. This included specialist beds, a hoist and bathing equipment. The centre's garden and outdoor space had playground equipment for residents' use. There was space for residents to spend time together or alone, as they wished.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. This meant that information about the nutritional needs of residents was available to staff and that meals were prepared in line with this information and in line with the residents' preferences.

The inspector reviewed the guidelines that were in place for one resident who was availing of respite in the centre on the day of inspection. This gave clear information to staff on the safest consistency of food that should be prepared for the resident. There was also information about the specific utensils required by this resident and supports that should be offered at mealtimes. When speaking with the inspector, staff demonstrated very good knowledge of these guidelines. In addition, the

inspector observed staff supporting the resident in line with the guidelines in their file.

The inspector noted that there was ample fresh food in the centre to make meals and snacks. Residents were offered choices in relation to their meals and these choices were respected.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems to identify, assess and manage risk in this centre. This meant that the safety of residents was promoted and measures put in place to reduce risks to residents.

The inspector reviewed the risk assessments that had been developed for two residents; one child and one adult. The risk assessment were recently developed or updated to reflect the current risks to residents. The inspector noted that the risk assessments were comprehensive and that they outlined clear measures that should be taken to reduce risks to residents. The risk assessments signposted staff to other documents in the file. For example, the resident's behaviour support plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed assessments of the health, social and personal care needs of residents. This meant that the provider could ensure that the supports required by the resident to meet those needs could be put in place.

In reviewing the two resident files, the inspector noted that assessments of need had been completed with both residents within the previous 12 months. Further, given the nature of the service, pre-admission updates were completed for each resident prior to their admission. This meant that families and carers of residents could give the most up-to-date information to the provider who in turn could plan the correct supports accordingly.

A review of each resident's previous admission to the centre and their personal goals for their current admission was developed for each resident. This was completed at the start of each respite admission to the centre and ensured that residents could choose the activities and meals that they would like while in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that the residents received the necessary supports to manage their behaviour.

The inspector reviewed the behaviour support plans for two residents. These had been developed by a suitably qualified professional. There was guidance to staff on how to support the resident when their behaviour was challenging. The provider had developed additional supports for staff in relation to behaviour management. The person in charge and a clinical nurse manager had completed additional training in behaviour support and provided supplementary guidance to staff on how to support residents with their behaviour. When speaking with the inspector, staff were clearly able to tell the inspector about signs that showed that the resident was becoming upset and how to respond.

The provider had systems to review any restrictive practices in the centre. The inspector reviewed the quarterly audits of restrictive practices that were completed in the centre since the beginning of 2025. These ensured that restrictive practices were the least restrictive option in use for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse.

The provider completed compatibility assessments to reduce any negative interactions between residents during their time in the centre. The inspector reviewed the safeguarding documentation that had been completed for one resident. This showed that the provider had completed a number of compatibility assessments that were clearly documented. Following the assessments, it was decided that the resident would be best supported if they attended respite alone. This was in line with the supports they required to manage their behaviour and ensured that there were no negative interactions between residents. The person in charge reported that there were a number of residents who availed of the service alone to avoid safeguarding incidents.

The inspector reviewed the documentation that had been submitted to the national safeguarding team in relation to two incidents in the centre. This showed that the provider followed their own procedures, were transparent in their reporting and put measures in place to avoid a reoccurrence.

Staff had up-to-date training in safeguarding. The staff who met the inspector were clear on what steps to take in the event of a safeguarding issue. Staff knowledge on safeguarding was audited monthly by the provider.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this service.

Residents were routinely offered choices in relation to their activities, meals and preferences in this centre. This was clear from the inspector's review of three residents' goal setting documentation and their care notes. The staffing arrangements in the centre ensured that residents received the support they needed to complete those goals.

The service used their complaints procedures to ensure that the voices and opinions of residents were included in the decisions about the running of the service.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |