



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

Issued by the Chief Inspector

Name of designated centre:	Ballyduff Park
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	28 November 2025
Centre ID:	OSV-0002519
Fieldwork ID:	MON-0048303

About the designated centre

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

The designated centre provides a full-time residential service to seven adults with an intellectual disability, both male and female. The centre is a purpose-built house located in a small housing estate close to the nearest town. Staffing is provided across 24 hours. Residents attend various day services and engage in home activities, and there is a vehicle available for their use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 28 November 2025	10:30hrs to 15:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Ballyduff Park were happy in their home and felt safe. A review of the positive behaviour support arrangements and garden facilities provided would further enhance compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). This will be expanded on under Regulations 7 and 17 below.

There were six residents at Ballyduff Park on the day of inspection and the seventh was at home with their family. One resident was resting in their bedroom that morning. The healthcare assistant on duty told the inspector that had a recent hospital admission and were recuperating. A second resident was relaxing on the couch. They told the inspector that they had been on a trip to the Christmas markets the previous day. They said that they enjoyed the trip very much but were feeling tired.

Later, the inspector sat with three residents in the sitting room where they were looking at the local paper and chatting cordially with each other. The atmosphere between residents was warm and friendly. They spoke kindly about their peer who died a few years ago, and they showed the inspector their picture on the wall. They also spoke about plans for an overnight trip to Galway on Sunday night, with one resident explaining that this was one of their goals on their individual plan. All residents said that they liked living in Ballyduff Park, that the house was comfortable, the food was good and the staff were kind. When asked, each resident knew who their keyworker was and how they supported them. It was evident from these discussions that residents were actively involved in decisions made about their care and support.

During the course of the inspection, the inspector met with seven staff. On arrival that morning, they were greeted warmly by a healthcare assistant who presented as calm and competent. The inspector also met with three other healthcare assistants. They told the inspector that they were consistently employed at the centre. When asked, they demonstrated familiarity with how to identify safeguarding risks at the centre and of what to do if required. They were also aware of the change in care needs of a resident who had been discharged from hospital. Later, the inspector met with a resident's family member. They provided positive feedback about the service provided to their sibling and about the standard of care and support provided.

The person in charge and the clinical nurse manager (CNM1) facilitated the inspection. A member of the senior management team joined the inspection later in the day. From questions asked and conversations held, it was evident that the staff team had experienced fluctuations in morale in recent times, however, this appeared to be well managed by the registered provider and the person in charge. They told

the inspector matters had improved and that there was no impact on the care and support of residents.

A walk-around of the house found that it provided a comfortable, warm and spacious home for the residents. Each person had their own bedroom and some had en-suite bathrooms. There were two sitting rooms and a well-equipped kitchen and dining room. This meant that residents had a choice of places where they could spend time together or apart. There were some changes to the footprint of the building since the last inspection. A review of these found that the use of the room was in line with the application to vary the registration conditions. However, the inspector noted that the doors to the communal laundry room were locked, as was the door to the staff office. In addition, a visit to the garden found that the green areas were not accessible to residents in the winter time as it was wet and slippery. These matters will be reviewed under regulations 7 and 17 later in this report.

Overall, this was a very pleasant inspection, where the residents lived in a comfortable home and where their rights were respected. The next two sections of this report will outline the findings of this inspection in relation to the governance arrangements in place in the centre and how these impacted on the quality and safety of the service.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. Some improvement with positive behaviour support and to the garden was required in order to strengthen compliance.

There were good leadership and management arrangements at this centre. A nurse manager was employed who supported the role of the person in charge. The staff team were managed effectively. Consistent care and support was provided.

A review of the documentation systems completed by the inspector found that good guidance for staff was provided. In addition, there were good auditing systems which ensured that gaps in documentation or in the service were identified and addressed. This informed continual service improvement through the use of a quality improvement plan.

Residents were supported to raise concerns through informal chats, weekly meetings or through the provider's complaints process. Easy to ready versions of information were available to support understanding and decision making.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a good service was provided.

Regulation 14: Persons in charge

A new person in charge had been appointed to the role since the last inspection.

They were employed fulltime and had responsibility for one other designated centre. They demonstrated their skills in the role throughout the inspection and the inspector found that they met with the requirements of this regulation.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill-mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of the centre.

The inspector reviewed the roster for four weeks prior to the inspection. This review found that the roster was well maintained, with clear indications of who was on duty and what their role might be on that day. It provided an accurate account of the staff on duty on the day of inspection.

Where nursing care was required, it was provided. Where additional staff were required in order to meet with residents' needs, this was provided through an enhanced hours arrangement. For example, some residents had additional support in the evenings and at weekends so that they could participate in activities of their choice. In addition, during a recent hospitalisation, a resident was provided with one-to-one care from familiar staff from the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training, including refresher training, as part of a continuous professional development programme. The person in charge had prepared a training matrix which documented modules completed by the core staff team and regular agency.

The inspector reviewed a sample of modules which included safeguarding training, positive behaviour support, fire training and hand hygiene training. Most modules

reviewed were up to date. One staff member required training in positive behaviour support. This will be reported on under Regulation 7 later in this report.

In addition, staff meet regularly with the person in charge for personal development planning meetings. This provided an opportunity for a review of their workplace goals and for additional support if required.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements at this centre were clear, comprehensive and effective.

A clinical nurse manager 1 (CNM1) had commenced employment at the centre since the last inspection. They supported the role of the person in charge and had defined duties at the centre, such as the completion of rosters. A review of the audit schedule found that all audits were up to date and completed to a high standard. Overall, the documentation systems reviewed were comprehensive, well maintained and subject to regular review.

The annual review of care and support was completed in January 2025 and not yet due. The six-monthly provider-led audit was completed in October 2025. The CNM1 had logged the actions required on a quality improvement plan for the service which was subject to monthly review.

Overall, the systems and processes at the centre were working well. A named nurse and keyworker system was used effectively. Document management systems were well maintained. The staff team were clear about their responsibilities and reporting structures were clear.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector completed a review of incidents arising since 1 June 2025 to the date of inspection. This found that if required, statutory notifications were submitted to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints procedures at the centre found that residents and their representatives were supported to provide feedback on the service and to make complaints if required. Information on how to do this was prominently displayed.

The provider had a complaints policy which was up to date. The inspector reviewed two open complaints. Both were addressed in line with the provider's policy. One related to the garden space. This was subject to regular review and will be expanded on under Regulation 17 later in this report.

Judgment: Compliant

Quality and safety

The care and support residents received was of a good quality and ensured people were safe. Residents were actively involved in the running of the centre. Substantially compliant findings in Regulations 7 and 17 will be outlined in this section of the report.

The internal premises provided a warm and comfortable home and residents said they liked living there. Access to healthcare supports were facilitated and if required, additional nursing interventions and care plans were provided. Where risks arose, they were identified, documented and control measures put in place.

All written information was subject to regular review to ensure that it was up to date and provided clear guidance for the staff team.

Regulation 17: Premises

The premises was cosy, comfortable and welcoming. Some improvements to the garden would further strengthen compliance with this regulation.

The interior of the building was clean, tidy and well maintained. It was bright and spacious and provided adequate accommodation for the residents living there and sufficient space for the number of staff employed. It was decorated for the festive season and looked very cheerful.

The provider had made some changes to the layout of the centre since the last inspection which were approved through a section 52 application to vary the registration conditions. This included changing a bedroom to a laundry room for

residents. These were reviewed by the inspector and found to meet with the agreed plan.

A garden space was provided at the rear of the premises. This had the potential to provide a pleasant year round space for residents' enjoyment, however, the green areas were found to be water-logged and muddy. From a review of residents' information, the inspector found that some benefited from being outdoors, while others enjoyed completing repetitive tasks relating to the sorting of bins and refuse. This meant that an accessible space was required which was safe for residents needs and did not pose a falls risk. The person in charge and the staff team told the inspector that they were pursuing this matter as residents had made a complaint in this regard. A plan to progress this was in early stages and this required review to ensure that it was actioned effectively.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had systems in place for the assessment and management of risk, which were working well at the time of inspection.

The provider had a risk register which was reviewed by the inspector who found 72 risks recorded. This was reviewed with the person in charge who explained that many were generic risks which were documented in line with the provider's policy.

Where required, residents had person-centred risk assessments with effective control measures and appropriate risk ratings. For example, a resident who required oxygen therapy had a risk assessment relating to a power outage. The control measures were used in the past and found to be effective. Following this the assessment was updated which indicated good practice. In addition, residents had falls risks assessed and effective control measures were in place. Post-falls risk reviews were completed and onward referral to additional supports, such as occupational therapy were completed.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed three residents' assessments of need, nursing interventions and care plans. This found that all residents had access to appropriate healthcare support in line with their assessments and their personal plans.

Access to a general practitioner (GP) was provided. Where required, allied health professionals provided additional support. Access to nursing specialists, speech and

language therapy, occupational therapy, physiotherapy and psychology was in place. In addition, residents had the support of consultant-led care such as neurology, cardiology and a gerontologist.

From meeting with residents, a review of documentation and discussions with staff, it was clear that residents had changing and sometimes complex healthcare needs. At the time of inspection, the inspector was assured that residents were provided with a high standard of care, where their changing needs were supported and they could age with dignity in their own home.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required support with behaviours of concern, this was provided. However, some improvements were required in relation to staff training and the review of restrictive practices at the centre.

For example; one staff member required training in positive behaviour support. The person in charge was working towards addressing this.

In addition and as outlined above, there were a number of restrictive practices used at the centre. The inspector found that the use of internal door locks at the centre required review to assess if they were required, and if so, if they whether they were the least restrictive and for the shortest duration necessary. For example, the new residents' laundry room was locked, as was the staff office. The inspector acknowledged that a resident had identified behaviours and routines relating to these rooms. However, a review of their behaviour support plan and risk assessments did not refer to locking doors. This required review.

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 14: Persons in charge	Compliant
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 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Ballyduff Park OSV-0002519

Inspection ID: MON-0048303

Date of inspection: 28/11/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance with regulation 17: Premises: the following action will be undertaken</p> <ul style="list-style-type: none"> • The PIC in conjunction with the maintenance team has developed a scope of work and costing for the upgrading of the outdoor space at Ballyduff Park. • The PIC has submitted the Business Case supported with a risk assessment to the DON for the upgrading of the outdoor space at Ballyduff Park. Completion date: 22-12-2026 • The DON will escalate the Business Case and Risk Assessment to the Disability Manager seeking approval for the upgrading of the outdoor space at Ballyduff Park. Completion date: 31-12-2026 • The PIC will continue to review resident complaints every 20 days or more frequently until the upgrading of the outdoor space at Ballyduff Park has been completed. Completion date: 30-06-2026 • The PIC will ensure that the residents are kept updated regarding the progression of the works at the monthly residents meeting. Completion date: Monthly 	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

To ensure compliance with regulation 7: Positive behavioural support: the following actions will be undertaken

- The PIC has scheduled Studio 3 training for one agency staff on the 6th 7th & 8th of January 2026. Completion date: 31-01-2026
- The PIC has submitted a referral to the Rights Review Committee on 01-12-2025 regarding the restrictive practices within the laundry and office areas. Completion date: 01-12-2025.
- On receipt of the feedback from the Rights Review Committee the PIC/DON will review and update both restrictive practices. Completion date: 16-02-2026
- The PIC in conjunction with the named nurse will review and update the behaviour support plan for one resident. The update will reflect the restrictive practice in place for the office and laundry area due to the resident behaviour and routine relating to these rooms. Completion date: 12-01-2026
- The PIC, in conjunction with the Clinical Nurse Specialist for Positive Behaviour Support, will review and update the behaviour support plan to reflect the restrictive practice in place for the office and laundry area due to the resident behaviour and routine relating to these rooms. Completion date: 31-01-2026

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/06/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2026
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under	Substantially Compliant	Yellow	31/01/2026

	this Regulation all alternative measures are considered before a restrictive procedure is used.			
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