

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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore Accommodation
Name of provider:	The Rehab Group
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	12 May 2025
Centre ID:	OSV-0002684
Fieldwork ID:	MON-0046882

About the designated centre

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

Ballinamore Supported Accommodation is a designated centre run by The Rehab Group. The service is intended to meet the needs of up to seven male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two two-storey houses which are adjacent to each other on the outskirts of a town in Co. Leitrim. Each resident has their own bedroom, bathrooms, kitchen and dining area, sitting room, utility, staff office and garden area. Staff are on duty both day and night to support the residents who live there.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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
Monday 12 May 2025	09:30hrs to 16:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). It followed a regulatory notice issued by the Chief Inspector of Social Services in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of high quality care and support. From a review of the documentation and from conversations held with residents and staff, the inspector found that safeguarding was taken seriously at this centre. This was promoted by a strong leadership presence that supported the staff team to understand that safeguarding is more than the prevention of abuse, but a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their daily lives.

This designated centre comprised two semi-detached properties that were located next door to each other. The inspector visited both houses and found that they provided comfortable homes for the residents living there. Each resident had their own bedroom and there was adequate shared living spaces provided. A walk around of the house found that there were a number of easy-to-read and picture based documents displayed in appropriate places to assist residents understanding and promote their independence.

The inspector met with five of six residents during the course of the inspection. They were observed moving around their homes independently, making choices about what to do with their day and heading out independent of support in line with their assessed abilities. One resident spoke to the inspector. They told them that they went to the local town that morning to collect items from the pharmacy. They said that they loved their home and that the staff were lovely. They said that they had no worries but if they had, they would speak with the staff or telephone the person in charge from their mobile telephone. They told the inspector that they had some ideas on how the design and decoration of their home could be improved on. They said that they felt that their ideas were listened to and that they would be addressed if possible. If not, they would continue to check with the person in charge to see how their ideas were progressing.

A second resident invited the inspector into their bedroom. They told the inspector that they asked to move downstairs and that they were delighted as this happened as requested. They spoke about how they valued their independence and enjoyed going to the a larger town nearby on the bus. They said that they felt happy and safe in their home and enjoyed the support of staff when required.

Another resident enjoyed a sleep in and were observed enjoying their breakfast while listening to music that they liked. The used some words and cheerful expressions to indicate their feelings that day. The staff supporting the resident

knew them well and assisted with their communication. This person attended a farming activity in the past. However, they experienced a time of poor health and they wanted to 'take a break' from this formal activity in order to enjoy their day at their own pace during their recovery. Staff spoke to the inspector of how they observed the resident's understanding as it was important to hear their voice in the decisions made. They said that this was supported by the fact that staff employed were consistent and knowledgeable which was clearly observed by the inspector during the inspection.

Another resident continued to attend and enjoy the farming activity. They also took a break for a while as they found the winter storms stressful and preferred to stay at home during that time. On their return to the activity, they found that there was a small increase in price. The person in charge told the inspector how this was explained to the resident using objects of reference such as coins and notes. They made a decision to continue to attend but not as frequently. At the time of inspection, they were trying the local day service to see if they liked it.

The inspector met with the person in charge, the acting team leader and two staff members. They told the inspector that they attended training in human rights and that promotion of these rights were a key component of the service. They spoke about the residents independence while also acknowledging their changing needs as they aged. They said that they monitored each persons ability independently and if required, medical checks were completed to rule out underlying issues that may lead to a decline in ability. For example, one staff spoke about a dementia assessment for a resident who appeared forgetful or confused on occasion. However, they said that this resident was attending hearing checks that day as this could be the underlying cause for their current presentation. This showed that there was a holistic approach to care and that all options were investigated in the first instance to ensure appropriate diagnosis in line with the resident's human rights.

Overall, the inspector found that this was a good service which was anchored by the quality of the leadership team and the skills, experience and consistency of the staff team. Staff told the inspector that the residents and the staff team had experienced a time of loss and difficulty earlier this year which related to matters external to the designated centre and which were outside of their control. It was clear that this experience impacted the residents and the staff team equally. They said that there was no difference between them and they felt sadness in the same way. The inspector found a sense of unity and support for each other. Staff said that all helped each other and this provided hopefulness for the future.

The next two sections of this report which 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 and safeguarding of residents at this centre.

Capacity and capability

The inspector found that the good governance, leadership and management arrangements in the centre ensured that residents were safe and kept free from harm.

Staff employed were supported through a programme of education and training which was relevant to the assessed needs of the residents and the service. This included training in human rights and the Assisted Decision Making (Capacity) Act (2015).

There were clear lines of authority which included an skilled acting team leader who supported the role of the person in charge. Staff were aware of which person to report to.

The provider had maintained good oversight of the service through routine audits and unannounced visits. Findings from audits were recorded and actions to address gaps were documented on a time-based action plan. The service was well resourced with staff, equipment, transport and other required resources. Where issues arose at the centre, statutory notifications were submitted to the Chief Inspector of Social Services in line with the regulation.

Regulation 16: Training and staff development

The inspector was assured that a good quality training programme was provided for staff which was relevant to the role they provided and promoted person-centred and safe care.

The person in charge told the inspector that a number of new staff were joining the service. The inspector found that they were supported by an induction programme which ensured that they were provided with mandatory training, which included safeguarding and protection.

Refresher training was provided for the established staff team. The inspector found that the provider promoted a learning culture which encouraged the integration of learning into working practices. For example, one staff member spoke about the principles of human rights (FREDA) and how they promoted choice for residents. However, they explained how they had a role to ensure that each resident made informed choices and that they were supported to understand what a 'yes' choice or 'no' choice might have on their day. Others spoke about the introduction of assisted decision making and of the training attended.

In addition, a review of the training matrix found that training in professional boundary management was provided for the staff team which was reported to be helpful in maintaining good professional relationships and work practices.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appropriate systems, supports and processes which supported the staff team to provide a good quality and person-centred service.

As outlined, this service was led by an experienced and skilled person in charge who had the support of an assistant manager. The inspector found that this ensured an open culture which was promoted through regular formal and informal communication systems. For example, team meetings were held on a six weekly basis. These were changed to a video conferencing platform which ensured good attendance

The management systems reviewed by the inspector were working well. These were supported by a range of audits to monitor the quality of the service and identify gaps. The annual review of care and support was completed in November 2024 and the six monthly unannounced visit was completed on 8 May 2025. Actions from audits were captured on an electronic information system which was reviewed and updated on a monthly basis to ensure ongoing quality improvement.

Residents had individual keyworkers who had oversight of their person-centred documentation. This included information on 'who I am' and 'my story, my dreams and my wishes'. The provider was moving paper based documents to an electronic system which they said was in progress. Examples of residents' wishes included simpler tasks such as when they liked to do their laundry and bigger plans such as planning a day trip to Knock and asking a staff member that knew them well to go with them

Judgment: Compliant

Quality and safety

The inspector found that residents living at this centre had access to person-centred care and support which enhanced their health and wellbeing and kept them safe.

This was underpinned by a skilled and experienced staff team who were familiar with each residents communication style and assessed needs. The voice of the resident was central to service provision and this was supported by a range of easy-to-read documents to support their understanding.

Each resident had a range of assessment tools, protocols and plans to guide staff in order to provide good quality care and support. Where issues arose these dealt with promptly and residents were supported to understand how to be safe.

Regulation 10: Communication

The residents living at this centre had a range of communication styles and staff employed were familiar with each resident's communication support needs.

Residents had individual communication profiles and the support of allied health professionals such as speech and language therapy was provided if required.

A walk around of the centre completed by the inspector found a range of easy-to-read and picture based items which supported residents understanding and independence. These included picture based staff rosters, menu plans and activity planners. In addition, a resident had a picture based chart which supported them to understand and express their emotions. This was in line with recommendations from their personal plan.

Access to the internet was provided and residents had electronic tablet devices which they used to contact their families, watch movies and listen to music that they liked. One resident liked to buy the local newspaper on a weekly basis so that they could see the events in their local town that they might like to attend.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had support plans which were available for review. The inspector reviewed three of six and found that they included a range of person-centred goals which were decided by each resident with the support of their keyworker. Residents' representatives were included in assessment and planning where appropriate and with the consent of the resident.

Where safeguarding plans were required, these were documented as part of the residents plan to ensure a co-ordinated and consistent approach to care provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required positive behaviour support had access to a positive behaviour support specialist and had behaviour support plans or guidelines were in place.

The inspector reviewed positive behaviour support plans for two residents and

guidelines for an additional person. This review found that comprehensive information was provided. They focused on how to support people to live life to the fullest by identifying the reasons that behaviours occurred and to identify triggers where possible. In addition, it was clear that difficult behaviours were seen as a method of communication and staff spoken with were aware of this.

For example, one staff member spoke about how to support residents to have the best possible day. Where issues arose, they were aware of how to focus on what they could do to support the resident through a range of proactive strategies recommended. These included having a cup of tea, going for a walk or use an 'emotions chart' to explain their feelings.

All plans reviewed were subject to regular review, most recently in March 2025. There were some restrictive practices in place, however, the inspector found that the staff team were working with the housing provider to ensure that they were removed if not required.

Judgment: Compliant

Regulation 8: Protection

As outlined throughout this report, the inspector found a holistic approach to safeguarding and protection at this centre.

Residents were observed living life to the full, in an environment that met their support needs and supported by strong leadership and competent staff. They were supported to develop the skills to understand how to stay safe which maintaining their independence. This occurred through keyworking sessions with staff and through discussions about safeguarding at resident meetings.

The inspector found that the provider had taken all reasonable measures to ensure residents were safe at the time of inspection. This included ensuring that staff were adequately training, that residents had effective support plans and that where risks arose they were assessed and control measures were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that positive culture at this service was underpinned by a human rights based and person-centred approach.

The provider was aware of their obligations under relevant legislation and policy and the person in charge took a proactive approach to ensure that they were embedded

in the running of the service.

Residents were empowered to participate in the decisions made about their care and support and assumed to have capacity to make decisions. Where a concern relating to ability arose, all avenues were explored to rule out potential reasons for this prior to onward referral for additional assessment.

While issues arose among residents from time to time, the provider found ways to reduce the intensity and frequency by ensuring that all residents were actively involved in their home and community. This was reported to work well.

As residents were aging, the person in charge had commenced some future planning conversations and care planning to ensure that each persons wishes were documented so they could be respected as they aged. Where legal decision making was required, this was supported with relevant stakeholders in line with there rights.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant