Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballytobin Services Meadow View
Name of provider:	Corlann
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	05 March 2026
Centre ID:	OSV-0003604
Fieldwork ID:	MON-0046704

About the designated centre

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

Ballytobin services is located in a rural setting in Co. Kilkenny. It consists of three houses, offering residential care for up to 6 persons. The service operates 24 hours a day, each day of the year. The service is designed to meet a range of needs, including social needs, high medical needs and behavioural challenges. Regular support is available from a multi-disciplinary team. A range of activities are available on site. The grounds has a sensory garden, a poultry run and a polytunnel. There are well maintained walkways, suitable for cycling and walking. Staff qualifications and skill mix varies in each home, depending on the needs of individual residents living in each house. The cohort of staff include care assistants, social care workers, social care leaders and staff nurses. A clinical nurse manager 3 (CNM3), oversees the overall management of the centre.

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
Thursday 5 March 2026	09:00hrs to 17:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the designated centre.The provider had submitted a completed application to renew registration of the centre to the Chief Inspector of Social Services.

This inspection was completed by one inspector over one day. From what residents told the inspector and based on what the inspector observed, a good quality of care and support was provided in this centre. Although improvements were found to be required to ensure all residents could be safely evacuated from the centre in the event of a fire. This will be discussed in more detail under regulation 28: Fire precautions.

The centre is located in a rural setting on a large site which contains another designated centre also operated by the provider in addition to administration buildings. This centre consists of three houses. The inspector completed a walk around of all areas of the designated centre. One of the premises is on the main site close to the administrative offices while the other two are adjacent to each other and approximately one kilometre from the main site. Each house has a sitting room, dining room and kitchen, as well as single-occupancy bedrooms for all residents. Each house had access to large garden areas and external recreational spaces. In general, the houses of the centre were well-maintained and decorated in a homely manner with residents' personal possessions and pictures of residents' family and friends throughout the centre.

This centre has the capacity to accommodate six adults for full time residential placements, there were no vacancies in the centre on the day of inspection. In October 2025 the provider had supported one resident to be discharged and transition to a new provider and in February 2026 a new resident moved into the centre. Over the course of the inspection day the inspector meet with three of the six residents. Two residents were at their family home and one resident was away from the centre throughout the inspection engaging in community activities.

The inspector met one resident in their home where they lived alone, they did not wish to interact with the inspector but positive interactions were observed between them and their support staff. This resident's home had recently been painted and was decorated with lots of photos on display. Their bedroom was in line with their preferences and they had a separate room where they stored their clothing, they had access to this room at all times. The resident was observed looking out the sitting room window into an open field. The staff reported the resident was waiting for their music therapy session.

The inspector met another resident in their home that they shared with one other resident. The other resident was spending time with family on the day of inspection.

The resident was seen to freely mobilise around their home and approached staff with ease. The music therapist was setting up in their sitting room when the inspector arrived, staff reported the resident really enjoys the music therapy sessions. The resident was seen to communicate using sounds and gestures and staff were seen to understand them with ease.

The inspector visited the final property that was sub-divided into three separate apartments, two downstairs and one upstairs. Each of the apartments were decorated in line with the residents' needs and preferences. Each apartment had a sitting room and kitchen with dining area and resident bedroom along with an office space. The upstairs apartment had recently been redecorated to suit the needs of the newly admitted resident. This apartment was bright, clean and personalised in line with the new resident's interests. The inspector met with the resident living in the upstairs apartment. They were relaxing in the sitting room watching a television programme with their support staff. They responded positively when the inspector asked questions such as 'do you like living here', 'are you setting in well' and 'have you everything you need'.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspector received five completed questionnaires on the day of inspection. Residents had been assisted to complete the questionnaires on "what it is like to live in your home". Two residents were supported by their staff to complete the questionnaire. In these questionnaires residents indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. An example of comments in the questionnaires included. I enjoy living here, my bedroom is very comfortable, staff are supportive - some are here since I moved in.

Overall, the inspector found that residents were supported by a staff team who were respectful in the language they used and the staff team communicated in line with the residents' assessed needs. They lived in a warm, clean and well-maintained home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall the inspector found that there were comprehensive and robust management systems within this designated centre which was driving a positive lived experience for the residents.

From review of documentation, observations on the day of inspection and discussion with local management and the staff team it was evident that the systems in place to monitor the standard of care provided to residents was effective. Staff were knowledgeable about the care and support needs of each residents and were seen to support them in line with their will and preference.

The provider followed their admissions process and statement of purpose when supporting a new resident to be admitted to the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services in line with the time frame set out in the regulations.

The provider had, included the information and documentation on matters set out in Schedule 2 and Schedule 3. This included submitting information in relation to the statement of purpose, floor plans and submitting a fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents. For example, one of the properties had staff nurses assigned due to the increased medical needs of the residents living there. The staff team was well resourced, although there was a 1.5 whole time equivalent (WTE) healthcare assistant vacancy, this was being managed with the use of regular relief and the occasional agency shift.

To support the transition of a new resident to the centre the provider scheduled additional shifts for familiar day service staff to work along side the residential staff as a way of building relationships with the resident and getting to know them and their needs and preferences.

The inspector reviewed the rosters since January 2026. Each of the three properties had their own roster with shifts scheduled in line with the residents' assessed needs. There were planned and actual rosters in place, they were reflective of the staffing arrangements and they were up -to -date and had identified when staff were attending training or on statutory leave.

Staff were observed throughout the inspection to have good understanding or the residents' needs and interests. Staff encouraged the residents to get involved in activities and plan their day in a positive manner. The teams were aware of early signs of anxiety from residents and managed this as per the residents' behaviour support plans.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that the staff team had up -to -date training in areas including safeguarding, medication management, fire safety and manual handling.

The staff team were also provided with additional centre specific training in areas such as Feeding Eating Drinking and Swallowing (FEDS) and autism awareness.

There was a schedule in place to ensure staff were receiving appropriate supervision. The person in charge was completing supervisions with each staff member at least once per year and more often if required.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge was maintaining a directory of residents for the designated centre. From review of the directory it included information specified in Schedule 3 of the regulation, including their name, date of birth and next of kin details.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to the appointed person in charge who reported to and received support from a senior manager.

There was a scheduled change to the person in charge after planned statutory leave. The person in charge had returned to their role and was in the process of receiving a handover the same week as the inspection. The person in charge was in a full-time role and was found to be an experienced and competent manager. The person in charge was able to demonstrate awareness of the residents' assessed needs and preferences. The cover arrangement that had been in place in the centre was also found to be suitable.

The provider had auditing systems in place to review safe services including two six-monthly unannounced audits and an annual review. The annual review for the year 2025 was still in progress at the time of inspection, in line with the provider's policy this was to be completed and published by end of March 2026. From review of the most recent six-monthly audit it was evident that provider was identifying areas for development, there were actions identified under seven different regulations.

In addition, there were local audits being completed such as file reviews, infection prevention and control and medication, including an external medication review completed by the residents' pharmacy. Where areas were identified for improvements actions were set and were seen to be completed on the day of inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As part of the admission process the resident was provided with a contract of care. On review of the contract of care it was found to specify the terms in which residents live in the centre, including any charges they were required to pay as part of their service provision. It was evident that this contact had been discussed with the new resident through an easy to read version and was signed by the individual. They were also provided with copies of policies in easy to read format including complaints and access to advocacy.

The admission was also in line with the provider's statement of purpose and the resident had received support through a detailed transition plan and regular reviews with their family and multidisciplinary team members.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

From what the inspector observed, from spending time with the residents, staff and management and from review of documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were afforded opportunities to engage with their community and complete activities of their choosing.

The premises was found to be warm, clean, and in good state of repair and was suitable to the needs of the residents in the centre. There was a range of effective systems in place to keep residents safe including risk assessments, safeguarding plans and support from clinical professionals where required.

Regulation 17: Premises

As previously mentioned, the centre is located in a rural setting on a large site which contains another designated centre also operated by the provider in addition to administration buildings. This centre consists of three houses. One of the premises is

on the main site close to the administrative offices while the other two are adjacent to each other and approximately one kilometre from the main site. The inspector completed a walk around of all areas of the designated centre and found each house had a sitting room, dining room and kitchen, as well as single-occupancy bedrooms for all residents. Residents had been supported to decorate their bedrooms in line with their preferences, on resident has an additional room opposite their bedroom as they like to store their clothing and other personal belongings there and just keep their bedroom for sleeping.

One resident's home was scheduled for some maintenance including the development of an indoor sensory space. With this reconfiguration the provider was committed to reviewing and assessing their needs around cooking facilities and access to food and nutrition as this is currently recorded as a restrictive practice.

The provider had completed substantial work to renovate an apartment that forms part of the premises on the main site prior to a new admission. The provider had completed a deep clean, painted the entire apartment and purchased new furniture. The new resident had also contributed to the homely nature of the apartment with the addition of personal items such as family photos.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was available to the residents in the centre This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The discharge of one resident from the centre in 2025 was done in a planned and safe manner. The provider had provided suitable information to the new provider and had made arrangements to support and engage with the new provider and new staff team throughout the discharge and transition.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk register and individual risk registers for three residents in the centre.

All risks had been identified and control measures were put in place to reduce their impact. There were risk assessments in place for potential risk, actual risk and for the use of restrictions. For example, residents had risk assessments in place for falls, epilepsy, lone working, mobility, and safeguarding.

The new resident living in the centre had risks identified as part of the admission process and subsequent assessment, the provider had identified control measures where required. For example, swallow care was identified as a risk, the control measures identified included review with speech and language therapist, implement a swallow care plan, staff to have received first aid training. All of these were found to be completed and in place on the day of inspection.

There was a system in place for recording of incidents, accidents and near misses. These incidents were reviewed by the person in charge as they happen and were collated and reviewed quarterly at multidisciplinary team (MDT) reviews. From review of the minutes from these meetings actions and learning were documented and shared at the staff team meeting to ensure effective learning from incidents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had appropriate systems in place to ensure fire safety within the centre, although the inspector was not assured all residents could be safely evacuated in the event of an emergency.

The provider had taken adequate precautions against the risk of fire with a series of checks in place including daily escape route checks, weekly testing of fire fighting equipment such as emergency lighting and fire alarm panel and had arranged appropriate servicing of fire equipment. In addition, all staff had received suitable training to ensure they know what to do in the event of a fire.

From review of the fire drills completed in the centre for 2025 two residents have refused to leave the premises on a number of occasions. One resident refused on six out of six occasions in 2025, another resident refused two out of three occasions. The provider had taken a number of steps to support the residents to participate in fire drills such as, enhanced communication and the introduction of rewards for participation, although these had not been effective. This required further review to ensure all residents can be safely evacuated in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider was actively reviewing residents' needs, developing support plans and offering support in line with these plans.

The inspector reviewed two residents' assessments and personal plans and found them to be up -to -date and person-centred. They were detailed and it was clear from review of the plans residents' strengths and needs were clearly reflected.

The inspector also reviewed the assessment of need and care planning for a newly admitted resident. The assessments of need were comprehensive and included input from clinicians involved in the resident's life such as social worker, dietitian, neurology, behaviour support and speech and language therapy. All identified support plans were in place including night time routine, epilepsy, behaviour support and any identified health concerns. The plans were found to be comprehensive and guided staff on how to effectively support the resident.

From conversations with staff and review of documentation, it was clear residents were supported to make choices about how they wanted to live. Each resident was supported to participate in a resident meeting weekly, this gave them an opportunity to plan meals and activities for the week ahead. The chosen menu was displayed on the wall in the kitchen for residents to see and from speaking with one resident they were aware what they were having for dinner.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

Residents were supported to have positive behaviour support plans in place. The inspector reviewed three of these plans and found they were up -to -date and included details on proactive and reactive strategies personalised to the individual and their assessed needs.

There were a number of restrictive practices in use in the centre. These were being reviewed regularly with the most recent review in January 2026 by the human rights committee and by the person in charge in March 2026. There was a focus on reducing or removing restrictions where appropriate and this had been successful for a number of residents who had restrictions such as, all-in-one clothing, window restrictors, audio visual monitors and the wearing of a harness while in transport removed in the last six months.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Ballytobin Services Meadow View OSV-0003604

Inspection ID: MON-0046704

Date of inspection: 05/03/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A weekly fire drill will be completed in line with the recommendations provided by Psychology and Speech and Language Therapy, ensuring that each drill incorporates the communication supports and visual prompts required by individuals using the service. These drills will take place every week with individual responses, and any required adjustments recorded and reviewed by the Person in Charge. A Fire Officer has visited the premises to familiarise themselves with the layout and to identify the supports required to ensure a safe and effective evacuation. A quotation has been received for the upgrade of existing 30 minute fire doors to 60 minute fire doors, and this quotation will be reviewed and considered as part of the service's ongoing fire safety improvement plan. PEEPs and Evacuation plans have been reviewed and updated.	

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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/05/2026