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 Residential Services Kilmacow
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	25 November 2025
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0039887

About the designated centre

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

Ballytobin Residential Services Kilmacow is a designated centre operated by Brothers of Charity Services Ireland CLG. It provides a high support residential service for up to seven adults, of both genders with intellectual disabilities. The designated centre is located in a village in Co. Kilkenny located close to local amenities such as post office and shop. The designated centre is a large bungalow which consists of seven individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge, a sensory room and a laundry room. Staff support is provided by nurses, social care workers and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 25 November 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection completed to inform a decision on the renewal of registration for the designated centre. The inspection was completed by one inspector over the course of one day. The findings from the inspection showed improvement in the levels of compliance in the centre. There was a reduction in the level of safeguarding concerns and provider-level oversight of care and support had improved, residents were also seen to be supported with their communication. Although some improvement was required in relation to medication and pharmaceutical services which will be discussed later in the report.

At the time of inspection the centre had capacity to accommodate seven residents. Four residents were living in the centre on the day of inspection and the provider has committed to reducing the capacity of the centre to six in their application to renew the registration of the centre.

The centre is a large purpose built bungalow located in a small village in Co. Kilkenny. The centre is located on the grounds of a separate nursing home and community hall. The inspector completed a walk around of the premises with a member of the staff team. Each resident had their own individual en-suite bedroom. Residents had their own personal items on display such as photographs or personal items that were important to them. As identified in the previous inspection report some residents had relocated their bedroom, this continued to have a positive impact for all the residents. One resident had their own area to the rear of the property this included their own sitting room and a shared sensory room. All areas of the property were well maintained, clean and homely. The provider had installed sound proofing throughout the long corridors and in one resident's bedroom, staff reported this had been very effective in reducing the nose levels in the centre. Residents also had ample communal spaces including two sitting rooms, a parlour room, a dining room, a kitchen and sensory room. There was a spacious well maintained garden to the rear of the property. One resident had been supported to purchase a swing that was located at the end of the garden under a tree.

During the walk around the inspector met with one resident who was relaxing watching television with their assigned support staff, they were observed to leave the room quickly when the inspector entered, they got their coat and the staff member offered them a walk. On completing the walk around the inspector met with one resident who was sitting at the kitchen table looking through their personal items, they spoke with the inspector briefly, indicating they liked the centre and were happy living their, they also mentioned they were heading out to a local cafe to get a hot drink. They requested the support of a staff member to go out and check the post box. They were observed to be supported in line with their support plans. Another resident was observed to be up and well dressed they were relaxing in the sitting room watching a preferred programme. They did not wish to interact with the inspector. The remaining resident spoke with the inspector later in the afternoon when they returned to the centre, they spoke about the centre, stated

they were happy, and had friends, they also spoke about getting a new watch for Christmas.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to inspectors on the day of the inspection. Four surveys were returned to the inspector from residents and three surveys were returned from family members. The feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. Family members comments included; I am very pleased with the care in the centre, they have the love and support of the staff and that really helps, I am very grateful for the exceptional care the resident receives.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall it was found that there was comprehensive and robust management systems within this designated centre which was driving a positive lived experience for the residents. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an assigned service manager and regional service manager.

The provider had systems in place to monitor the quality and safety of the care and support provided to residents, including local audits, unannounced six-monthly visits and annual service review. Although some improvements were required in relation to medication and pharmaceutical services.

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

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for this designated centre only. There were suitable support arrangements in place to ensure effective management of the centre.

The person in charge had the support of a clinical nurse manager, they also received support from and reported to the residential service manager.

The person in charge demonstrated a very good knowledge of the residents including their support needs, wishes and preferences. It was evident the person in charge was spending time in the centre. On the day of inspection positive and respectful interactions and conversations were observed between the residents and the person in charge.

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. While there was a number of vacancies in the centre, the gaps in the roster were being filled firstly by consistent relief and then regular agency staff. The provider was actively recruiting to fill the vacancies in the centre, three new starters were currently going thorough induction prior to commencing in the centre.

There was a planned and actual roster in place, the inspector reviewed the last two months of rosters and found them to be reflective of the staffing arrangements in place, they were up -to -date and staff were identified by their full name and grade. Each day had an identified shift leader on the roster who took responsibility for leading out of the day.

Staff were observed to have a good understanding of the residents' needs and interests. Staff encouraged the residents to get involved in activities and plan their day in a positive manner. One resident was seen to get their coat on a number of occasions and on each occasion the staff member offered them a walk or to go on the bus, allowing the resident to decide.

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 for the most part, the staff team in the centre had up -to -date training in areas including safeguarding, medication management, fire safety and manual handling.

Additionally, staff were up-to-date in trainings required by residents' specific needs. For example, the majority of staff had received training in dysphagia, diabetes and dementia.

Where staff were due refresher training this was highlighted on the training matrix and staff were booked on this training.

Staff were in receipt of support and supervision through individual staff supervisions. The provider's policy stated that all staff required one formal supervision per calendar year. All staff had received at least one supervision so far in 2025 with some receiving two. The inspector reviewed the minutes for three staff members most recent supervision and found them to include detailed discussion on the staff members roles and responsibilities. They discussed topics such as training and assigned duties.

From speaking with staff members on the day of inspection they felt the training and supervision available to them supported them in their role.

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.

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

The management structure defined in the statement of purpose was in line with

what was in place in the centre during the inspection. Staff had defined roles and responsibilities and the lines of accountability and authority were clear.

The person in charge was present in the centre regularly and there was an on-call service available to residents and staff out-of-hours. The person in charge reported to and received support from an assigned service manager and regional service manager.

The provider had in place a series of comprehensive audits both at local and provider level. For example, at local level, regular safety audits, Infection Prevention and Control (IPC) audits, along with residents' files and finance checks were completed. Action plans were implemented where areas of improvement were identified on these audits.

The provider's last six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. Where actions plans were identified they were seen to be completed on the day of inspection.

Overall, regular managerial presence and local systems such as audits, team meetings, nursing meetings and daily shift leaders all continued to drive quality improvement in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The providers' policy states as part of the admissions process residents are provided with a a contact of care.

The most recent admission to this centre was a resident who transitioned from a previous placement in June 2025. On review of their file the inspector found evidence of a contract of care relevant to their placement in this centre. The provider was making efforts to explain these contracts to residents and their representatives. The contract had been signed by the residents representatives and local management.

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, speaking with the residents, staff and management and from review of the 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 good opportunities to engage with their community and complete activities of their choosing. Their home was warm and comfortable.

There were a range of systems in place to keep the residents safe, including risk assessments, safeguarding procedures and fire safety measures. The systems in place were utilised in an effective manner ensuring that adequate guidance was available for staff.

Regulation 10: Communication

From review of the processes in place to assist residents' with their communication it was evident that local management and the staff team were striving to support residents to effectively communicate.

Local management had sent referrals to seek clinical support in developing communication plans for the residents in the centre. In the interim the local management and staff team developed a 'communication cues and methods' support plan to guide staff and support the residents with expressing their needs and wishes.

The residents in the centre were aging and some had additional health diagnosis which sometimes made it difficult for them to communicate. This was seen to be reflective in their support plans. Each plan was individual to the residents and identified how they express specific feelings, these included facial expressions, body language, gestures. For example, one plan highlighted the resident will lean forward when interested in what you are talking about. Some residents were supported with visual aids located in their bedroom, this included photos of their planned activities

for the day ahead.

These communication plans were reviewed regularly in line with the changing needs of residents. For example, one resident had a decline in their vision and no longer utilised their picture schedule in their room this was reflective in their support plan. On the day of inspection staff were observed to knock on this residents door and introduce themselves before entering ensuring the resident was aware who was coming in.

Residents also had access to appropriate media such as televisions, radio and the Internet and were provided with easy to read documentation on matters that effect them such as restrictive practices.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned the designated centre is a large purpose built bungalow located in a small village in Co. Kilkenny. The centre is located on the grounds of a separate nursing home and community hall.

The centre was home to four residents who each had their own bedroom, one residents also had a specific area to the rear of the house, this area was quieter and was more suitable to the needs of the resident, they also had free access to the rest of the house if they wished. Each bedroom had been decorated in line with the residents' preference. The centre also had two unoccupied bedrooms that were kept tidy and in good condition.

The premises was suitable to the assessed needs of the residents and their was sufficient communal space for residents to spend time, including two sitting rooms, a parlour room, a dining room, a kitchen and sensory room. Residents were seen to move around the centre with ease, those who required the use of a wheelchair had bedrooms and en-suites with appropriate space.

All areas of the centre were homely, clean and well maintained.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following

inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The inspector reviewed the individual risk assessments in place for three residents and found that the measures in place suitability addressed the risk. There were risk assessments in place in relation to absconding, falls, skin integrity, and use of restrictive practices. Additionally, there were risk assessments completed in relation to the centre, these included, slips, trips, falls, fire, driving, and safeguarding. All risk assessments were seen to be up -to -date and regularly review by the person in charge.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments. The inspector observed emergency evacuation procedures on display in the hallway.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspector for 2025.

The fire safety systems in the centre such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with relevant requirements.

There had been fire drills completed in line with the frequency outlined in the provider's policy. The inspector reviewed these and found that they were completed

at different times, and specifically at times when the most residents and least staff were present. All staff had completed fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While there was safe practices in relation to the receipt and storage of medicines in the centre. The provider did not show effective oversight of safe medication management.

On review of medication, it was found that each resident had suitable storage for their medication and a lockable fridge was available when required. A daily visual check was being completed on regular medication. Although on review of one resident's medication prescription and recording documents for the administration of medication, it was noted they did not receive one of their regular medications for a period of four days due to it not being in stock in the centre. The systems in place did not identify this error in a timely manner.

While there was a guidance document developed for the administration of 'as required medication' (PRN) and this indicated when a resident was to receive the medication and the maximum dosage in a 24 hour period, it did not identify the minimum length of time between each dose.

Judgment: Substantially 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.

All residents had behaviour support plans in place. The inspector reviewed three of these plans and found they were detailed and reflective of the residents' assessed needs. The plans contained guidance for staff in the management of behaviours are were individualised for the resident, taking into account their preferences and how they respond best. Behaviour support plans included identified behaviours of concern, triggers, strategies both proactive and reactive and skills teaching for the resident.

Some residents had their behaviour support plan changed to dementia support plans in line with their changing needs. This plan guided staff to respond in line with a dementia informed approach and offer reassurance to the resident when presenting with behaviour of frustration or anxiety.

There was a number of restrictions in use in the centre including lap belts, bed rails, motion detector and locked doors to name a few, all of these had been reviewed at each residents annual multidisciplinary team meeting and by the provider's human rights committee in October 2025. The restrictions in place were seen to be appropriate to the needs of the residents. These restrictive practices had also been returned on a quarterly basis to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents . For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Residents' had intimate care plans in place that detailed the care and support they required in relation to personal care, from review of these plans they were found to be individualised in line with the residents personal preferences.

There was no open safeguarding plans in place on the day of inspection, previous plans had been closed and the control measures in place to keep all residents safe were reflected in a risk assessment and each resident's protection plan.

Judgment: Compliant

Regulation 9: Residents' rights

Through a review of documentation, discussions with residents and staff it was evident that residents lived in a service that strived to ensure residents were enabled to make choices and decisions about where and how they spent their time.

Residents were observed responding positively and with ease towards staff. Staff members were observed to respect residents' wishes and interpret their communication attempts. Staff were observed to be respectful and supportive to residents. The inspector observed staff members keeping residents informed about what was happening and seeking their consent. For example, the inspector observed a staff member ask a resident if it was ok to assist them with their laundry.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballytobin Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0039887

Date of inspection: 25/11/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • Discrepancies with the pharmacy are logged immediately in the log book and follow up action is taken. • A more robust plan has been introduced to ensure individual's medications are sourced from alternative pharmacies in the event that certain medications are not in stock within the normal pharmacy. • Relevant documentation completed as a medication error identified in line with the BOCSI Safe Administration of Medication Policy. • Medication Protocols have been reviewed and updated clearly identifying the timeframes between doses. • The Person in Charge will endeavor to ensure that there is effective oversight of the safe medication management on a monthly basis.	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/12/2025