



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

Issued by the Chief Inspector

Name of designated centre:	Ballina Residential
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	29 October 2025
Centre ID:	OSV-0007790
Fieldwork ID:	MON-0039728

About the designated centre

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

Ballina Residential is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provided a community residential service to two adults with a disability. The centre consists of two houses which are located within close proximity to one another in a town in Co. Tipperary. The first house is a first floor two bedroom apartment which comprised of an open-plan dining/kitchen/living room, one individual resident bedroom and a staff sleep over room/office. The second house is a detached bungalow which comprises of kitchen, living/dining room, sitting room, one individual resident bedroom, a staff sleep over room and office. The staff team consists of social care workers and care assistants. The staff team were supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 29 October 2025	09:10hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was carried out by one inspector over one day.

The designated centre comprises two separate units which provide a home to two individuals, one resident living in each unit. The inspector had the opportunity to meet the two residents across two units over the course of this inspection. In addition, the inspector spoke with the person in charge and two staff members.

Overall, the inspector found that the two residents were both receiving an individualised service. The two residents appeared content and comfortable in their homes. The inspector observed the staff team supporting the residents in an appropriate and caring manner.

On the morning the inspector visited the first unit of the designated centre which was home to one adult. On arrival, the inspector was welcomed by the person in charge and staff while the resident prepared for the day. The inspector spoke with the resident over a cup of coffee about their life in the centre. The resident spoke of the people important in their life including family members and spoke positively about the staff team and the support they provided. The resident was interested in music and hosted a radio show on a local station at the weekend. The resident also told the inspector about a recent movie they were involved in. Later in the morning the resident left the apartment to attend work in a local hotel. Overall, the resident reported being content in their home and spoke positively about the care and support they received.

The unit was a first floor two bedroom apartment which comprised of an open-plan dining/kitchen/living room, one individual resident bedroom and a staff sleep over room/office. The inspector completed a walk through of the apartment which had been recently painted. The premises presented in a homely manner and were found to be well maintained. The apartment was decorated with photographs of people and places important to the resident throughout the apartment. In addition, there were a number of birthday cards on display and two large balloons in the apartment as the resident had recently celebrated their birthday with family and friends in the local hotel.

In the afternoon, the inspector visited the second unit of the designated centre which were located a short distance away. On arrival, the resident was not present in the house as they were attending a baking activity. Later in the afternoon, the resident returned to the centre and greeted the inspector. The inspector spent time in the sitting room of the house with the resident who was enjoying watching TV. The resident spent their time between staying in the centre and their family home. The inspector was informed that the resident had hosted a Halloween party in the

last week and had plans to attend a concert at the weekend. Overall, the resident appeared happy to be in the house and in the presence of the staff team.

The second unit was a bungalow which comprised of kitchen, living/dining room, sitting room, one individual resident bedroom, a staff sleep over room and office. Overall, the inspector found that the centre was visibly clean, homely and kept in a good state of repair. The resident's artwork was on display in the sitting room of the centre. The previous inspection noted that repair work was required to one bathroom. This had been addressed.

The inspector reviewed one questionnaire completed by a resident's family member. A second questionnaire was completed by the other resident but could not be found on the day of inspection. The inspector spoke with this resident about their views on the care and support provided in the centre. Overall, the residents and questionnaire had positive feedback on many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

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

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents needs. The staffing arrangements in place were appropriate to the needs of the residents and the size and layout of the centre.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2024 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place which ensured continuity of care and support. From a review of training records, it was evident that the majority of the staff team in the centre had up-to-date training and supervision. This meant that the staff team had up-to date skills and knowledge to support the residents with their identified support needs.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was supported in their role by an experienced staff member and demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster for September and October 2025, there was an established staff team in place. At the time of the inspection the centre was operating with one vacancy which was managed by the staff team and a regular relief panel. This ensured continuity of care and support provided to residents. The inspector was informed that the provider was in the final stages of recruitment to fill the vacancy.

The residents were supported on a one-to-one basis throughout the day and by sleepover staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including fire safety, safe administration of medication and safeguarding. However, some training and refresher training was outstanding in

manual handling and de-escalation and intervention techniques. There was evidence that this training had been identified and scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Regional Manager, who in turn reports to the Director of Services. The person in charge was also responsible for a day service operated by the provider and had appropriate supports in place to provide appropriate oversight and governance of the service. As noted the person in charge was supported in their role by an experienced staff member.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2024 and six-monthly provider visits. The annual review demonstrated consultation with the residents as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, the annual review identified an increased focus on developing skills and independence as an area for quality improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document

that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre in the period January 2025 to October 2025. The inspector found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life.

The inspector reviewed the two residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs. The two residents received an individualised service and were supported to make decisions about their daily life from work, activities and their home.

There were appropriate systems in place to keep the residents safe. For example there was suitable fire safety equipment in place and fire drills had been carried out. In addition, a review incidents and accidents demonstrated that the were appropriately managed and responded to.

Regulation 12: Personal possessions

There were appropriate systems in place for the safeguarding and oversight of residents' finances. Money management assessments were completed for both residents.

One resident retained control of their finances with some support from the staff team regarding their expenditure. The resident was supported to review their

account weekly. At the time of the inspection, systems were being introduced to support the resident review their second financial account.

The second resident, who at the time of the inspection, was availing of the service on a part-time basis was supported by family members to manage their finances. For this resident, there was a clear and detailed system in place for the management of day-to-day spending which included daily finance checks and storage of receipts. The provider had appropriate arrangements in place to provide oversight and safeguard the residents' finances.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and laid out to meet the needs of residents. As noted, the centre consists of two houses which are located within close proximity to one another in a town in Co. Tipperary. The first house is a first floor two bedroom apartment which comprised of an open-plan dining/kitchen/living room, one individual resident bedroom and a staff sleep over room/office. The second house is a detached bungalow which comprises of kitchen, living/dining room, sitting room, one individual resident bedroom, a staff sleep over room and office. The inspector completed a walk around the premises and found that that it was well maintained, clean and homely. The centre was decorated to reflect residents' needs, preferences and interests.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20 including a summary of the services and facilities, the terms and conditions, the arrangements for consultation with residents, how to access inspection reports, the complaints procedure and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register

and found that general and individual risk assessments were in place. The inspector reviewed risk assessments including behaviour, independent time alone in the home and lone working. The risk assessments were up to date and reflected the control measures in place. For example, one resident was self-administering their medication and there had been a medication errors identified. There was evidence that the self-administration assessment, risk assessment and supports had been reviewed to ensure this was well managed.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre which demonstrated that all persons could evacuate the centre to a safe location in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed the two residents' personal files and found that they appropriately guided the staff team in supporting the residents with their identified needs, supports and goals. For example, the plans outlined supports in place for residents to develop skills.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and behaviour support guidelines were in place which appropriately guided the staff team in supporting the residents as needed. The residents were facilitated to access appropriate health and social care professionals including psychiatry as needed.

The provider ensured that the service was provided in the least restrictive manner and environment. There was one restrictive practice in use in the designated centre which was reviewed quarterly by the person in charge and regional manager. The inspector was informed that the provider was in the process of establishing a restrictive practices committee.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults. The residents were observed to appear relaxed and content in their home. In addition, there was evidence that residents were supported to develop the knowledge for self protection through completing internet safety and safeguarding courses, as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were supported to have choice and control in their daily lives. The service provided was lead by the residents and staff were supportive of their individual daily choices. This was seen through daily activation, menus and interactions between staff and residents. The residents were supported to have advocacy meetings to discuss running of the house, upcoming events, menu and activity planning. In addition, the residents had been supported to vote in the recent presidential election.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant