



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

Issued by the Chief Inspector

Name of designated centre:	Ballytobin Services Orchard View
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	07 April 2025
Centre ID:	OSV-0008301
Fieldwork ID:	MON-0038074

About the designated centre

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

Ballytobin Services Orchard View is a designated centre comprising of two houses, Leachre and Gabriels, located in a rural area in Co.Kilkenny. Leachare is a two storey detached house on the main grounds of the Ballytobin Service. Leachare has the capacity for four residents. Gabriel's House is a three storey detached house on the main grounds of the Ballytobin Service. Gabriel's has the capacity for four residents. The centre provides 24-hour, 7-day residential services for 52 weeks for adults. Needs of individuals within Ballytobin Services Orchard View vary. Some individuals present with high medical needs, some individuals present with Autism, behaviours which challenge and some individuals whom present with increased anxiety, all of whom have regular support and expertise of the Multidisciplinary Team. Residents attend a day service within the grounds of Ballytobin Services "The Hub", this service promotes and encourages participation within the wider community engaging in activities, such as horse riding, swimming and outdoor pursuits within their community. The centre has a full time person in charge and the staff team comprises of Social Care workers, care Assistants and staff nurses

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Monday 7 April 2025	09:00hrs to 17:00hrs	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. This inspection was completed by one inspector over one day. From what the inspector observed, discussion with management and review of documentation a good quality of care and support was provided in this centre. Although the inspector did identify some areas for improvement in registration, staff training, risk management and safe storage of medication. These areas will be discussed in more detail throughout the report.

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 and a school. The centre consists of two houses. While the centre is in a rural location, it is only a short distance from local amenities.

On arrival to the centre the inspector met with the person in charge, and held an opening meeting before completing a walk around of both properties. The first property viewed included a single apartment with access to the main house. This apartment consisted of an en-suite bedroom, living and dining area, office and bathroom. The main house was home to three residents, each had their own bedroom and an additional rooms such as a relaxation room, dressing room, and sitting room. All rooms were individually decorated in line with the residents preference and interests. There were many items of personal value and interest on display such as achievements and family photos. This house had a large kitchen dining area and sitting room that all residents had access to.

In the second property the provider had recently completed building works to enhance one residents en-suite facilities. An application to vary the conditions of their registration had been submitted and the inspector reviewed the new improved layout on the day of inspection. This house had ample communal areas for residents to spend time. This included kitchen, dining area and large enclosed back garden. Each resident had an area of the house with a bedroom and an additional room that had been developed in line with their assessed needs. One resident had a relaxation room equipped with beanbags, swing chair and sensory lighting.

Overall, both properties were warm, comfortable and had a homely atmosphere. They were found to be clean and well maintained. Although on the walk around the inspector identified a risk where three large roof windows that residents had access to were not fitted with restrictors. Therefore they opened fully and posed a risk of residents falling from a height. The inspector highlighted this to the person in charge and restrictors were fitted to all three windows before the inspector left that evening.

The inspector had the opportunity to meet with three of the seven residents on the day of inspection. One resident who lived in the one-bed apartment was observed being supported by their staff to set up there new large screen electronic device.

The staff member was supportive and informed the resident what they were doing. The inspector spoke with the resident and asked if they liked their apartment and if they were happy living in the centre, the resident responded yes to both questions. The inspector informed them why they were there and if they had permission to look at their individual files and the resident agreed.

On the walk around the inspector met another resident who was returning from a cycle on a modified bicycle with their support staff. They had a big smile on their face and engaged through hand gestures and body language with the inspector, they were seen laughing with their support staff as they entered their house. Another resident was observed relaxing on the couch in their sitting room and briefly engaged with the inspector, they were also seen spending time in their garden later in the day. Staff were seen to bring them out a drink as it was a warm day.

For the most part, the care and support that was provided in this centre was found to be person-centred and in line with the residents' specific assessed needs. As mentioned above some improvements were required.

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.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that for the most part, residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. For example, the person in charge in their monthly reviews had identified the need for gutters and windows to be cleaned and pathways to be cleared of leaves.

Overall, the inspection found good levels of compliance with the regulations reviewed. However there was some areas which as mentioned above required improvement such as Regulation 16: Training and Staff Development where not all staff had received the required mandatory training. In addition, the provider had not made the application to renew the registration of the centre in line with the required time frame, this will be discussed further in Registration Regulation 5: Application for Registration or Renewal of Registration.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application for renewal of registration of the designated centre. The provider had failed to make the application in line with the required time frame. The provider is required to submit an application to renew the registration six months prior to the registration end date. They are informed of this process (in writing) and are provided with a date to when the registration to renewal must be submitted to the office of the Chief Inspector. Additionally a reminder (in writing) is also provided four weeks prior to the deadline. However, the provider had failed to submit their application to renew their registration by the required date.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was full-time and had the necessary skills, experience and qualifications to carry out the role. They had regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. The inspector observed the person in charge interacting with residents on the day of inspection and the residents were observed to be comfortable in their presence.

The provider had ensured that the person holding the role of person in charge was appropriately supported and supervised. This was carried out by the area manager every eight weeks, the records reviewed were found to be action focused and actions were subject to review at the next meeting.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there was sufficient staff on duty to meet the assessed needs of residents. The staffing team consisted of social care workers and support staff. The team was supported by the person in charge and the area manager. The inspector reviewed the staff roster for the previous two months. The rosters were found to include the staff full names and grades and were updated to reflect any changes from the planned roster.

The centre had no vacancies at the time of the inspection and therefore the requirement to use agency staffing was limited. Where shifts were required to be filled from annual leave, sick leave or training, regular relief staff were booked in advance in so far as possible, for these shifts.

As part of the management, of previous safeguarding incidents that had occurred in

the centre, an additional staff was scheduled on duty each day by the provider. This allowed residents to be supported on 1:1 and reduced the likelihood of any further incidents happening. This was seen to be effective in the management of further incidents on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for the centre and found that the person in charge was reviewing it on a monthly basis. While efforts were being made to ensure all staff had the appropriate level of training, there was a number of staff who required training and refresher training in manual handling, Lamh, first aid and fire safety.

Staff were in receipt of supervision yearly as per the provider's policy. This was completed by the person in charge.

Judgment: Substantially 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 on the day of the inspection.

The provider had robust systems to monitor the quality and safety of service provided for residents. This included an annual service review and unannounced visits every six months. The inspector reviewed these and found them to be detailed, reflective of the lived experience of the residents and to contain action plans where improvements were identified. One review had identified improvements required in four regulations and all were seen to be completed on the day of inspection.

The six-monthly unannounced visits and corresponding reports were completed in March 2024 and December 2024 and included feedback from residents and their representatives. Feedback received included that families and representatives were very satisfied with the quality of care and support provided.

The provider and person in charge had arranged for the annual review to be available to all residents, in their homes, in an easy read format. The inspector observed these displayed in both houses on their notice board.

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.

It was also seen to be updated and reflective of the new floor plans as per the application to vary the footprint. A walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre, and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services, in line with the regulatory requirement.

The inspector had reviewed the notifications prior to the inspection and also completed a review of the providers incident and accident analysis record. The inspector found that all incidents requiring notification had been duly reported.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents, were of a good standard. The inspector observed that residents had opportunities to take part in activities and to be involved in their local community. Residents were actively making decisions about how they wished to spend their time, and were supported in developing and maintaining connections with family and friends.

From what the inspector observed, discussion with staff and management, and reviewing documentation it was clear that residents were supported through

individualised assessments and personal planning. In addition, residents had access to ongoing support from multi-disciplinary professionals as needed.

Regulation 13: General welfare and development

The provider and person in charge had ensured that a variety of activities were available for residents, both in their homes and in the local community. Outings included shopping, dining out, bowling, social farming, mountain climbing, cycling and swimming. Residents also took part in in-house activities such as baking, household chores, watching movies, art and relaxation.

Residents' were supported to develop plans in line with their assessed needs and interests. For example, one resident had a keen interest in farming and was supported to attend social farming weekly.

A review of residents' activities indicated they were engaging in planned days out, trips to areas of interest and holidays. The person in charge and the staff team also supported residents to maintain their relationships with family and friends.

Judgment: Compliant

Regulation 17: Premises

The premises consists of two houses located on the same site, a short distance from each other. As mentioned previously this site also included another designated centre operated by the same provider, some administration buildings and a small school. Each house was suitably decorated, felt warm, homely and comfortable. Both properties were suitable to the needs of the residents living there. One resident recently had work completed to increase the footprint of their en-suite and change the location of the door to enhance privacy. The provider had submitted an application to vary the footprint of the designated centre and this was reviewed on the day by the inspector.

Both properties had access to large garden spaces and plans were in place to improve the activities available in one of the gardens to include a trampoline, sand area and potentially swings. The provider sought advice and review from clinical professionals, to support the garden development ensuring it was in line with the assessed needs of the residents.

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

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The safety of residents was promoted through risk assessment and learning from incidents.

The inspector reviewed the risk register, which included centre specific-risk assessments and four residents' individual risk assessments. They were found to be up-to-date and reviewed in line with the providers policy.

Although, the inspector noted three large roof windows that could be accessed by residents were not fitted with window restrictors, this was highlighted to the person in charge and was addressed on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

From the walk around and review of documentation, the inspector found there were robust fire management systems in place in the centre. A review of records indicated that all equipment was being serviced as required.

The provider had systems in place to review the effectiveness of fire safety measures in the centre. For example, the staff team completed daily checks on fire escape routes, weekly checks on emergency lighting and monthly checks on fire doors. Issues had been identified with fire doors from November 2024 through to February 2025. The inspector found the person in charge had completed follow up on all issues and work had been completed to ensure all fire doors were working effectively.

Fire drills had been completed quarterly in line with the provider's policy and demonstrated that all residents could be evacuated in a timely manner when required. Fire drills had also been completed with maximum numbers of residents

and minimum staffing, simulating a night-time drill. Personal evacuation plans were in place and offered detailed guidance to staff supporting the resident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. For the most part these were implemented effectively. For example, all medication was subject to daily stock checks by staff on duty and were reviewed by the person in charge regularly. Although, some improvements were required in relation to the safe storage of medication as on the day of inspection one medication storage press had been left unattended with the keys in it.

The inspectors observed that there were suitable storage facilities for medicines, including a system for additional medication. A lockable fridge was available for medications if needed. All staff had completed training in the safe administration of medicines. Actions were identified through internal and external medication audits conducted in February 2024 and August 2024. For example, one resident required a larger medication storage press, this had been identified and steps had been taken by the provider to source a new one.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

A behaviour support specialist was very involved within the centre. They regularly visited and were available to attend team meetings and offer training and guidance to staff members. Residents' had personalised behaviour support plans in place. On review of these plans they were found to be detailed in nature and offered guidance to staff. Plans included some background information on the residents, it detailed behaviours of concern, early indicators or triggers, skills building and de-escalation strategies.

The inspector reviewed the restrictive practice register and found it was regularly reviewed by the person in charge. All restrictive practices were clearly documented and were subject to review in January 2025 and April 2025 by the human rights committee. As a result of these reviews, one restrictive practice where a resident wore a harness when travelling in the service transport was subject to a reduction plan and an alternative restriction which was deemed less restrictive was being trialled.

All residents had access to an easy read document explaining the restrictive practice policy and this was also discussed at residents' meetings.
Judgment: Compliant
Regulation 8: Protection
<p>The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse within the centre. Any allegations made were appropriately documented, investigated and managed in line with national policy.</p> <p>Residents had intimate care plans in place, which were subject to regular review and guided staff supporting them with personal care. These plans were found to be reflective of the individuals preferences and wishes.</p> <p>All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff were knowledgeable about their safeguarding remit and were actively identifying safeguarding concerns and reporting them through the online management system for incidents and accidents.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>Through the review of documentation and discussion with management, it was evident that residents were offered choice and control over their day and that, they were supported to choose how and where they wanted to spend their time.</p> <p>Residents were presented with information in a manner that was suitable to their communication needs. For example, there were easy read documents on annual reviews and policies such as restrictive practices.</p> <p>Observations on the day of inspection indicated that staff were respectful and professional when interacting with residents. They responded to residents' requests and offered time to respond to requests. It was also found that the language used throughout, personal plans, support plans risk assessments were all person-centred and documented in a way that was respectful of the resident.</p>
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	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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 Services Orchard View OSV-0008301

Inspection ID: MON-0038074

Date of inspection: 07/04/2025

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none">• The registered provider will ensure all documentation going forward is submitted in line with the required timeframe.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• Training dates and online training has been identified with regards to any outstanding training. The Person in Charge will ensure all staff receive training within a timely manner.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management procedures:

- A review of risk management at the centre has taken place and the identified actions have now been addressed.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- All staff will review current BOCSI medication policy to ensure all are working in line with best practice.
- Person in Charge to discuss at local team meetings.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	30/04/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/08/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	30/04/2025

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/05/2025