



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

Issued by the Chief Inspector

Name of designated centre:	Ballybranagh
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	02 October 2025
Centre ID:	OSV-0008984
Fieldwork ID:	MON-0046657

About the designated centre

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

Ballybranagh provides a respite service for up to a maximum of five adults at a time. Both male and female residents with intellectual disabilities, autism spectrum and acquired brain injuries can be supported in the designated centre. Individuals who also present with mental health difficulties and behaviours which challenge may also be supported. The objective of the service is to promote independence and to maximise quality of life through interventions and supports in line with the provider's model of person centred care and support. The designated centre is designed to provide a home like environment that promotes dignity, respect, kindness and engagement for each resident. The staff team provide on going supports by day and waking staff are present at night time.

The house is a two storey building located in a rural area which is surrounded on all sides by large garden areas and parking facilities. There are security gates at the entrance to the property. On the ground floor there is a large kitchen-dining area, pantry and laundry areas. There is a large sitting room and two wheelchair accessible bedrooms, one of which is en-suite. There is an accessible wet room and additional storage spaces also on the ground floor. On the first floor there are three bedrooms, one of which is en-suite. There is also another bathroom staff office and additional storage rooms located on this floor.

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
Thursday 2 October 2025	10:00hrs to 17:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This designated was registered by the provider in April 2025 to provide respite breaks to adults with a maximum capacity of five residents availing of such breaks at a time. The provider commenced providing respite breaks to residents since the end of April 2025. At the time of this inspection 13 residents were regularly availing of short respite breaks in the designated centre. This was a short announced inspection to meet with some of the residents who were accessing the service in the designated centre as part of the ongoing monitoring by the Chief Inspector of Social Services.

Prior to the inspection taking place the inspector was aware that there would be two residents availing of a respite break on the day of the inspection. On arrival the inspector was met by the person in charge and a member of the senior management team. The inspector was informed one of the residents had already left to attend their day service and the other resident was being supported by two staff members in the designated centre.

The inspector was introduced to the resident in the large kitchen area. The resident communicated without words and the inspector greeted the resident both verbally and with a hand gesture. The resident acknowledged the inspector briefly. Staff supporting the resident advised that the resident did not like when there were a lot of people in a room with them and this was respected during the inspection. After greeting the resident the inspector left the room but did meet with the resident on a number of other occasions during the day. On one such occasion, the staff explained how the resident preferred to eat their meals and this was consistent with information documented in the resident's personal plan. The resident also liked to listen to music and this was evident to be available to the resident while they were in the designated centre. The resident was observed to engage in a table top game they liked to complete. The staff members spoke of the plans for the day which had to be alerted due to poor weather conditions. The resident was subsequently supported to go out for a drive to a location where there were boats which the resident was known to like to look at.

The inspector was introduced to the second resident on their return in the afternoon from their day service. The resident completed their routine and had something to eat before being ready to meet the inspector. The resident called the inspector by name and was aware of the inspection taking place. The person in charge had explained the purpose of the visit using the nice-to-meet you document that the inspector had given in advance of the inspection. The resident was observed to engage in a conversation with the person in charge about their day and about planned changes for the following day due to poor weather forecasts and warnings for the area. The resident spoke to the inspector about the bedroom they used while attending for their short breaks. They liked that there was an en-suite and lots of space for their personal possessions. The resident liked the house and spoke of the support some members of the staff team were providing to them which included

choosing healthy options when eating. The resident was interested in some sports and enjoyed playing basketball at the rear of the house and spoke about sea swimming and accessing nearby beaches in the last few months.

The inspector was escorted by the person in charge during the walk around of the large house. All of the rooms were spacious and decorated in neutral and warm colours to create a homely atmosphere. There were large windows in the communal areas to provide ample natural light throughout the house. The house was well maintained and finished to a high standard. There were dedicated rooms for storage of excess items including a pantry and a store room for cleaning equipment. There was a landscaped garden to the front of the property with raised flower beds. The inspector saw photographs of some residents spending time in this area in recent months. There was additional outdoor space to the rear of the property which included a hard surfaced area where residents could play basketball or other such activities if they choose to do so.

The inspector met with six staff at different times during the day. One staff member explained that they had chosen to take an internal opportunity with the provider to transfer to this designated centre. This staff member explained how they were familiar with the provider's systems and processes and was able to assist new team members with some aspects of the provider's administrative duties and other daily requirements while working with residents. All staff spoken too were aware of the specific assessed needs of the residents for whom they were providing support on the day of the inspection. This included keeping both residents safe and also ensuring personal space and privacy when required. Staff also spoke of providing ongoing re-assurance and home like environment during each residents respite break.

The inspector was informed most residents attending for respite enjoyed social activities during their stay and would choose not to attend their usual day services. However, if the regular daily routine for a resident was required to be maintained this was supported by the staff team. Two residents who availed of respite breaks were being supported to attend their regular day service. The person in charge outlined the links and ongoing communication with all parties that ensured these necessary routines were being maintained to support each of these residents. In addition, one resident who availed of short breaks over the weekend was being supported to continue their volunteer work each Saturday in the city.

In summary, on the day of the inspection both residents were being supported by a core consistent staff team. Person centred care and individualised supports were being provided and responding to any changes identified in the assessed needs of both residents. The staff team had evidence of ongoing work and education programmes including social stories to support residents to become aware of personal space, fire evacuation procedures and private areas such as bedrooms within the house. During the walk around of the designated centre a locked store room was noted by the person in charge and the inspector. This was not part of the restrictive practices that were being reported to the Chief Inspector and was

immediately addressed by the person in charge as well as being discussed during the feedback meeting.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of person centred care and support from a consistent staff team.

The provider had systems in place through which staff were recruited and trained, to ensure they were aware of their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Both residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident looked to a staff member for re-assurance when the inspector walked into the room. The resident was immediately supported by the staff member moving closer to the resident to explain while the inspector moved out of the resident's line of vision to avoid causing any anxiety to them. The other resident was observed to seek confirmation of their answers from the person in charge during their conversation with the inspector, this included when talking about healthy eating options. The person in charge provided the resident with time and encouragement for the resident to provide their own response to the inspector.

The provider had a range of electronic systems in place to monitor the services being provided throughout the organisation and in this designated centre. These systems provided up-to-date information, including alerts and reminders to inform the staff team of any actions or reviews that were required to be completed. The person in charge advised the inspector that it was an effective way to maintain oversight within the designated centre. The electronic systems included audits, staff training records as well as the residents personal plans.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. One internal provider led audit had been completed in August 2025. A small number of actions had been identified by the auditor which included addressing gaps in documented information for some residents. The actions also included the personal style of communication for residents to be reviewed and staff to be aware of such information. All actions had been addressed by the person in charge and closed at the time of this inspection. The provider also had a schedule of monthly audits

which had been consistently completed by the staff team since May 2025 once the designated centre had opened and started providing respite breaks.

The inspector was informed that the designated centre was not yet supporting the maximum number of residents. At the time of this inspection the maximum number of residents who had been supported overnight was four residents. The provider demonstrated there was ongoing review of the staffing supports and skill mix required by the residents availing of respite breaks within the designated centre. This included a review of the remit of the person in charge with a planned reduction for their remit to be over this designated centre. In addition, two nursing posts were planned to be added to the core staff team to support the assessed needs of future residents availing of respite breaks.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located in close proximity at the time of this inspection. The person in charge was assisted by senior members of the staff team and there was evidence of duties being delegated which included staff supervision.

The inspector was informed during the inspection of the planned change of the remit of the person in charge in this designated centre. Following a review by the provider of the services being provided in this designated centre and the expected increase in the number of residents availing of the service in the future the provider had plans to have the person in charge remit changed to this designated centre only. The person in charge will also be supported in their role with two team leaders working in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team comprised of eight support workers, a team lead and the person in charge.
- The provider had recruited a new person in charge to work in this designated centre. The inspector was introduced to this person during the inspection who was still completing their induction with the provider.
- The provider was actively seeking to recruit an additional team leader at the time of this inspection.
- Four staff had re-located from other designated centres in other counties which were also under the remit of the provider.
- No agency staff worked in this designated centre. If additional staff resources were required to support the assessed needs of residents additional shifts were being offered to the current staff team.
- The person in charge had made available to the inspector actual rosters since 1 September 2025 and planned rosters until 19 October 2025, 7 weeks. These reflected the number of residents being supported each night and changes made due to unplanned events/leave. The minimum staffing levels were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and reflected the hours when staff were attending scheduled training.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of ten members.

- The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety, positive behaviour support and safeguarding.
- All staff were required to complete all mandatory training during their induction period. One staff member was actively progressing with this training at the time of the inspection.
- All staff in the centre had completed a range of non- mandatory training courses to support the specific assessed needs of the residents which included human rights, safe administration of medications and manual handling.
- All staff had recently completed additional training relating to the close supervision and safeguarding of the residents in this designated centre.
- The person in charge ensured regular review of the training requirements of the staff team via an electronic system. This provided alerts four weeks in advance of a staff members training being out of date.

- The person in charge had scheduled staff meetings that occurred regularly since the designated centre opened. Topics discussed included safeguarding, learning and recommendations following incidents that had occurred and the specific supports required by residents availing of respite services in the designated centre.
- The person in charge provided details of the dates supervision that had taken place with the staff team to date and the dates for scheduled supervision for the remainder of the year. Some staff were continuing on with the provider's supervision process as they had been employed in another designated centre prior to commencing work in this designated centre. Four staff were progressing through the probationary supervision process in line with the provider's procedures.
- The provider had also ensured arrangements had been put in place to assist with staff training being provided locally in recent months. In addition, it had been identified that training in sign language would assist with better communication by the staff team with a number of the residents availing of services in the designated centre and this was being scheduled by the provider.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior managers.

- The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. This included a range of electronic systems which provided up-to - date information and alerts to both the person in charge and the senior management team if actions were required to be completed.
- The provider was aware of the regulatory requirement to complete an annual review and six monthly internal audits. The first of these audits was completed in August 2025, with all actions documented as being completed by the person responsible within the required time lines.
- The provider had a detailed schedule of regular audits which included monthly audits taking place since the designated centre opened. Some audits that had been completed had no actions identified, these included residents contracts of care. Where actions had been identified during audits actions were documented as being completed. For example, a review of the centre's risk register was completed in May 2025, and the requirement to add the topic of safeguarding to meeting agendas was identified on audit in September 2025 and this had been implemented for the next staff meeting that took place on 19 September 2025.

- As part of the provider's ongoing monitoring of the designated centre a post opening audit was completed in May 2025 by an assistant director of services to ensure safe and effective services were consistently being provided in the designated centre. Any actions identified were documented as being completed which included the date the issue was addressed and by whom. For example, actions included to ensure emergency numbers were available for staff to access easily, advocacy posters and staff safety awareness posters were also required.
- The oversight by senior management was also evident with regular communication and weekly in-person visits taking place in the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had taken steps to ensure all residents had an up-to-date contract of care in place. The inspector reviewed the contracts for the two residents in receipt of respite breaks at the time of the inspection. The contracts were individual to each resident, outlined the services being provided and consistent with the assessed needs of the resident for whom the contract had been prepared.

The provider had completed an audit and reviewed all of the contracts of care in place for residents availing of services at the end of May 2025 with no issues identified.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations.

In addition, the document had been updated when there had been a change to the person in charge since the designated centre was first registered. Some minor addition of information to the document was also completed on the day of the inspection.

Residents were provided with an easy to understand version of the document.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy was in place for the management of complaints. The current version of the policy titled Comments, Complements and Complaints was next due for review in August 2027.

- Details of who the complaint officer was were observed to be available within the designated centre.
- Easy to understand information was available to support residents with the complaint process.
- Staff spoken to were aware of the provider's process in managing complaints
- There were no open complaints in the designated centre at the time of this inspection. The inspector reviewed one complaint that had been made since the designated centre opened. It was managed in line with the provider's own policy when the complaint could not be managed informally or locally. Senior management had completed a review of the complaint made and issued a report in July 2025 which included written correspondence to the complainant. The provider acknowledged in the report which was issued to the complainant that some aspects of the complaint were partially or fully upheld with details of actions taken to reduce the risk of similar situations occurring in the future. The rationale where a finding of a part of the complaint was not upheld was documented also in the report.

Judgment: Compliant

Quality and safety

Overall, residents were being supported to receive care in-line with their assessed needs. This included being supported to attend day services if they wished to do so to maintain their regular routine. Most residents enjoyed engaging in social and community activities during their respite breaks.

Staff ensured each resident was consulted at the beginning of their respite break of what social activities they would like to participate in, meal preferences and if there were any activities they would like to complete while in the designated centre. This included assisting with household chores. The inspector was informed that two of the residents availng of regular respite breaks within the designated centre were awaiting full time residential placement with the provider. The person in charge explained once such placements had been confirmed how the staff team within this

designated centre would assist with information sharing and the transition process as required to aid a smooth process for both of the residents.

Prior to all of the residents being admitted for respite breaks the staff team completed pre-admission information which included details of preferred communication methods, mobility status, routines both by day and night, eating and dietary preferences as well as the levels of supports required with activities of daily living. Additional details were also documented to assist with a smooth transition for residents on arrival to commence their respite break. For example, one resident preferred a calm environment on arrival which could be assisted with relaxing music playing in the house when they arrived. Another resident preferred structured engagement from the time they woke up in the morning. A very detailed plan which included time lines and activities to support the resident both by the day and night staff ensured ongoing and consistent support was being provided to the resident.

There was evidence of learning for the staff team in recent months to ensure effective supports were consistently being provided to all residents in line with information provided as part of the pre-admission process. This included ensuring dietary plans and the required supports with activities of daily living were adhered to by all staff.

The staff team had effective systems in place including handovers to ensure staff were provided with up-to-date information while providing support to each of the residents. This included the use of a range of electronic systems which were in place in the designated centre. The staff team had been provided with training and ongoing supports on the use of the systems. The person in charge had taken actions to ensure effective communication between the staff team was taking place when gaps had been identified in the completion of some documentation and tasks in recent months.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. They were observed to ensure residents were informed prior to an activity taking place. For example, one resident was unable to visit a beach as planned on the day of the inspection due to the weather and staff offered an alternative social outing. Another resident had been informed their day service would not be open the day after the inspection due to poor weather conditions. The person in charge outlined how they had made arrangements for the resident to have access to a streaming service where they could watch preferred programmes and discussed possible alternative activities that could be completed within the designated centre. The resident appeared to be content with the discussion that had taken place and all of their questions were answered by the person in charge.

Regulation 10: Communication

The registered provider and staff team had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

This included ensuring access to documents in appropriate formats for a range of topics including fire safety, safeguarding, advocacy and consent.

Residents also had access to telephone, television and Internet services in line with their assessed needs.

Residents had up-to-date communication passports in place which detailed for staff the preferences and communication techniques which effectively supported them. This included the requirement to allow one resident space and time to respond to any questions. Another resident used their own gestures when communicating. There were photographs of the resident using these gestures to enable staff to be aware of what the resident was communicating to them. Details of specific words used by a resident and the meaning of these words for them were also clearly documented for the staff team.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured each resident was being supported with appropriate care and support. For example, residents were supported to engage in activities relating to their interests and hobbies. These included sporting activities and outdoor spaces such as walking on beaches or visiting social locations such as shopping centres.

- One resident was being supported to continue their weekly volunteering role in the city which was important to them.
- Two residents were supported to continue to attend their regular day services while attending for respite breaks. There was ongoing communication between the residents, relatives and staff teams of the day services to ensure residents were aware of time lines and expected departure and arrival. The importance of this for one resident had been identified when there was mis-communication and the resident had expected to depart from the designated centre earlier in the day than planned.
- Residents were being supported to engage in activities to further enhance their independence and skills knowledge in areas such healthy eating, making informed choices and awareness of personal responsibilities such as personal hygiene and looking after their bedroom during their respite break.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. A choice of internal and external communal areas were available to the residents to use as they choose to do so.

- The premises was observed to be well maintained internally and externally.
- Communal areas were large and spacious with ample comfortable seating to suit the assessed needs of the residents.
- The designated centre had security measures in place to ensure the ongoing safety of each resident which included electric gates at the entrance.
- The provider had systems in place to ensure any maintenance issues were addressed in a timely manner.
- The person in charge outlined plans to install wipe clean surfaces on the storage shelves in the pantry to enable the staff team to more effectively clean these areas.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate easy to understand format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

- There was no escalated risks at the time of this inspection.
- Centre specific risks had been identified and subject to review since the designated centre opened. These included lone working of staff, fire and unexplained absence of a resident attending for respite break.
- Individual risks had been identified on admission and subject to regular review in the event of changing circumstances. For example, one resident who may experience dys-regulation had specific control measures in place to support them which included social stories, managing their feelings and structured routines. Staff supporting the resident during the inspection were observed to be aware of the supports required by the resident to reduce the risk of dys-regulation occurring.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems and equipment which included weekly, monthly, quarterly and annual checks being completed in this designated centre.

- All exits were observed to be free from obstruction on the day of the inspection.
- The person in charge had ensured the staff team completed regular fire drills including a fire drill in advance of the designated centre opening to support residents.
- All residents had personal emergency evacuation plans (PEEPs) in place. These were subject to review on admission and subsequently as required. Each resident was supported by a staff member to complete a fire drill on admission to inform the details of supports required by the resident in their PEEP. The plans were reflective of the supports and prompts that may be required for each individual. This included the use of a social story and easy-to-understand information being provided where required to assist residents understanding of the evacuation process.
- All staff had completed training in fire safety.
- All relevant and up-to-date information pertaining to fire safety in the designated centre was located in a fire folder that was subject to regular review by the person in charge. 16 staff members had signed that they had read the contents of the folder since the designated centre opened.
- Three planned fire drills had taken place with residents since the designated centre opened. Details documented included the scenario, exits used and the assistance required by the residents who were participating. While minimal staffing had been present in fire drills completed during June and September only three and two residents respectively had been involved in these drills. The inspector was informed the maximum number of residents to date being supported over night had been four residents. The person in charge and provider were aware of the requirement to complete a minimal staffing fire drill with the maximum number of residents at least once annually. The inspector acknowledges that the designated centre has not to date provided overnight supports to the maximum number of residents that can be supported in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both of the personal plans of the residents availing of respite breaks on the day of the inspection. Both were found to be subject to regular review. The inspector was informed and saw documented evidence of the person in charge completing regular reviews of each residents personal plan.

- The person in charge had both electronic and hard copies of each residents personal plan available for the inspector to review.
- The profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes and dislikes while availing of respite breaks in the designated centre.
- Each residents personal plan had been reviewed in consultation with them, with easy to understand versions being available to them.
- Goal planning was reflective of the respite service being provided to residents. These included engaging in preferred activities during the respite breaks in addition to enhancing independence and responsibility such as keeping personal bedrooms tidy and clean.
- One resident had a goal to move to an independent living arrangement in the future. They had been supported by their day service to make an application for social housing in June 2025. The staff team in the designated centre were assisting the resident to learn and engage in activities such as household chores and money management to assist them with attaining and enhancing their independence and skills.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured all staff had attended training in positive behaviour support.

- Residents who had positive behaviour support plans in place had been developed by each resident's day service. However, centre specific adaptations were documented where required. For example, one resident required the area where they choose to eat their meals to have a minimal number of persons present. This was observed to be in place on the day of the inspection for the resident. Another resident was supported to use headphones while listening to their music so they did not impact others who may be availing of services at the time.
- There were a small number of restrictions in place to ensure the ongoing safety of residents which included window restrictors. In recent months two new residents availing of respite breaks had required the use of perspex to be in place while using the transport vehicles for their safety. The restriction was removed when these residents were not using the transport vehicle. The

person in charge outlined that these new restrictions would be part of the quarter three 2025 notification submitted to the Chief Inspector.

- The inspector was informed of a recent review of a resident's behaviour relating to food. One occasion of a behaviour had occurred since the resident commenced availing of respite breaks. The staff team had reviewed all documents relating to the resident to establish if there was a requirement for a restrictive practice regarding accessing food for this resident. It was identified that the requirement for any such restriction needed to be evidence based. At the time of this inspection such a restriction was not required by the resident and staff were aware to monitor and document any future situations that may require this matter to be reviewed again.

During the walk around of the premises with the person in charge it was observed that a store room on the ground floor was locked. This was not a requirement to support the residents and it was not reported as a restrictive practice to the Chief Inspector. The person in charge outlined that the store room should not have been locked and addressed the situation immediately.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were two open safeguarding plans in place at the time of this inspection. The person in charge had documented when reviews had taken place and when the next review was scheduled to be completed on both plans. One plan remained as an interim safeguarding plan dating from 16 July 2025. The person in charge ensured all staff were aware of the interim plan, the control measures in place and this had been discussed at the most recent staff meeting on 18 September 2025. The person in charge was awaiting a response from the Health Services Executive safeguarding and protection team.
- All staff were aware of safeguarding concerns within the designated centre.
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review and updated as changes occurred with individual assessed needs in recent months. This included ensuring residents were being supported by staff in line with expressed wishes and independence in completing these activities was respected. In addition, the person in charge ensured at least one female staff was on duty when female residents were availing of services in the designated centre. One occasion had arisen after the centre had opened where this could not be facilitated at short notice but

has since been part of the ongoing consideration when rostering staff on duty.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre.

- Adequate staffing levels to support the assessed needs of both residents had been maintained by day and night. This included adequate staff resources to support social outings, attend day services as well as providing support within the designated centre if a resident wished to spend time there.
- The staff team had social stories in place to inform residents of many aspects to communal living.
- The respite breaks being provided to residents focused on supporting individual interests. Staff listened to what residents wished to do during their time in the designated centre. Residents meetings were meaningful to the attendees and reflective of choices being made which included meals, activities and celebrating special events such as birthdays.
- One resident was being supported each week in the designated centre while they awaited a full time residential placement with the same provider. This resident continued to carry out their work volunteering with a charity each weekend with staff support from this designated centre.
- A resident who was awaiting a full time residential placement had been supported to identify a bedroom which they used each week where they could leave their personal belongings. The bedroom was locked when this resident was not present to ensure the safety of their belongings and this was described by the resident as being good for them as they liked the bedroom.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	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