



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

Issued by the Chief Inspector

Name of designated centre:	Baile Geal Residential Service
Name of provider:	Barróg Healthcare Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	16 December 2024
Centre ID:	OSV-0008798
Fieldwork ID:	MON-0043828

About the designated centre

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

Baile Gael is a detached bungalow residence nestled in the outskirts of a large town. The service is committed to meet the needs of three adults with an intellectual disability who present with moderate to severe support needs. Baile Gael Residential Services provides 24-hour residential care and support in a safe environment that is conducive to positive development facilitating each resident to live a healthy life and improve outcomes, developing them to their fullest potential. The service will offer residence 7 days a week. Residents are supported by a team of social care workers and support workers, the person in charge and the team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 16 December 2024	09:50hrs to 16:40hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection completed in the designated centre Baile Gael Residential Service. This was the first inspection completed since the centre opened in May 2024.

The premises of Baile Gael Residential Service was a detached bungalow, with a converted garage. The centre was divided into three individual living areas, one for each of the centre's three residents. On arrival to the centre, it was identified that the registered provider had made changes to the internal layout of the designated centre. Therefore, the centre was not being operated in line with condition 1 of its registration conditions. These changes impacted on residents' rights and the facilities that they should be provided with under Schedule 6 of the regulations.

Despite the impacts of the centre layout, overall the inspector found that residents were provided with a good level of service. Throughout the inspection, staff members provided the inspector with information to facilitate meeting the residents, including outlining verbal indicators that a resident may display and how the inspector should respond. This ensured that residents continued to be supported in line with their assessed needs.

Each resident living in Baile Gael Residential Service had their own private living area, which included a sitting room/relaxation area, a bedroom and a bathroom. It was noted that only one resident had access to the kitchen. One resident did not have any access to cooking facilities and the inspector observed that they there were no snacks or fresh foods that they could access in their living area. Another resident's living area included an air fryer and a small fridge that staff used to prepare snacks and light meals. However, it was not clear if this resident could access the kitchen area if they wished, in line with their behavioural support needs.

One resident's individual living areas were divided between the main house and the external converted garage. The area used to support their social and recreational needs, and where they ate their meals was a converted garage which could only be accessed by going outside of the building where their bedroom and bathroom were located. There was no evidence of consideration of the risks this posed in adverse weather. This required review to ensure this residents private and communal accommodation was adequate and suitable.

On the day of the inspection the inspector met with all three residents who lived in Baile Gael Residential Service. The inspector met with two residents briefly, in line with the behavioural support needs of these residents. One resident was observed being supported by two staff members. The resident spoke about doing their Christmas shopping, and how staff had supported them to buy Christmas gifts for their family. The resident liked to write letters to their family, and used their mobile phone to keep in contact with their family members. This resident had planned to go shopping on the morning of the inspection, however decided to relax in their home

watching Christmas movies instead. The resident decided they would like to go shopping in the afternoon, and this choice was respected and supported by staff members. Throughout the morning of the inspection, the resident was observed relaxing on the couch with a blanket and snacks as they watched television.

One resident could not communicate to the inspector their views on what it was like to live in their home. Staff working with this resident told the inspector that they enjoyed swimming, and that they supported the resident to go swimming daily. Through their goals, this resident had been supported to learn some life skills which included learning how to launder their clothes after swimming. This resident required a strict routine, which included the resident being given prior notice to their daily plans. Staff members used picture references to communicate the resident's plan for their day, food and menu choices and the staff on duty each day. These were observed on display in the resident's living room.

Staff members were observed offering choices, and allowing residents to choose their daily plan. One resident told inspectors that they have a meeting with staff every week where they decide what foods they would like to eat, and that they then when to do their grocery shopping with staff members. The resident told the inspector that they preferred the staff cook for them and they were happy with the quality of food they received. A resident told the inspector they planned to go for a walk after they had their lunch. This resident had access to computer games, DVD's and a television in their living area in line with their likes and interests.

All three residents had access to day services. Two residents attended day service once a week, however there were plans for this to increase to three days in the new year. The third resident attended their day services for different activities in line with their choice and preferences. When they chose not to engage, they were supported by staff working in the centre to attend activities, go for walks or relax in their home.

The inspector was also provided with three questionnaires completed by residents about the care and support they received in their home. Residents noted that they felt safe in their home, and that the people living in their home were kind. Residents also noted that they were able to make their own decisions and choices, and that they could go on trips and to events as they wished. One resident noted that they could not make telephone calls in private, however it was noted that a restrictive practice was in place due to the resident's behavioural support needs, and that this was reviewed regularly.

The next two sections of the report present the findings of this inspection about 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

Management systems in place in Baile Gael Residential Services had not ensured that the service provided to residents was appropriate to residents' needs, and that it was consistent and effectively monitored. Changes had been made to the internal structure of the designated centre by the registered provider which was in breach of the conditions of registration, and impacted on the provision of facilities to residents as outlined in Schedule 6 of the regulations. These changes had also impacted on the means of escape for one resident in the centre in the event of an emergency. This will be further discussed under regulation 17 premises and regulation 28 fire precautions.

Residents were supported by a team of social care workers and support workers. All staff working in the centre reported to the team leader who then reported directly to the person in charge. The inspector reviewed the staff meeting records and noted that they took place on a monthly basis, in line with the designated centre's statement of purpose. There was evidence of discussions relating to residents' support needs and actions following audits in the centre.

Staff members spoken with told the inspector that they felt well supported by management working in Baile Gael Residential Services. Staff members spoke about completing an induction with the team leader, and shadowing staff members before working directly with the residents. This ensured that they were given time to become familiar with the assessed needs of the residents, and that the residents were provided with the opportunity to become familiar with the staff member.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 8 (1)

The registered provider had not ensured that an application had been made for the variation of a condition of registration attached by the chief inspector. The registered provider had submitted a floor plan layout in May 2024 as part of their application to register the designated centre. It was outlined in condition 1 of the registration of Baile Gael Residential Service that the centre must be operated at all times in accordance with the floor plan received in May 2024. The layout of the centre on the day of the inspection was not in line with the floor plan submitted to the chief inspector in May 2024. These changes were extensive and included the following;

- A living area which had been changed into an office
- A dining area which was now a bedroom and a hallway
- An office and a bedroom which had been converted into a kitchen
- A kitchen which was now a bathroom
- A toilet and utility room had been added to a multi-purpose room in a converted garage.

As a result, these structural changes to the premises had not been outlined to the chief inspector. It was also noted that impact of these changes on residents had not been identified by the registered provider, prior to works being carried out and this inspection taking place.

Judgment: Not compliant

Regulation 14: Persons in charge

A person in charge had been appointed by the registered provider. At the time of the inspection, the person in charge completed this role for a total of two designated centres. The inspector met with the person in charge on the day of the inspection and it was evident through discussions that they were aware of the assessed needs of residents. It was evident that they held the necessary skills and qualifications to fulfil the role of person in charge.

Judgment: Compliant

Regulation 23: Governance and management

Oversight and monitoring systems had been put in place in the designated centre. For example, an audit schedule had been put in place which included;

- Weekly environmental audit
- Monthly medicines audit
- Infection prevention and control audit
- Monthly individual support plan review
- Regional manager quarterly audits.

Action plans from these audits were reviewed monthly to ensure actions were addressed. When issues regarding the cleanliness of the centre were identified, actions were put in place to ensure this was addressed, and this was discussed as part of the team meeting. The centre was noted to be clean on the day of the inspection.

However, the registered provider had not identified that they were in breach of their condition of registration until this was identified by the inspector on the day of this inspection. These changes had impacted on the facilities available to residents in their home, in line with the regulations. Improvements were required to ensure the centre's oversight and monitoring systems identified areas of non-compliance with the regulations, and the impact of this on residents.

An unannounced six-monthly visit to the centre and an annual review had not been

completed at the time of this inspection. This was acceptable as the service had only become operational in May 2024.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the written agreements in place for the three residents living in Baile Gael Residential Service. These agreements outlined the care, support and welfare of residents in the centre and details of the services provided for each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had developed a statement of purpose which had been updated in December 2024. This document outlined the specific care and support needs that residents received in their home. It included the information as outlined in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

The inspection found that despite the impact of the centre layout, residents were provided with a good level of care and support. Each resident had a behaviour support plan in place. These three plans were reviewed by the inspector on the day of the inspection. These plans included the potential triggers, proactive and reactive strategies in place to ensure residents were supported to manage behaviour that is challenging. The inspector observed staff members supporting residents in line with their behaviour support plan, which included discussing residents' behavioural support needs before they met with the inspector.

Residents were supported to develop goals as part of the person centre planning meeting. These goals included learning skills to increase residents' independence, and to engage in activities of their choosing. When one resident required a strict routine, a weekly planner of activities and daily routine plans had been developed to outline the supports they required, and the activities provided to the resident.

Management in the centre committed to reviewing the layout of the centre, and proposing a suitable layout that met the assessed needs of the residents, and provided them with the matters outlined in Schedule 6 of the regulations. The registered provider was afforded the time to review this after the inspection had taken place, to ensure that the application for variation of condition 1 would be completed whilst addressing the areas of non-compliance identified during this inspection.

Regulation 17: Premises

The registered provider had not made provision for the matters set out in Schedule 6 of the regulations. The centre was divided into three individual living areas, one for each of the three residents that lived there. Two residents did not have access to a separate kitchen area that included suitable and sufficient cooking facilities and kitchen equipment. Discussions with staff and management in the centre noted that these two residents did not have unrestricted access to the kitchen in the centre due to the behavioural support needs of residents. Staff members told inspectors that they prepared residents' food in the kitchen area and brought it to these two residents. Although one resident did have access to facilities for the making of sandwiches and light meals, staff spoken with noted that they did access the main kitchen to prepare meals for this resident.

One resident's bedroom and bathroom were located in the designated centre's main building, while their social, recreational and dining space was located in a converted garage next to the centre. This area could only be accessed by exiting the centre. It was not evident if this arrangement was adequate, or if consideration had been given to the risks posed in accessing this area in the event of adverse weather. This required review.

As previously mentioned a number of changes had been made to the internal layout of the centre which had not been notified to the office of the chief inspector. This has been actioned under registration regulation 8(1).

Judgment: Not compliant

Regulation 28: Fire precautions

A number of fire safety systems had been put in place in the designated centre. These included a fire detection and alarm system, firefighting equipment and emergency lighting. Fire-resistant doors had been installed throughout the centre. However, the integrity of a fire door between a resident's living area and a laundry area had been impaired as the inspector observed six holes of approximately two inches wide in the door. This required review given that it took six minutes for this

resident to evacuate during a fire evacuation drill completed in December 2024.

In the event that one resident needed to evacuate when in their bedroom, their only means of escape was through a kitchen. When this was highlighted to the person in charge on the day of the inspection, an updated fire risk assessment was completed. This outlined additional control measures to prevent the risk of a fire including that one staff should be located in the kitchen area at all times while the resident is in their bedroom.

On the day of the inspection, the provider committed to having an expert in fire safety carry out a review of the fire safety precautions and evacuation measures in the centre for all residents. Although management in the centre noted that such a review had been completed before the centre was registered, there was no evidence that this had been completed since internal changes had been made in the layout of the designated centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the needs of each resident was completed before they moved into the centre, and these were updated to reflect changes as staff members got to know them. When a support or health care need was identified, it was evident that a plan of care was developed in response to this to ensure the resident was supported in line with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to healthcare in line with their personal plans and assessed needs. Each resident had access to their general practitioner (G.P) and were supported to attend their G.P and local hospital if needed. When a resident had an identified health care need, there was evidence of an appropriate plan of care to support that healthcare need. Where medicines were required in response to a healthcare need, this was noted in the residents' healthcare plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

A number of restrictive practices were used in the centre to promote the safety of residents, due to the behavioural support needs of residents. The inspector reviewed the restrictive practice log in the centre which documented restrictive practices utilised in the centre from August to November 2024. It was noted that these were subject to review, and that a multi-disciplinary approach was used to ensure restrictive practices were appropriate, and in line with the assessed needs of the residents. Easy-to-read information about restrictive practices in the centre were available to residents.

The inspector reviewed the incident report completed by staff members where a restrictive practice was used. There was evidence of a clear rationale for the use of the restrictive practice. It was also noted that there was evidence of learning and review by the person in charge, which was shared to the staff team.

Judgment: Compliant

Regulation 8: Protection

The registered provider had developed a policy for the safeguarding of residents. This policy, dated the 21 November 2024 was reviewed by the inspector as part of this inspection. The policy outlined the responsibilities of staff members to protect residents from suspected abuse. Safeguarding plans had been developed in response to allegations of suspected abuse, and these were reviewed by the inspector. It was evident that these allegations were reported in line with statutory guidance for the protection of vulnerable adults in a timely manner.

Judgment: Compliant

Regulation 9: Residents' rights

Resident meetings were held weekly with each individual resident living in the centre. Discussions at residents' meetings included a review of residents' goals, residents' support needs and incidents. It was evident that easy-to-read information was provided to residents in areas such as restrictive practices, food and menu choices and activities in line with the assessed needs of residents.

It is noted that changes to the internal structure of the centre did impact on residents' right to access to facilities to cook and prepare meals, if they wished to do so. It was also noted that as a result of this, one resident did not have access to any fresh food or snacks in their independent living area. On discussions with management in the centre, it was evident that this was not a restriction due to the behavioural support needs of the residents. This is actioned under regulation 17

premises.

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 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Baile Geal Residential Service OSV-0008798

Inspection ID: MON-0043828

Date of inspection: 16/12/2024

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 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1): Application to Vary to be submitted by 25.03.25 to accurately reflect all changes to the layout (plan) of Baile Geal Residential Centre.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Senior Management to communicate to PICs that layout of property is a condition of registration, and any proposed structural changes need to be submitted to Chief Inspector HIQA prior to any works commencing.</p> <p>Regional Manager Auditing Tool has been put in place to ensure effective governance and oversight to comply with Regulation 23: Governance and Management.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: One Kitchenette with appropriate appliances to be installed for resident currently without</p>	

access to suitable and sufficient cooking facilities and kitchen equipment.
Risk Assessment completed for this resident. Kitchenette to be installed by 01.05.25.

Risk assessment completed for resident using external Social, recreational and dining space. Evidence has clearly demonstrated when resident is dysregulated, they engage in property destruction via repeatedly breaking kitchen appliances such as ovens, fridges, and cookers etc. This presents a risk of injury to self and others, and has a negative impact on service presented by broken appliances.

Restricted Practice Meeting to be conducted with senior management to weigh up risk factors of this resident having own kitchenette.

For resident with social, recreational and dining space located in a converted building next to the centre. A full Fire Safety Assessment will be completed for the 10.03.25. After consultation with this professional and other external building professionals a plan will be designed to ensure this resident has full and safe access to a social, recreational and dining space in line with the regulations. Evidence has clearly demonstrated that this resident is very happy and satisfied with their current social, recreational and dining space, and we do not wish to alter it according to their will and preference unless essential. Our aim will be to ensure safe access for this resident at all times.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire door between the resident's living space and laundry space has been replaced and a vent installed in the wall above the door to allow for ventilation of hot air from the clothes dryer. This was actioned shortly after the inspection 20.12.24. Risk Assessment completed to ensure safe monitoring of this situation by staff.

To ensure there is Safe Emergency Evacuation for the resident currently exiting bedroom through the kitchen:

A wall is to be built dividing the open plan living space in the main section of the house. This wall will be directly adjacent to the hallway exit point of this resident's bedroom and will ensure the resident can safely evacuate from the house in the event of a fire without exiting through kitchen. This wall will be built according to fire safety standards and will also be sound-proofed. There will be a fire door installed for safe access to and from the kitchen.

Risk Assessment and Fire Safety Protocols introduced on day of inspection 16.12.24 and will remain in place to ensure at least one staff member in main kitchen at all times during night shift and cooker and dishwasher not in use at night time.

A full Fire Audit has been booked in for Baile Geal through Peninsula health and Safety.

The earliest date available is now 10.03.25. in the event of a cancellation, this audit will be held at an earlier date. Other health and Safety organisations were contacted but none had availability before this date.

Regular Fire Drills take place and Personal Emergency Evacuation Plan (PEEPS) accurately reflect the process of safe evacuation for each resident. All Residential staff receive Fire Safety Training. Two Fire Extinguishers and one Fire Blanket located in the kitchen.

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 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	25/03/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	01/05/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Not Compliant	Orange	28/02/2025

	to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/05/2025