Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ard Chlochar Group CGH
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	19 May 2026
Centre ID:	OSV-0005248
Fieldwork ID:	MON-0041932

About the designated centre

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

Ard Chlochar Community Group Homes can provide full-time residential care and support for up to 9 adults with a disability. The designated centre comprises two interconnected purpose built bungalows. Residents in each bungalow have their own bedrooms with en-suite bathrooms. In addition, residents have access to communal areas in each bungalow which includes a sitting room, kitchen dining room, laundry room and additional bathroom facilities. The centre is located within a residential area of a rural town and is close to local amenities such as shops and cafe's. Residents have access to transport vehicles at the centre which further enables them to access amenities such as leisure facilities in the surrounding area. Residents are supported by a staff team of both nurses and health care assistants who are available in the centre both during the day and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 May 2026	09:30hrs to 16:20hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Ard Chlochar were happy in their home and felt safe. This was a good quality service where 14 of 15 regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). The registered provider was aware of the actions required to strengthen fire safety compliance and this was progressing at the time of inspection.

As this was a registration renewal inspection, it was announced in advance. It took place over one day and during that time, the inspector met with six of nine residents. Some people choose to interact with the inspector. This included providing a tour of their home, showing the inspector items of interest and sitting with them as they reviewed their easy-to-read person-centred plans. Others did not and this was respected.

A tour of the designated centre found that it comprised two parts of the same building with a link corridor in between. The premises was spacious, bright and accessible throughout. The inspector was invited to visit three resident bedrooms. They were personally and cheerfully decorated and all had en-suite facilities. In addition, separate bathrooms were provided, which had adapted equipment and tracking hoists. The shared bathrooms were nicely decorated and welcoming. This counteracted the clinical nature of some of the equipment required.

During the walk about, the inspector met with some people as they prepared for their day. One person was provided with 2:1 support and this was observed by the inspector when they went to the kitchen for breakfast and afterwards returned to their room where they were listening to the radio and chatting with staff. The inspector could see that staff knew this person well and could assist with their preferred style of communication. Another person moved around their home independently, before choosing to sit by the window of a comfortable sitting room. They seemed relaxed and content.

In the second house, a resident was observed joking cheerfully with the person in charge. When asked, they agreed to show the inspector their bedroom. Their person-centred plan was on the wall in picture-based format. This provided a communication avenue for the inspector to interact with the resident, and it worked well as the resident was happy to speak about the things they enjoyed. A review of this plan found that they enjoyed sport and had a preferred soccer team. They had a large television and a comfortable chair in their bedroom so that they could watch sport if they wished. Later, staff told the inspector that the local county football team had visited the centre the previous summer and that residents and their

neighbours enjoyed playing football together out on the green. Later, the inspector reviewed photographs of this event.

The inspector noted a resident sitting in an armchair at the front of the house. They had a radio beside them, and they were singing as they watched the world go by outside. Staff told the inspector that they did not wish to leave the centre that day and this was respected. They were observed as well-presented, with nice clothing and a freshly styled hair. They were wearing comfortable shoes which appeared correctly fitted which mitigated against the risk of falls. They were happy and content.

This inspection was facilitated competently by the person in charge. While they were new to the role (December 2025), they were not new to the service and it was evident that they knew the residents and their assessed needs very well. They communicated clearly with the inspection and were noted as calm and competent during their interactions with others.

The person in charge was supported by their line manager on the day of inspection and in addition, the service manager was present during the morning. The inspector also met with all staff on duty and held separate conversations with five people across a range of staffing grades. All reported that they enjoyed their work. They spoke in a person-centred and rights focused manner while describing resident's daily lives. They told the inspector that Ard Chlochar was the resident's home, where residents were supported to make choices and that these were respected. When asked, staff could identify safeguarding risks, were aware of the identity of the designated officers and knew what to do if a concern arose. Others spoke about fire evacuation plans and the completion of weekly checks and regular fire drills. When asked, they told the inspector that they were pleased to have a consistent leadership presence at the centre as this was not always the case. They said that they felt supported in their roles.

From conversations with residents and staff, a tour of the centre and a review of documentation, the inspector found that Ard Chlochar was a busy service where residents had a range of support needs and where they led active lives at home and in their community.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the effective governance and management arrangements at the centre, coupled with a skilled and dedicated staff team meant that good quality care and support was provided.

Sufficient numbers of staff were employed, and the roster arrangements were based on the needs of the residents. The person in charge was skilled and demonstrated competence. The registered provider had good governance oversight of the service, and the documentation systems were clear and comprehensive. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Example of compliance are provided under the regulations below.

Registration Regulation 5: Application for registration or renewal of registration

The provider had a folder where the Schedule 5 policies and procedures were available to guide staff. A review completed by the inspector found that they were subject to regular review and were linked with national policy and relevant legislation where required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge commenced their role in December 2025. They were employed full-time and were regularly present at the centre. The inspector found that as were previously employed at the centre, they had a good knowledge of the residents and their assessed needs.

They had the required qualifications and were assessed as a fit person in line with the Chief Inspector's guidance in this regard. They presented as calm and competent and had the skills required to lead the staff team.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of their homes.

The inspector reviewed the roster for four weeks prior to the inspection. This review found that the roster was well maintained, with clear indications of who was on duty and their role.

Where there were changes to the planned roster, cover was provided and this was recorded on the actual roster. The inspector noted that relief staff were consistent and therefore consistency of care and support was provided.

The registered provider and the staff team were proactive in reviewing resident's support needs and were willing to make changes to working schedules in order to meet with these needs. For example, one resident was provided with 2:1 staffing ratio which staff said was working well.

Where out of hours support was required, a protocol was available and staff were aware of how to seek additional staffing support if required.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and bespoke training modules as part of a professional development programme.

The inspector choose a sample of mandatory modules which were relevant to the centre. These included training in positive behaviour support, safeguarding vulnerable adults, fire safety and moving and handing. Dates of completion for staff including nurses, healthcare and assistants and agency staff were reviewed. This found that all modules were completed as required.

The provider had a staff supervision policy which was in date and provided guidance on the completion of personal achievement meetings. The person in charge had a schedule for these meetings and the inspector reviewed completion dates for six of these. Four of the six were completed as planned and two others were not. This was due to the fact that an informal supervision process was used as required as staff were employed by an external agency.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance for the provider which was reviewed as part of the registration renewal process. It was up to date and in line with the requirements of this regulation.

Judgment: Compliant

Regulation 23: Governance and management

As outlined, the person in charge facilitated this inspection competently. They were regularly present at the service. The inspector found that the improvement in leadership presence impacted positively on the service and the quality of care and support provided.

Ard Chlochar was noted as a busy centre which provided support to residents with a range high support needs. There were two separate residences and while they operated independent of each other, they were connected by a link corridor. This meant that the service could provide support to each other when required. For example, the sharing of nursing resources was observed to work well on the day of inspection.

The provider had an audit schedule for the service which included a weekly, monthly, quarterly and annual reviews. A review of the arrangements for a six-monthly provider-led audit found that it was completed in November 2025. Residents' family members were contacted and their feedback was included in this report.

The annual review of care and support was completed in May 2025. Actions identified were documented on a quality improvement plan. This listed a range of actions, most of which were completed. 16 actions were ongoing at the time of inspection. This was reviewed and updated on the day of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose dated 24 February 2026 and revision 9.

It clearly set out what the centre does, who it is for and information about how and where it is delivered. The service defined in the statement of purpose was evident in the operation of the centre on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found that if required, matters arising were reported to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider arrangements to support residents that wished to make a compliant. While there were no open issues at the time of inspection, the inspector found that staff were aware of what to do if a concern arose.

The provider's complaints policy was up-to-day and an easy-read-version of the complaints process was displayed on residents' notice boards.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a folder where the Schedule 5 policies and procedures were available to guide staff. A review completed by the inspector found that they were subject to regular review and were linked with national policy and relevant legislation where required.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. The premises provided were suitable for their assessed needs at the time of inspection. Additional work in relation to fire safety was in progress.

Residents support needs were subject to ongoing review to ensure that the standard of care met with changing needs if required. Where required, support plans and guidance for staff was provided. Staff spoken with were familiar with residents' assessed needs and this had a positive impact on their day-to-day life at the centre

and their ability to make decisions. Easy-to-read information and social stories were provided.

Overall, this was a very pleasant inspection, were a good quality and safe service was provided for residents.

Regulation 17: Premises

A review of the two properties comprising this designated centre found that they met with the requirements of this regulation.

Each house provided a comfortable home with individual bedrooms and en-suites provided. They were clean, tidy and suitably decorated.

There were some changes to the footprint of the centre since the last inspection. This was required to gain compliance with Regulation 27. Other improvements included new hard and soft furnishings such as comfortable sitting room suites and new curtains in some rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector spent time with a resident while they were having their lunch and discussed the arrangements that guided staff to support residents at mealtimes. This found that there was a good understanding of the importance of nutritional care, adequate hydration and enjoyable mealtimes were central to health and wellbeing.

A visit to the kitchens in both houses found that they were well-equipped with a range of nutritious foods available. In the first house, home-made soup was being prepared for lunch and the aroma added to the homely atmosphere. Meals were offered at appropriate times which were typical to any household.

Two residents required support with safe eating and drinking. This was discussed with staff who were knowledgeable and aware of the dietician and speech and language therapy guidance. The inspector observed food which was prepared correctly and as recommended.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider and the person in charge had good risk management arrangements at this centre.

The inspector reviewed the risk management folder which held provider level, service level, centre level safety statements and emergency evacuation plan.

The risk management and emergency planning policy was available to guide staff and subject to regular review.

Each resident had a risk screening assessment. This provided information on how to manage risks identified and if a care plan, nursing intervention or risk assessment was required. On the day of inspection, staff spoken with were aware of what to do to manage risks arising.

For example; residents with choking risks had feeding, eating and drinking assessments completed by their speech and language therapist and recommendations made. These recommendations were stored in the kitchen. The inspector observed food being prepared for a resident in accordance with their recommendations. Each type of food was prepared separately and appeared pleasant on their plate. As advised, the resident was sitting upright while eating. Later, a review of their written documentation found that the support provided had a positive impact on their health as they had no recent adverse incidents and risk control measures were effective.

In addition, during a walk around of the property, the inspector noted a generator which was provided to mitigate against the risks associated with loss of power. This was discussed with the person in charge who demonstrated good oversight of this appliance. They spoke of a service agreement and regular servicing by a professional in this area. They were aware of the fuel requirements and told the inspector of regular checks that were completed in order to ensure that risks were effectively managed in line with the guidance of provision and maintenance of generators as provided by the Chief Inspector

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that while the provider had some good fire safety management systems in place further work was required to fully comply with the requirements of this regulation.

A review of the systems to detect, contain and extinguish fires found that they were subject to regular assessment. Fire safety was a standing agenda item at staff

meetings and both day and nighttime simulated fire drills were taking place. A walk around of the building found that escape routes were clear of obstruction.

However, the provider was aware of issues with the fire detection system, as when activated, the alert system impacted on both houses in the designated centre and on another residences next door. This occurred on three occasions since January 2026 and on one of these occasions, it occurred at 23:00. This required review to ensure that the quiet enjoyment of the other people's homes were not impacted by issues in an adjacent property.

In addition, in March 2026, the provider sought the support of a competent fire professional to review the fire safety systems at this centre. The review was completed and a list of recommendations requiring further actions were made. The inspector found that most recommendations were completed. However, three matters remained outstanding at the time of this inspection. Additional action was required to ensure that they were completed in full.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector held discussions with residents, completed a tour of both parts of the centre and reviewed documentation. They found that premises provided met with the assessed needs of residents and good arrangements were in place to support the needs identified.

A keyworker support system was used and residents had personal plans which provided clear information on residents' likes, dislikes, goals completed and goals planned.

The inspector reviewed a person centered plan which was updated on the 28 April 2026. This resident enjoyed gardening and music. Their plan documented a recent trip to the cinema to see the 'Michael Jackson' movie which they said they enjoyed. Their future plans included a trip to a county Gaelic game and attend a tractor run.

A second resident had their person-centered planning meeting on 4 January 2026. As they enjoyed music, a plan was made to buy a karaoke machine. This goal was now complete.

Not all residents living at this designated centre preferred an active lifestyle. Some chose to enjoy a quieter pace of life, and their individual preferences were respected and supported by the staff team. This meant that while all residents participated in annual person-centered planning meetings and had identified goals to work towards, their choices, interests and preferred routines remained central to the support they received.

Overall, residents were provided with person-centred assessments and personal plans which respected the unique likes and dislikes of each person. The provider and the staff team supported the individual and personal choice was seen as an important part of living a fulfilled life.

Judgment: Compliant

Regulation 6: Health care

Residents at Ard Chlochar had the support of a general practitioner (GP), pharmacist and allied health professional in line with their assessed needs. A review of the arrangements completed by the inspector, found that each person participated actively in making healthcare choices and these choices were respected.

For example, one resident with physical disabilities used a sit-to-stand appliance to aid their mobility. Staff told the inspector that they noted that this arrangement was not always a positive experience for the resident. The support of an occupational therapist and physiotherapist was provided, and an alternative support system was put in place. This was reported as working well at the time of inspection and as much preferred by the resident.

Residents had support of a speech and language therapist for swallow assessment, and staff were provided with comprehensive training. Home visits were completed as required.

In addition, residents attended the dentist. One resident was supported to have significant work completed and they were proud of their new smile. If required, access to consultant-led care was provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements to support residents with responsive behaviours and behaviours of concern.

The policy on positive behaviour support was available to guide staff and in addition, all staff had access to training.

Where required the support of a behaviour support specialist was provided. The inspector reviewed two positive behaviour support plans. This review found that they were updated in May 2026 and provided clear behaviour support strategies for staff. Where chemical restraint was prescribed, staff were aware to use support strategies in the first instance as per the protocol provided. This appeared to be

working well at the time of inspection. While there were 25 incidents of concern identified in 2025 for a resident, this had reduced to only one incident to date in 2026. This meant that staff were working in accordance with the Positive Behavior Support Plan and this was effective.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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

Compliance Plan for Ard Chlochar Group CGH OSV-0005248

Inspection ID: MON-0041932

Date of inspection: 19/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: In line with fire officer guidance, the fire alarm system will be reconfigured so that activation in one house results in a full alarm in that house, with an alert (audible and visual) in the adjoining houses. This will maintain staff response capacity while minimising disruption to residents. Completion date: 31 July 2026

The existing evacuation procedure, which includes staff supporting across the three houses, will remain in place. Updated procedures reflecting the revised alarm system will be clearly documented and communicated to all staff. Completion date: 31 July 2026

All staff will receive briefing and refresher training on the revised fire alarm operation and evacuation procedures to ensure timely response to any activation. Completion date: 15 August 2026

Outstanding actions identified in the March 2026 fire safety risk assessment will be completed in line with the agreed action plan with Estates and Fire Prevention. Completion date: 31 July 2026

Fire safety remains a standing agenda item at governance and staff meetings, with oversight by the PIC and senior management team to ensure all actions are progressed and monitored.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	15/08/2026
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/07/2026