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 Clochar Community Group Homes
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	24 July 2025
Centre ID:	OSV-0005248
Fieldwork ID:	MON-0046730

About the designated centre

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

Ard Clochar 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
Thursday 24 July 2025	15:00hrs to 20:00hrs	Mary McCann	Lead
Friday 25 July 2025	09:00hrs to 11:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

This centre offered a good service to residents, where residents told the inspector they got to do the things they enjoyed and were happy living in the centre. The inspector found that safeguarding was well managed and residents told the inspector that if they had any concerns, they would be happy to speak to staff and were confident that any issues raised would be addressed.

The inspector observed that when residents requested assistance from staff this was quickly responded to. Residents were observed to be comfortable speaking to staff. The inspector spoke with six residents who communicated or indicated by vocalisations, facial expression, hand and arm gestures that they were happy living in the centre and were well looked after by a caring consistent staff team. Comments included 'Shur ,I couldn't be better', I have a lovely room and I like it here' The provider had systems in place relating to safeguarding which included a comprehensive policy, staff training, safe suitable premises and access to meaningful activities. Residents who could communicate freely with the inspector confirmed that their rights were protected, their views were respected and they were supported to enjoy in a variety of meaningful activities by attending day services and by staff in the centre organising activities. Throughout the inspection the inspector observed some residents coming and going assisted by staff.

This inspection was an unannounced thematic safeguarding inspection which focused on a review of arrangements the provider and person in charge have in place to ensure compliance with specific regulations of the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). In June 2024 a regulatory notice was issued by the Chief Inspector stating the significant importance of safeguarding, which involves a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their daily living activities.

The inspector spoke with four staff and found they had a good knowledge of the residents' care and support plans such as the residents' specialist nutritional care plans and behaviour support plans. Staff described the importance of individualised care and dignity and respect for residents and described the activities residents liked for example, the soccer teams they supported, and the areas they liked to visit.

Bedrooms were personalised and the design and layout of the house enhanced the accessibility for residents as there was level access on entry and throughout the house.They described to the inspector in a caring respectful way regarding residents how they had known some residents for years and reported that some residents had made great progress in terms of displaying much less incidences of responsive behaviour, they were happy to access the community much more often than in the past and required less staff to support them in the community. Nearly all residents accessed the community daily. There was adequate staff on duty which included a

staff nurse and six care staff on the day of inspection and the centre had the resources of four buses to support residents.

There was good light hearted friendly communication between staff and residents regarding the upcoming all Ireland final football match and the centre was decorated with this theme.The centre provided a comfortable home to residents and there was adequate personal and communal space available to residents. There was information available in each house in an easy-to-read format on areas such as, safeguarding, advocacy, human rights, and complaints.

The inspector also reviewed a range of documents to include residents' records, policies and procedures and found that that residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve good health. Resident's likes, dislikes, preferences and support needs were gathered through the initial assessment and updated regularly. The personal planning process involved discussions with residents to develop long and short term goals which were meaningful to them. Some of the activities that residents enjoyed, and were involved in, included going out for meals , shopping, going out for coffee and a bun, attending family weddings, and going to local attractions and the beach. One resident had requested to put some ornamental animals in the front garden and this was part of their personal plan. This was completed and the resident was happy with this.

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

Capacity and capability

Overall the inspector found that the management team had systems relating to oversight and governance of the centre which were ensuring that residents were safeguarded.

The inspector reviewed the audit folder and found that regular audits relating to accident and incidents, complaints, health and safety, and restrictive practices were occurring. The centre had an overarching action plan where all areas of improvement are identified and a plan was developed to address these areas. There were no active safeguarding plans in place at the time of inspection. In response to a submitted notification for an allegation of abuse to the Chief Inspector; a behaviour support plan had been enacted to try and prevent re-occurrence. Staff spoke with stated this had assisted and there were no further incidents.

The centre had recently had ab outbreak of Covid-19 and this was well managed.

Regulation 15: Staffing

The number and skill-mix of staff on the day of inspection was appropriate for the needs of residents.

This meant that residents received assistance and support in a timely manner which supported their dignity and respect. There was an actual and planned rota showing staff on duty during the day. The inspector reviewed the staff rota from the 19 May to 27 July 2025.There was a nurse on duty at all times. There were six to seven carers on duty in addition to the person in charge. Extra staff were on-duty where required for example at time of outings or when residents had to attend medical appointments. The person in charge post was vacant. The previous person in charge had ceased as person in charge on18 July 2025. The post of person in charge was being covered by another person in charge who had the required knowledge and skills to fulfil the duties of the post. An out-of-hours management on call rota was in place to provide support to staff out of hours. Details of this were displayed in the staff office.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had completed mandatory training as required by the regulations, which included fire safety training, positive behaviour support and safeguarding residents from abuse.

The inspector reviewed the staff training records for the last three years Staff also had access to other training to ensure they had the required skills and competencies to meet the assessed needs of residents. Additional training provided to staff to support them to meet the support needs of residents including training in infection prevention and control, the administration of medications, manual and people handling, cyber security and an autism master class. Where refresher training was required, this had been identified by the person in charge and staff had been listed to complete the training. Staff meetings were held on a regular basis and minutes were available. This ensured that staff that were unable to attend were aware of issues discussed. There was a handover between shifts which allowed staff time to discuss the current assessed needs of residents and assist with safe care.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed centre with good governance and management arrangements in place in the centre to ensure that a safe quality service was provided to residents and residents were happy living in the centre.

While there was no person in charge in the centre at that time, procedures were in place to ensure that this did not impact on the care and support of residents. The inspector found that there was good continuity of care and adequate staff on duty to meet the needs of residents. The staff nurse on duty on the day, facilitated the inspection and could access any documentation requested by the inspector. Staff meetings were occurring regularly and regional safeguarding meetings were occurring where all open safeguarding plans were discussed. A staff communication book and a diary was in place detailing any chances to the health status of the residents and any appointments with medical staff or or health and social care staff. Regular staff and nursing meetings were occurring and minutes of these meetings were available. The inspector reviewed the most recent annual review which was completed on the 9 July 2024. This included views of the residents and their families. Six-monthly unannounced visits were also completed by a senior staff member independent of the centre. These were last completed on the 28 May 2025 and pre this in December 2024. Where deficits were identified they were actioned by the person in charge and were further discussed with the management team.

Judgment: Compliant

Quality and safety

This section details the quality and safety of the service provided to residents. for residents who lived in the centre.Overall, the residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual assessed needs.

The residents reported that they were happy and felt safe. They were making choices and decisions about how, and where they spent their time. The Inspector found that the service was person-centred and reflected the needs and wishes of the residents. The residents told the inspector that enjoyed their day-to-day activities and got on well and were well treated by staff. There was a well completed comprehensive assessment of needs. Personal goals were identified and achieved. The premises provided a very nice home to the residents and was clean and well maintained.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with the centre policy on safeguarding, which was based on the HSE national policy.

The inspector found that appropriate procedures were in place, which included safeguarding training for all staff and the development of a personal intimate care plan to guide staff in the delivery of care. Additionally the centre had the support of

a designated safeguarding officer There was evidence available in minutes of residents meetings that safeguarding and human rights were discussed at these meetings. This enhanced residents knowledge of their rights and helped residents to self-protect themselves

Regulation 10: Communication

The provider had made arrangements to ensure that residents were supported to communicate their views.

The inspector reviewed the care records of three residents. A communication plan was in place for these residents. These provided guidance to staff on how to support each resident to understand information and how to support the residents to make their views known. The speech and language therapist was available to the centre. Some residents had very good verbal communication and staff were able to interpret the communication cues of other residents to enable them to make their views known. An easy to read complaints process and residents guide was available.

Judgment: Compliant

Regulation 17: Premises

The accommodation provided to residents were designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Ard Clocher consists of two bungalows which were linked by a corridor. One bungalow provided care and support to four residents and the other to five residents. Both bungalows were clean, neat and tidy and provided a comfortable home to residents. Bedrooms were of a good size and well furnished with a TV, soft chairs, adequate storage and were personalised. Nursing staff is shared over the two bungalows and other staff are generally specific to one or other of the bungalows. The centre was clean and pleasantly decorated with lots of residents' personal items which enhanced the homeliness of the centre. It was bright and a garden area with flowers was available to the front of the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were well managed. The person in charge had completed an assessment of the resident's health, personal and social

care needs.

The inspector reviewed three resident's care files and found that an individual assessment and care plan was in place for each resident. This individual assessment informed the care plan and all assessed needs had a corresponding person centred care plan in place which provided guidance to staff as to how the resident wished their care and support to be delivered and what care and support was required. Care plans were in place for all assessed needs and were person centred, making sure that the voice of the resident was reflected in the care and support delivered to to them.

The Inspector noted and staff confirmed that the resident had good links with family members and they attended annual reviews. There was evidence in care files reviewed that families were provided with updates regarding the care and support needs of residents. Pictures of celebration times with family and personal photographs were displayed in some residents bedrooms. From a review of the resident's case notes and speaking with them, it was clear they had an active life and got to do things they had an interest in. For example, going out for coffee, attending local events, and watching what they liked on television.

Judgment: Compliant

Regulation 6: Health care

The provider had procedures in place to ensure appropriate health care was available to for each resident.

Residents had access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist, chiropody , bone health specialists, and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available to them. An annual health check was completed by the GP

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had completed training in best practices in the management of responsive behaviour.

There were no behaviour support plans in place at the time of this inspection. Residents were supported to manage their behaviour. A restrictive practices log was in place. The inspector reviewed this and cross referenced it with notifications of restrictive practices submitted to the Chief Inspector. There were few restrictions in

place. Restrictions in place related to a key pad on linked corridor between houses. Cleaning chemicals were locked in a cupboard. The front and back doors were open and residents could freely access the garden.

Judgment: Compliant

Regulation 8: Protection

The provider had put systems in place to ensure residents were protected from all forms of abuse and harm.

There were no open safeguarding plans in place at the time of this inspection. The staff nurse on duty was aware of the procedure in place with regard to notifying the safeguarding officer if any allegation of abuse was reported. Other aspects of safeguarding in the centre included consistent staff to meet the needs of residents and safe well maintained premises. There were good templates in place to guide staff with a clear process map which explained the safeguarding process.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that they felt safe and could raise concerns safely if they had reason to do so.

Residents also told the inspector that they were treated well by staff and had no complaints. There was evidence in documentation reviewed and from speaking with residents that they were supported to participate in decisions about their care and support and to have their voice listened to. Weekly residents meetings were taking place where residents could discuss the running of the centre and activities and menus of their choice. There were adequate staff to ensure residents could do individual activities and four vehicles were available to the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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