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:	Radharc Cnoc
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 February 2026
Centre ID:	OSV-0007770
Fieldwork ID:	MON-0048554

About the designated centre

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

The centre provides residential services to up to five adults with an intellectual disability, and is located in a rural town, close to a range of local amenities. The centre is a single storey building, comprising five bedrooms, a sitting room, kitchen and dining room, a sunroom and bathroom facilities. There is a large garden to the rear of the property and a vehicle has been provided for residents' use. Nursing support is provided during the day and night, along with support from care assistants. Residents can access a general practitioner in the community and support from allied health care professionals can be accessed by referral from the Health Service Executive.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Wednesday 25 February 2026	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with the regulations, and to help inform a registration renewal decision.

There were four residents on the day of the inspection, and the inspector met all of them during the course of the inspection.

One resident was on their way out to an appointment on the morning of the inspection, and while they did not interact with the inspector, they were observed to have a comfortable relationship with their supporting staff and the person in charge. The staff member sang a song and the resident interacted with this by singing back, and made a point of giving the person in charge a kiss. They spoke about their handbag which staff explained was important to them.

They also showed affection for the pet dog that a staff member brought to the designated centre on the days they were on duty, and clearly took pleasure in the pet. Throughout the day of the inspection, all residents were observed to be enjoying their interactions with this pet, which was a small friendly dog.

The inspector asked a staff member to show them around the house, and without any prompt from the inspector, the staff member immediately went to ask the residents if this was ok with them.

The inspector then conducted a walk-around of the designated centre, and found it to be laid out in accordance with the needs of residents. Each resident had their own room which was decorated and laid out as they chose. Each resident had their personal items and photographs, together with any equipment to support their mobility needs.

One resident had a laugh with staff about the presence of the HIQA inspector, and was clearly at ease with their staff, and comfortable with the visit, and another gave the person in charge a hug on approach. Where residents did not communicate verbally with the inspector, it was clear that they looked to staff for support, and that they had a fond relationship with them.

Throughout the inspection the inspector observed staff to be interacting with residents in a caring and respectful manner, and to be confident and knowledgeable in the ways in which residents communicated.

The person in charge maintained a record of any compliments received, and there were five recent compliments including a comment form a family member praising the care and support offered to their relative. Another relative said that they were grateful for the care that the staff team gave to their family member.

Overall, residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents, although some minor improvements were required in the oversight of documentation required under Schedule 2 of the regulations.

There was a clear and transparent complaints procedure available to residents.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Office of the Chief Inspector of Social Services (Chief Inspector).

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. She was knowledgeable about the support needs of residents, and about her role and responsibilities in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents. If additional staff were required, the staff team covered the shifts, and as a last resort agency staff who were known to the residents were engaged.

There was a registered nurse and two healthcare assistants on duty each day, and a registered nurse and one health care assistant at night. In addition the designated centre had a member of staff dedicated to activation for five days a week.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting, however, the employment history was inaccurate in two of the files, and the identification provided by another staff member was out of date. While this information was made available to the inspector during the course of the inspection, there was insufficient evidence that the required documentation was monitored and validated by the provider.

The inspector spoke to three staff members on duty during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, for example staff had received training in the management of oxygen therapy. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three supervision conversations and found a clear agenda for discussion including the

responsibilities of staff members particularly in relation to person centred planning. It was evident from the records of these discussions that both positive feedback and any required actions were discussed.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the building and all contents and residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The required actions identified at the last inspection had been implemented.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and was available in the designated centre. The annual review was a detailed report of the care and support offered to residents.

Six-monthly unannounced visits on behalf of the provider had taken place as required by the regulations, and a range of audits had been undertaken in the designated centre. Improvements has been made in the auditing process, so that evidence to support the findings of the audits had been included.

For example, the audit on fire safety detailed the documents that had been reviewed, the audit of residents' finances included detail about each transaction and the audit on the delivery of intimate care included a check on staff knowledge and the quality of the relevant care plans. These improvements indicated that oversight was thorough and meaningful.

The designated centre was appropriately resourced, for example there were sufficient staff to meet the needs of residents, and all required equipment was in place. There were sufficient vehicles to meet the needs of resident, including a wheelchair accessible vehicle.

Regular staff team meetings were held, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included accidents and incidents, any recent assessments by members of the multi-disciplinary team and an update on each resident.

In addition there were regular meetings held between the multi-disciplinary team and all local managers where shared learning was a standing agenda item.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was

satisfied with the outcome, although there had been no complaints in the year prior to the inspection.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

The premises were appropriate to meet the needs of residents, and they were supported in their choices in their home.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Each resident had a detailed care plan in place in relation to communication, based on a detailed assessment of needs. Each had been assessed by a speech and

language therapist (SALT), and the SALT had attended the designated centre in the week prior to the inspection to review the assessments and plans.

Each care plan included information as to how each resident communicates and included detailed communication dictionaries. The information in these documents included guidance for staff as to the meanings of the various ways in which residents communicate. For example, when one resident said 'pot', this meant that they were requesting assistance with personal care, and where they named a nearby town, they were requesting an outing.

The care plans also included guidance for staff in their communication with each resident, for example they should speak slowly, or that a resident did not like to be kept waiting if they instigated a conversation.

Information was made available and accessible to residents. There were various pieces of accessible information throughout the designated centre, and social stories had been developed for some residents and were available in their person-centred plans to assist understanding.

All staff who spoke to the inspector could describe the various ways in which residents communicated, and the inspector observed effective communication with residents throughout the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated centre on ensuring that residents had a meaningful life, and that age appropriate activities and leisure time were made available to them.

There was a system of person-centred planning, and within this process each resident was supported to set goals for achievement. The goals set with residents were appropriate to their stage of life, and included maintaining relationships, engaging in their local community and enjoying their chosen leisure activities.

There was an activities co-ordinator five days a week who supported residents to engage in activities of their choice, and this staff member planned activities for each resident on a weekly basis.

The inspector reviewed the daily records for the activities of all residents, and found that they were engaged in multiple activities both in their home and in the community. For example, some residents enjoyed horse therapy, shopping and visits to markets. Residents had been supported to have weekends away with the support of staff. Others enjoyed activities at home such ass 'at home' spa days which

included having their hair and nails done with a glass of their favourite drink. One resident enjoyed a particular table top game, and this was facilitated.

Overall it was clear that residents were supported to have work and leisure activities of their choice, and to be supported to have meaningful days.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose.

There were various communal areas including gardens, and various indoor areas for the use of residents. For example, a sunroom was enjoyed by residents, one resident in particular spent a lot of time in this room. It was also used by several residents as a family visit room. This sunroom had been decorated to a high standard, and had been a project of a member of staff as part of their performance development goals.

They each had ample storage and there were sufficient bathrooms to meet the needs of residents, including one en-suite bathrooms and two other facilities.

The designated centre was well maintained and visibly clean, and there was a detailed cleaning schedule in place, together with regular cleaning audits, both of which were reviewed by the inspector. All staff members had been in receipt of training in infection prevention and control.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks, and these were regularly reviewed.

Individual risk assessments included the risks relating to the use of mobility aids, and the risk of choking for one resident. This risk management plan included the recommendations of the SALT and referred to a detailed dysphagia care plan.

Where residents enjoyed the regular visits of a pet dog belonging to a staff member, there was reference to a policy on pets in care homes and it was evident that this arrangement was safely managed.

General and local risks were identified, and each of these also had detailed management plans, including the management of oxygen cylinders and the risks associated with the steep driveway to the house, in particular relating to adverse weather conditions.

The provider had made arrangements for a generator for use in the event of a failure in the supply of electricity, and this had been overseen by a qualified electrician. There was a 'switch over' system in place, and arrangements for the electrician to oversee the adaptation should it be required.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment, and there were fire doors throughout.

All staff members had received fire safety training. The inspector discussed fire safety with them, and they were confident about their role in ensuring the safety of residents and could describe the supports each individual resident would require in the event of an emergency.

Regular fire drills had been undertaken, including drills under night time circumstances where there were reduced staff numbers, and the records of these drills indicated that residents could be evacuated in the event of an emergency. There was a recording system in place sot that the PIC was assured that all staff members had been involved in a fire drill.

There was a detailed personal emergency evacuation plan (PEEP) in place for each resident and the inspector reviewed all four of these plans. Each PEEP included information specific to the resident in relation to the supports they would require to evacuate in an emergency. For example, a resident was mobile, but would require verbal prompts to ensure safe evacuation.

The inspector was assured that residents were safeguarded from the risks associated with fire.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and there were detailed care plans in place for all healthcare needs.

Regular healthcare assessments were conducted including an annual review by the general practitioner (GP), and residents had been offered, and supported to take up, age-appropriate healthcare screening. Residents had access to a local GP who attended the designated centre where they chose not to attend the GP surgery.

Residents had access to various members of the multi-disciplinary team (MDT) including speech and language, occupational therapy, dental care and chiropody. An advanced nurse practitioner was involved in the care of a resident with a long term condition. The healthcare plans included the recommendations of the MDT and all staff engaged by the inspector were knowledgeable about their role in supporting good healthcare outcomes for each resident.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were given high priority in this designated centre. Consultation and communication was well managed.

There were weekly residents’ meetings where residents were supported to make their views known. The inspector reviewed the notes kept on these meetings and found that each resident was supported to have their voice heard, and that there was a different discussion on each occasion. These meetings were encouraged by staff to be social occasions including snacks and chat.

Residents made various choices for themselves, including their bedtimes, their favourite meals and snacks and their outfits. Some residents chose to change into their pyjamas in the early evening, and others to have a later time to retire for the night.

The PIC explained that appointments for healthcare assessments had often been changed to support the preferences of residents, and all staff spoke in a caring and respectful way about their role in supporting residents. Staff told the inspector that they had built up a relationship with a local shop which accommodated the needs of residents. For example, they facilitated staff in bringing home shoes for a resident to try before making a purchase.

The inspector found that the rights of residents were upheld, and that the PIC and the staff team ensured that their voices were heard.

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	Substantially 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Radharc Cnoc OSV-0007770

Inspection ID: MON-0048554

Date of inspection: 25/02/2026

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 15: Staffing	Substantially Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
A comprehensive review of all staff files was carried out to ensure all required documents.
A full audit of all current files has been completed, and the employment history and identification has been updated.
A standardized staff file checklist has been developed in line with Schedule (2). Each staff file now includes a compliance check list which is signed and dated upon review.
Compliance will be reviewed as part of governance and management meetings.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	01/04/2026