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:	Cnoc Gréine
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	31 March 2026
Centre ID:	OSV-0007814
Fieldwork ID:	MON-0041146

About the designated centre

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

Cnoc Gréine designated centre can provide support to up to two residents with an intellectual disability. The centre comprises a large bungalow that is designed into two separate living areas for each resident, and the use of a communal kitchen. There is an office for staff members with a separate side entrance. There is a large garden area front and back. Residents who use this service may also need assistance with their behaviours. A combination of nursing staff and health care assistants provide support to residents, with four staff members allocated during daytime hours and three waking night staff allocated during night-time hours. The centre is located in a rural location and transport is provided to assist residents in accessing their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 31 March 2026	09:30hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

On arrival at Cnoc Greine, the inspector found that this was a residential service focused on residents' care, support needs and was person-centred, ensuring that the resident enjoyed their time in the centre. The resident was supported by a staff team who knew them very well and focused on their plans, activities and goals during their time in the centre.

This inspection was carried out over one day. It was an announced inspection conducted in order to monitor on-going compliance with the regulations. Overall, the inspector found that the provider was ensuring that effective systems were in place to promote and enhance the quality of care and support of the resident living in Cnoc Greine.

During the inspection, the inspector met with four staff on duty and the person in charge. A variety of documentation was reviewed, including relevant safeguarding documents, care plans and health assessments, communication assessments, and staff rosters. Residents were out in the early part of the day and returned in the afternoon to the centre. One resident met the inspector briefly and another resident sat and chatted with the inspector and staff.

Following the introductory meeting with the staff team on duty and the person in charge, the inspector completed a 'walkaround' of the centre. The centre was spacious, well-maintained, laid out in accordance with the support needs of the resident. There was suitable private and communal space in the centre to afford the resident time alone for space and relaxation, as well as space to interact. Throughout the inspection, the inspector observed the resident enjoying time in the sitting room, relaxing and watching television before leaving to attend their activities each day.

The inspector met with both residents on their return from day activties. One resident chose to rest after their outing and the other resident sat with the inspector and enjoyed a drink and chatted. Both residents communicated in their preferred manner with the inspector and clearly indicated how they wished to interact on the day of the inspection. It was evident that staff were very familiar with the residents, their current goals and the service in general.

The inspector met with and observed the residents on their return to the centre in the afternoon. Both residents communicated in their preferred manner with the inspector, one resident clearly indicated that they did not wish to interact and another resident sat with the inspector. It was evident that staff were very familiar with the residents, their current goals and the service in general.

The inspector reviewed the residents' records since the last inspection. This was also provided in an accessible format for the resident. The inspector noted that the

person in charge and the staff team were all very familiar with the documentation systems in place. The records reviewed showed the resident was supported in identifying activities that were relevant to them. For example, going for walks in local areas of interest, attending the cinema, shopping and meals out.

The inspector noted that the staff were very responsive, supportive and kind in their interaction. The resident was observed coming and going, and at all times were observed smiling and interacting with staff in a very positive and respectful manner. Staff were focused on supporting the resident to ensure they received a person centred service, with appropriate activities reflecting their abilities and choices at all times. Furthermore, the staff team were focused on providing the resident with a positive and enjoyable in this centre.

As part of the annual review, the provider sought the views of the resident living in the centre, and support was provided by a staff team who knew the residents' needs well.

Overall, residents' living in Cnoc Greine had meaningful days, and support was provided by a staff team who knew the residents' needs very well.

The next two sections of this report will outline the findings of this inspection in relation to the governance and management arrangements in the centre and how these impacted on the quality and safety of residents living in this centre.

Capacity and capability

The service was governed effectively and lines of accountability were clearly defined. The provider maintained the quality of the service through routine auditing. Staffing numbers and skill-mix were suited to the needs of the residents living in this centre.

The provider had maintained good oversight of the service through a schedule of routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded. Actions to address issues found on audits were shown with clear and appropriate timelines for completion. This ensured that any issues identified were addressed and that the service was continually monitored and improved. The provider had also submitted notifications to the Chief Inspector of Social Services in line with the regulations.

The staffing arrangements in the centre were suited to the needs of the resident. Staff had received training in modules that were relevant to the care of the residents and this training was up to date at the time of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre, within the time frame and with all required information, such as floor plans and a complete application form being submitted.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in this centre were suited to the needs of both residents.

The inspector reviewed rosters from January to March 2026. These indicated that the required number of staff with the necessary skill mix were available at all times to assist residents. The staff were consistent and familiar to both residents. Flexibility was built into their roster to ensure staff were available to assist residents in line with their assessed needs. For example, on the day of the inspection, both residents were out accessing community activities with staff.

Staff received formal and informal support through supervision, which was scheduled in line with the provider's policy. The inspector found that this was an opportunity for staff members to discuss residents support needs, service requirements and seek support in training if required. All staff spoken with were very positive and satisfied with the structures in place. Staff also spoke about contacting the person in charge as and when needed for this centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip the, to provide suitable care to residents.

The inspector reviewed staff training records from January to March 2026 in the centre , which showed that staff had up-to-date training in the courses the provider had identified as mandatory. Mandatory training included; medication management, fire safety, infection prevention and control, and record keeping. Where staff required refresher training, staff had been enrolled in upcoming courses. The person in charge also completed a training needs analysis to monitor the training needs of all staff in line with local policy and the assessed needs of residents.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate and up-to-date insurance was in place in the centre as required for the application to renew registration of the centre, which is required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good governance and oversight arrangements in the centre to monitor the quality and safety of the service.

The inspector reviewed the audits that had been completed in the centre since July 2025. The audits had been completed in line with the provider's schedule. The person in charge had implemented a system whereby any findings from audits could be recorded and addressed within a specific timeline.

The provider had completed an annual report on the quality and safety of care and support in the centre on 30 September 2025. The provider had also completed six-monthly unannounced audits of the service in line with the regulations. The most recent report was completed on 09 July 2025. The inspector reviewed the report and found that it was comprehensive and showed actions identified and dates for completion.

There were clear lines of accountability. Staff knew who to contact should any issues arise. Information was shared with staff at regular team meetings. Team meetings happened every 4-6 weeks, and the inspector reviewed minutes of the meetings from September 2025 onwards. These meetings covered specific topics specific to the residents' care: for example, incidents that had occurred in the centre. Other issues relating to the centre, such as rostering arrangements, were also discussed.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found that it included the prescribed information and adequately described the service provided in the centre,

such as floor plans, and the current staffing provided. The statement of purpose was also provided in an accessible format in the centre.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality person centred service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted effectively and information was available to the staff supporting to ensure they were informed at all times.

Residents received a person-centred service in this centre. The residents' health, social and personal needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. This included clear and comprehensive guidance on the residents' communication needs and supports required in the centre.

The safety of the resident was paramount in this service. Staff were aware of the systems in place to protect residents from risk. Risks to the residents and the service as a whole had been identified and control measures were put in place to mitigate those risks.

Regulation 10: Communication

The provider had ensured that effective communication was supported in the centre to aid residents in line with their assessed needs.

All staff were provided training relevant to the residents and their assessed needs. Each resident had a communication assessment which clearly showed what support they needed. On the day of the inspection, staff showed what support residents needed. This included methods that were in place

Judgment: Compliant

Regulation 11: Visits

The inspector reviewed visiting arrangements at the centre, and found they actively supported residents with no restrictions in place and were mindful of residents

preferences and choices. This ensured that residents maintained contact with friends and family . Records were maintained by the staff team and suitable private space was available for residents to see visitors in private as required.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that the provider had ensured that each resident in this centre were supported to maintain control of their possessions; for example, each resident had their own room and suitable storage facilities.

Financial assessments were completed for each resident and clearly showed the support that they required. Residents were supported to access their finances by staff as and when they required. Staff maintained a record of residents finances in line with local policy. Audits were completed as scheduled to ensure the systems were monitored and that these were in line with local policy.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had suitable arrangements in place to support residents to engage in activities in the house and in their wider community.

The inspector noted that residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Both residents enjoyed individualised programmes that included spending days out and accessing their local community daily.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents involvement and choices in the purchasing of food shopping and meal preparation was supported in this centre.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. Residents were included in dining arrangements and supported with grocery shopping. Meal plans were discussed at the house meetings in the centre. Residents had access to a wide variety of food appropriate to their assessed

needs and this included refreshments. Staff received training to support residents in food hygiene and modified diet requirements.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents about the care and support provided in this centre, which included staff supports and facilities.

The centre's residents guide was reviewed by the inspector and was found to include a range of information for residents. on services provided, how to make a complaint, where to access inspection

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented good systems for the assessment and control of risk in the centre.

The inspector reviewed the centre's risk register. This was comprehensive and the risks identified were specific to the service. They had been recently reviewed by the person in charge and reflected current risks evident in the centre.

The inspector also reviewed the risks assessments developed for a resident. This showed clear guidance on how to reduce the risks to the resident. They had been recently reviewed. Staff spoken with discussed the positive outcomes of the effective risk management in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate precautions against the risk of fire in the centre.

This included appropriate fire doors, intumescent strips, emergency lighting and signage and an appropriate fire panel to alert staff to a fire in the centre. Fire drills were completed as scheduled by the organisation and a record was maintained of the effectiveness of the all evacuations. Evacuations were also noted to be completed at various times with different staff to ensure all staff were aware and

familiar with the procedures in place. All residents had a personal emergency evacuation plan (PEEP) in place, which was update should any changes occur.

The provider also ensured that all fire safety equipment was monitored regularly and a record maintained of the service completed. Areas for improvement when identified were addressed in a timely manner if required. Fire audits were also completed monthly by the staff team in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour.

Staff had received training in how to support the residents to manage their behaviour. The inspector found that on reviewing a residents' personal plan that appropriate referrals and guidelines were in place to ensure all staff were guided on supporting residents. Advice and information from these professionals where required was shared with staff and reviewed regularly to ensure the effectiveness of the plans in place.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that residents were protected from harm or abuse in the centre.

Staff had received training in safeguarding. They were knowledgeable on the steps that should be taken if a safeguarding incident occurred. At the time of the inspection, there were no active safeguarding incidents in the centre. Safeguarding was included as a standing item on the staff agenda items on all monthly team meetings.

The inspector reviewed the intimate care plan for the residents. The plans were detailed and comprehensive and gave clear guidance to staff on how to support the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were promoted, protected and supported in this centre.

The inspector reviewed the minutes of two of the most recent residents' meetings. These showed that residents were supported to make choices and to have a say in the running of the centre.

Staff at the centre had completed training in human rights in 2025. This resulted in increased knowledge and enhanced awareness across the staff team. This was evident through observations of staff interactions with residents at the centre, which were respectful, dignified, and focused on providing day-to-day choices such as activities for the day.

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 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant