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:	Cloghan
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	25 May 2026
Centre ID:	OSV-0008154
Fieldwork ID:	MON-0045723

About the designated centre

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

The centre is located within a small campus setting which contains six other designated centres operated by the provider. Cloghan provides full-time residential care and support to three residents. The designated centre comprises a three bedded single-storey house. The centre is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and coffee shops. Residents are supported by a staff team of both nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Monday 25 May 2026	16:20hrs to 19:50hrs	Alanna Ní Mhíocháin	Lead
Tuesday 26 May 2026	08:30hrs to 12:15hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The residents in this centre received a good quality service that promoted and respected their human rights. Residents told the inspector that they were happy in their home and with the service they received. They were supported by staff who were familiar with their needs and who respected their choices. The provider had effective governance and management arrangements in place and there were clear lines of accountability. Some improvement was required to ensure that residents had all necessary information to make decisions about their financial affairs.

The centre consisted of a single-storey house that was located on a small campus. The campus was at the edge of a large town within a short drive of shops, cafés, hotels and other local amenities. The centre was registered accommodate three residents and on the day of inspection there were no vacancies. Each resident had their own bedroom. Two bedrooms had en-suite bathrooms. In addition, the house had a kitchen-dining room and two sitting rooms. There were also two staff offices and a laundry room. Outside, the grounds were well maintained.

The house was nicely decorated and in a good state of repair. It was fully accessible to all residents. There was adequate space in the house for residents to spend time together or apart, as they wished.

The inspection took place over two half-days. The inspector arrived at the house in the afternoon of the first day. At that time, the inspector had the opportunity to meet with two of the residents. One resident chose to sit and speak with the inspector. The second resident did not want to meet with the inspector and that was respected. The inspector met with the third resident on the second day. Residents in this centre required support with their health and personal care needs. All residents required the support of staff to access the community. One resident attended regular day services five days per week. The other two residents were supported by staff to access the locality as they wished.

Residents told the inspector that they were happy in their home. They said that the staff were nice and respected their rights. One resident told the inspector that they wanted to move to a new house. They said that the person in charge kept them informed of any plans to move house. They said that they were happy living in this centre currently and that they liked their fellow residents. Residents spoke about their families and their interests. They told the inspector about places they had been to recently and upcoming plans. Residents spoke about what they liked to do during the day.

The provider issued questionnaires to the residents in March 2026. These questionnaires sought the residents' opinions on the quality of the service. The questionnaires were reviewed by the inspector. They showed that, overall, residents were happy with the service they received in the centre. Some residents recorded

comments about areas that could be improved. The inspector noted that the provider had addressed these issues. For example, shelving units were installed in one resident's bedroom in line with their request.

The inspector noted that interactions between residents and staff were very comfortable. Staff knew about the residents' preferred topics of conversation. They knew the names of the residents' family members and could chat about them with the residents. The inspector observed residents and staff sharing a joke and laughing together. Staff were quick to respond when residents asked for help. The inspector noted that residents' choices in relation to their clothing, snacks and activities were respected by staff.

In addition to the person in charge and senior manager, the inspector met with two other staff members. The staff members spoke about residents respectfully. They were very knowledgeable about the needs of residents and the supports that should be offered to residents to meet those needs. Staff spoke about the importance of promoting the rights of residents. They told the inspector how the residents were offered choices and how these choices were respected. Staff were knowledgeable on the healthcare needs of residents. This information was in line with the residents' support plans. Staff knew how to report any incidents and were aware of the steps that should be taken to avoid any potential safeguarding incidents.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems that were effective at monitoring the quality of the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider submitted notifications to the Chief Inspector in line with the regulations.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Any service improvement actions identified through this process were recorded on the centre's quality improvement plan. This tracked the actions that were underway and set out a target timeline for their completion. Incidents in the centre were reviewed to identify any trends so measures could be put in place to avoid a recurrence.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

The provider had written agreements with residents that outlined the terms and conditions of residency.

Regulation 15: Staffing

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

The inspector reviewed the rosters for the centre from 1 March 2026 to the day of inspection. This showed that the number of staff on duty was suitable to support residents to meet their needs. The staff on duty also had the correct skill-mix. The rosters showed that the staff team was consistent and staff were familiar to the residents. Residents spoke about staff by name and asked when they would next be on duty. The provider completed an annual audit of staff files to ensure that the documentation required under the regulations was on file for all staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in this centre had up-to-date training in modules that were relevant to the care and support of the residents. This meant that the provider had ensured that staff had the necessary knowledge and skills to support residents with their identified needs.

The inspector reviewed the records of staff training maintained by the person in charge. This showed that staff had up-to-date training in all 34 mandatory modules. In addition, training had been identified in other areas related to the care and support of residents in this centre. Where refresher training was required, staff were booked onto upcoming courses.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear management structures and lines of accountability. There were systems of oversight that ensured that the provider monitored the quality of the service and addressed any issues that arose in a timely manner.

The provider maintained oversight of the quality of the service through a number of means. This included routine audits, assessments by the person in charge, evaluations by senior managers, and unannounced provider-led visits to the centre.

The provider had a schedule of routine audits that should be completed at differing times throughout the year. The inspector reviewed the audits that had been completed since the beginning of 2026 and found that the audits were completed in line with this schedule. The most recent report following the provider-led visit to the centre was also reviewed by the inspector. This showed that the visit was completed by a senior manager external to the service and it was comprehensive. There were specific actions recorded to address any issues identified during the visit. Actions from these evaluations were added to the centre's quality improvement plan. This plan gave an overview of the service improvement actions that were underway in the centre. The inspector reviewed the most recent quality improvement plan and found that actions were addressed within the timeframes set out by the provider.

There were clear lines of accountability in the centre. Staff knew who to contact if any issues arose. Any incidents that occurred in the centre were recorded, reviewed and escalated appropriately. The inspector reviewed the incidents that were recorded in the centre since the beginning of 2026. Incidents were reported to management as appropriate. In addition, the incident reports recorded when information was shared with external agencies, as required. The person in charge completed monthly reviews of the incidents to identify trends and if any additional supports were required to avoid a recurrence.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had developed written agreements with residents. These contained the information outlined under the regulations.

The inspector reviewed the written agreements that had been developed for two residents. These had been signed by the resident and a representative on behalf of the provider. The written agreements outlined the terms and conditions of residency. The fees that the residents would have to pay were also outlined in the agreement.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider submitted information and notification of incidents to the Chief Inspector as required under the regulations.

In advance of the inspection, the inspector reviewed the notifications that were submitted by the provider since the last inspection of the centre. The inspector also

reviewed the incidents that were recorded in the centre since the beginning of 2026. This showed that the provider submitted notifications to the Chief Inspector in line with the regulations.

Judgment: Compliant

Quality and safety

The service in this centre was person-centred and of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports were put in place to meet those needs. The ethos of promoting the rights of residents was apparent in the day-to-day running of the centre. Residents told the inspector that they were happy with the quality of the service they received. Residents received supports in relation to their communication in line with their assessed needs. Some improvement was required to ensure that residents had all information to make decisions about their financial affairs.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. There was evidence that the provider implemented safeguarding procedures appropriately. The provider had an effective system to identify risks to residents and identified control measures to reduce those risks. The provider had effective systems to protect residents from the risk of infection.

Regulation 10: Communication

The provider had systems in place to ensure that staff could support residents to communicate their needs and wishes.

The inspector observed staff interacting with residents in a very comfortable manner. Staff were aware of residents' preferred topics of conversation and knew the names of people who were important to the residents. Conversations in the centre were led by the residents, and they spoke with staff about their interests and lives. The inspector noted that communication supports were made available to residents in line with their support plans. For example, a resident had a communication book that they chose to use occasionally. This book was easily accessible to the resident if they wanted to use it.

The inspector reviewed the support plans that were developed for two residents. These plans gave guidance to staff on the supports that should be implemented to ensure that residents understood information fully. There was also guidance about how residents expressed their needs, preferences and wishes.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to the needs of the residents.

As outlined in the opening section of the report, the centre was clean, tidy and nicely decorated. The centre was fully accessible to the residents. With two sitting rooms, residents had space to spend time alone, if they wished. There was space for residents to store their belongings. The centre had a full kitchen that was accessible to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment and control of risk. This meant that staff had guidance on steps that should be taken to promote the safety of residents.

The inspector reviewed the risk assessments that had been developed for two residents. These had been recently developed or updated. They were comprehensive and in line with the residents' assessed needs. The control measures gave clear guidance to staff on how to support the residents to minimise risks. The risk assessments signposted staff to other relevant guidance documents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had appropriate arrangements in place to protect the residents from the risk of infection.

The inspector noted that the centre was clean and tidy. The inspector reviewed the cleaning checklists that had been completed in the centre in 2025. This showed that staff completed regular cleaning tasks throughout the centre. Staff and residents were monitored for signs of infection. There was access to infection prevention and control specialists, as required. Staff had completed training in infection prevention and control modules. For example, hand hygiene. This training was up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of two residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. The residents' files contained plans that guided staff on how to offer support to residents to meet their assessed needs. These plans were regularly reviewed and updated.

An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views. The previous year's goals were reviewed and new targets set for the year ahead.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The inspector's review of two residents' files showed that residents had access to a wide variety of healthcare professionals in line with their needs. The residents' records outlined the recommendations made by these professionals and staff were clear on what measures should be put in place to support residents to manage their health. Regular health checks were completed with residents. This included an annual health check completed by the resident's general practitioner (GP).

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements for residents to receive positive behaviour support.

The inspector reviewed the behaviour support plans that had been developed for two residents. These were developed by an appropriately qualified professional and had been recently updated. The plans guided staff on how to support residents. This included ways to maintain an environment that met the residents' needs and how staff should respond if the residents needed additional support. In conversation with

the inspector, staff demonstrated good knowledge of these plans and gave specific examples of how they were implemented. Staff had up-to-date training in supporting residents to manage their behaviour.

The provider audited restrictive practices in the centre every three months. This audit ensured that any practices in use were the least restrictive and in use for the shortest duration of time. The inspector reviewed a restrictive practice protocol that was developed for one resident. This outlined the reason for the practice. It gave clear guidance on when and how it should be implemented. The choices and rights of the resident were included in the development of this protocol.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to protect residents from the risk of abuse.

Staff in the centre had up-to-date training in safeguarding. Safeguarding was a standing item on team meeting agendas.

The inspector reviewed two closed safeguarding plans. These showed that the incidents had been recorded and reported appropriately. The provider had implemented measures to reduce the likelihood of a recurrence of these incidents. The provider had reported these incidents to external agencies as required.

In this centre, there was a history of negative interactions between residents. To reduce the likelihood of these interactions, the provider had developed an overarching safeguarding plan. This guided staff on the steps that should be taken to support residents and to avoid any negative interactions. When speaking with the inspector, staff demonstrated very good knowledge of this plan and the inspector observed staff adhering to the plan throughout the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre. The choices and decisions of the residents were respected. Some improvement was required to ensure that residents had all necessary information to make decisions about their finances.

Throughout the inspection, the inspector noted that staff regularly offered choices to residents. These choices were respected. They included choices around the residents, clothes, meals, snacks and where they wanted to go. Staff spoke about the rights of the residents and how they promoted these rights. And choices of the

residents were reflected in documents reviewed by the inspector. For example, residents support plans and risk assessments. These documents recorded residence preferences and consent.

Residents received supports to make decisions about their financial affairs. The inspector reviewed the support plans that had been developed for two residents in relation to their financial affairs. These documents outlined how the residents were supported to make decisions about their daily spending. It was also identified that residents would require support to understand their savings. However, the plans did not outline how residents were supported to understand their savings.

Judgment: Substantially 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
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Substantially compliant

Compliance Plan for Cloghan OSV-0008154

Inspection ID: MON-0045723

Date of inspection: 26/05/2026

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 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance with Regulation 9: Residents' rights: the following actions have been undertaken

• The Person in Charge has ensured that residents with savings accounts under their Patient Private Personal Accounts that are managed by the organisation receive individual quarterly financial statements detailing account balances and transactions. Date completed 23.06.2026

• The Person in Charge has implemented a structured system to discuss with each resident their quarterly financial statements. Date completed 23.06.2026

• The Person in charge has ensured that all residents are supported in understanding their financial statement. This included the use of an easy-to-read document provided by the National Advocacy Service named My Money, My Rights, My Options. This was utilised by staff to ensure that the information was communicated to residents in a manner that promoted and supported the residents' understanding of the information. The outcome of discussion was documented in residents care notes, and a copy of the Easy Read Document is held in residents care plan folder. The residents' financial statements are then stored in residents' confidential file. Date completed 24.06.2026.

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 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	24/06/2026