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 Na Coille
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	14 April 2026
Centre ID:	OSV-0008565
Fieldwork ID:	MON-0042805

About the designated centre

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

Cnoc na Coille provides full-time residential care for five adults with moderate to severe intellectual disability and a range of physical, psychological and behavioural needs. Care is provided by a team of nurses and healthcare assistants with waking nighttime support provided. The service comprises one building which is purpose built and accessible throughout. It is located in a residential area in a busy regional town with a variety of community supports and scenic amenities nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 14 April 2026	10:00hrs to 15:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Cnoc na Coille were happy in their home and felt safe. This was a good quality service where fourteen of fifteen regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). The registered provider had a restrictive condition attached to the registration of this centre relating to Regulation 28: Fire Precautions which they had applied to remove. This regulation was reviewed during this inspection in order to inform a decision on this application. The inspector was assured by works completed with some additional actions required in order to return to full compliance. This will be expanded on later in this report.

This unannounced inspection took place over one day. The inspector found that Cnoc na Coille was a busy house where residents had a range of support needs and where they led active lives at home and in the local community. Residents' needs were assessed and sufficient staff and good support plans were used to meet with these needs.

The inspector spent time with all five residents. Two people were having breakfast at the dining room table and were happy for the inspector to sit with them. No verbal conversations were held, however, residents were observed communicating in their preferred way and it was clear that staff were familiar with their individual communication styles. The inspector noted that the combined kitchen and dining room was a bright pleasant room which was had sufficient space and was well-equipped. Staff explained that while there were some restrictions used in this room in the past, this was no longer the case. For example, kitchen cupboards were no longer locked. In addition, the inspector noted a list of Lámh signs displayed. When asked, staff told the inspector that a resident used signs to communicate and they were practicing eight new signs with them. This initiative was introduced by the speech and language therapist and they said it was working very well.

A visit to the sitting room found that it was equally pleasant. The furniture was comfortable and inviting. The inspector met with two residents who were relaxing here. The walls were freshly painted and the curtains were cheerful. It was a welcoming room which was kept clean and tidy by the staff employed.

Residents were observed moving from room to room as they wished and with assistance if required. Some people were going to music and drama session in a town nearby. Transport for this was provided. Another resident was moving up and down the hallway with a staff member which was what they liked to do. It was raining outside and staff told the inspector that they hoped to go for a walk later if the weather improved, as this was an activity that the resident enjoyed.

The inspector visited other parts of the house with a staff nurse who presented as competent in their role. Throughout the tour, they spoke in a person-centred, rights focused manner about each resident and their life at Cnoc na Coille. They asked permission from people before visiting their bedrooms. Where required, they used augmented communication such has sign language in order to seek consent. It was clear that one resident did not want anyone in their room that day. They indicated this confidently and their wishes were respected. The inspector found that the four of five rooms they visited were warm, cosy and individually decorated. Residents had pictures of their friends and family around their room and overall, they provided a quiet space to relax.

A nutritious hot meal was provided later that day. This was prepared in the kitchen and the cooking aroma further enhanced the homely atmosphere in the house. The inspector spent time with a resident who was enjoying their lunch while supported by a staff member. The inspector saw that their food was prepared to a specific consistency. The staff member had a good understanding of the reason for this, and of the importance of adhering to the food preparation recommendations of the resident's speech and language therapist.

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

Capacity and capability

The person in charge was new to the role of person in charge, however, they were employed at the centre since June 2024 and the inspector found that they were well settled into their role. They had the support of a member of the service level leadership team, who was present on the day of inspection. This meant that there were clear lines of authority and good professional support and this impacted positively on the quality of the service provided.

Sufficient staff were employed with the skills required to support residents' assessed needs. They had access to a training plan which ensured they were competent in their roles. In addition, documentation systems provided good guidance for staff on residents' care needs and on recommendations from the multi-disciplinary team. The information was easy to access, informative and overall, the inspector found that the governance systems were working well

Regulation 14: Persons in charge

The inspector met with the person in charge who took up a leadership role at the centre in June 2024. They facilitated the inspection competently. They were skilled, experienced and had a good knowledge of the service. They were familiar with the residents and the service. This impacted positively on the quality and safety of the care provided.

Judgment: Compliant

Regulation 15: Staffing

This was a nurse-led service which was in line with the statement of purpose and provided support for residents with complex needs. In addition, a team of health care assistants were employed and while there were vacancies in both of these roles, they were covered effectively by regular agency staff. This meant that consistent care and support was provided.

The inspector completed a review of the roster from 7 March 2026 to 14 April 2026. It was well maintained and clearly provided an accurate outline of the staff on duty on the day of inspection. At nightime, the waking support of a staff nurse and healthcare assistant was provided.

Where out of hours assistance was required, a process was in place to support this. The inspector reviewed the on-call list which provided clear guidance on who was on duty. Staff spoken with told the inspector that this system worked well and that they felt supported in their roles.

In addition, a review of three Garda vetting completed for two core staff and one agency staff found that all checks were completed and up to date.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of mandatory and refresher training modules for staff employed. This included fire training, moving and handling training, safeguarding training and hand hygiene training. All modules for the sample reviewed were up to date which meant that staff had the skills and knowledge required to provide good quality care and support.

The inspector found that if required additional staff training was provided to ensure that staff had the required skills to meet with a specific need. For example, some staff were attending training on skin integrity with a focus on the prevention of skin

issues on the day of inspection. In addition, staff were booked to attended falls prevention training later that week.

Furthermore, the inspector noted that the speech and language therapist had a poster on the staff notice board. This provided information on a range of training options such as dysphagia awareness, and training on total communication support. This included the use of visual supports, use of signs and use of objects of reference. Staff spoken with said that they found this very helpful and supportive. In turn, the inspector found that this training plan was effective as staff had a good knowledge of the how to support residents with feeding requirements linked to dysphagia as previously outlined in this report.

Judgment: Compliant

Regulation 23: Governance and management

This designated centre was well resourced and this ensured that care and support was delivered effectively and in line with the statement of purpose. The management structure was clearly defined and good systems were used to ensure that the service provided was appropriate to residents' needs, consistently provided and effectively monitored. Work in relation to fire safety was nearing completion and this will be reported on under Regulation 28 below.

The provider had an audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. A review of the arrangements for a six monthly provider-led audit found that it was completed on in December 2025. Actions documented formed the quality improvement plan for the centre which was updated on a monthly basis. The annual review of care and support was completed in August 2025.

A review of the documentation systems found that they provided clear guidance for staff and information was easy to access. A signposting system was used to direct readers to additional information if required. A named nurse and keyworker support system was used at this centre. This meant that each resident had a nurse and a healthcare assistant with a specific focus on their care and support needs. This appeared to be working well. In addition, the inspector reviewed all five residents' questionnaires which were competed by named staff in January 2026. While it may have been difficult to ascertain the ability of residents to have an active input into this process, it provided an opportunity for staff to assume capacity and to raise awareness of, and understanding of, each persons' individual preferences.

Team meetings were taking place regularly and the inspector reviewed the minutes. This review found some standing agenda items such as safeguarding and risk management. In addition, at the February 2026 meeting, a discussion on the quality improvement plan for the service took place. This was an indicator of good

governance as all staff now had a knowledge of the systems used to enhance and improve the service provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose for the service which was also available in accessible format for residents' use.

It was updated on 28 January 2026 and provided an accurate reflection of the services and facilities provided. It met with the requirements of Schedule 2 of this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector completed a review of incidents arising at the centre from 1 January 2026 to 14 April 2026. This found that if required, incidents were reported to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process for residents was clearly defined and in line with requirements of this regulation. There were no open complaints at the time of inspection.

The provider's complaints policy was reviewed on 5 November 2025 and in date. This information was available in easy to read format if required. Information on how to make a complaint was displayed prominently on the notice board.

Judgment: Compliant

Quality and safety

The care and support provided was of good quality and ensured that residents at this centre were safe.

Residents had comprehensive assessments of their needs which were completed with the input of allied health practitioners. Where recommendations were made, they were adhered to.

The service was provided in a premises that was spacious, welcoming and accessible throughout. This meant that residents could use all areas of their home in line with their preferences. Individual rights were respected and risks arising were managed well.

Improvements to fire safety arrangements were at an advanced stage but yet to be fully completed. In addition, a review of the fire detection systems was required to ensure that residents at Cnoc na Coille were not impacted by fire risks arising at the adjoining building.

Regulation 17: Premises

A tour of the premises provided found improvements to this designated centre. Overall it was designed and laid out to meet with the needs of the residents and the service. It was of sound construction, in a good state of repair and kept clean and tidy.

Improvements included the painting of communal areas and minor upgrades to skirting boards were completed. The staff office had new desks for office based tasks and shelving for the organisation of documentation.

Overall, this was a very nice home which was accessible throughout. This included an accessible outdoor areas with seating areas and adapted swings for people with wheelchairs. The inspector noted the requirement for garden storage. The person in charge told the inspector that a garden shed was ordered.

Judgment: Compliant

Regulation 26: Risk management procedures

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

At centre level, the inspector reviewed the site specific safety statement (15 December 2025), the centre's risk register and the emergency evacuation plan. They

provided the required information on risks arising and adequate information on the provider's risk management systems.

Where required, residents had preliminary risk screening assessments, risk summary sheets and individual risk assessments. For example, the inspector found good oversight of risks of choking and of falls risks. Risk assessments were proportionate to the level of risk arising, control measures were accurate and risk ratings complete. If a resident experienced a fall, a post falls review was completed.

Judgment: Compliant

Regulation 28: Fire precautions

As outlined, this centre was registered with a restrictive condition attached relating to fire precautions. A review of the fire safety arrangements in place at the time of this inspection found significant improvement. However, further work was required to reach full compliance with this regulation. This was progressing well at the time of this inspection.

The inspector completed a review of actions taken by the provider. This found that in response to concerns identified, the provider sought the support of a competent fire professional to review fire safety systems at Cnoc na Coille. A fire safety risk assessment in March 2026 reviewed the works completed and documented a list of further actions required. The inspector found that the majority of recommendations were completed.

For example, fire safety was a standing agenda item at staff meetings and both day and nighttime simulated fire drills were taking place. In addition, a walk around of the building found changes to the link corridor between Cnoc na Coille and the adjoining building. The corridor was an escape route. The access key pad was deactivated, the corridor was clear of obstruction, an additional external fire exit was added and in addition, there was a new internal fire door.

However, some actions remained in progress at the time of this inspection. The provider and the person in charge were working on these matters and additional time was needed in order to complete these fully.

Furthermore, a review of incidents arising found that on three occasions since 1 January 2026, the fire alarm was activated due to matters arising at the adjoining building and not at Cnoc na Coille. For example, on 29 January 2026 this occurred at approximated 23:00 which meant that residents were woken from their sleep and there was a risk of unplanned evacuation. This required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had an assessment of their health, personal and social needs completed which was subject to annual review. Residents assessed needs were documented in a range of support plans including nursing interventions, care plans and person centred plans. A review of these found that they provided good guidance on the actions required to meet with individual activities of each residents' preference.

The inspector read an annual review completed for a resident in August 2025. This found that the goals agreed with the resident and their family were linked to their support needs. For example, the resident was reported to enjoy using a cycling machine which was adapted for people with physical disabilities. This device was provided and linked with a recommendation made by the resident's physiotherapist.

Other plans reviewed found goals of individual interest such as going on a vintage car trip which was planned for the following weekend. Another person had plans to attend a county football match and another goal included attending a make-up session. Each person had a scrap book with pictures of activities they enjoyed. This provided picture diary of activities complete and a pleasant record for residents to look at with their staff or family members if they wished to do so.

Judgment: Compliant

Regulation 6: Health care

A review of the healthcare arrangements found that residents living at Cnoc na Coille had a range of comprehensive supports. Access to a general practitioner (GP), pharmacist and allied health professional was provided in line with their assessed needs.

Each resident had an oral health assessment tool which was completed by their key communication partners. Subsequently, they had significant dental work completed which was reported to have a positive impact on their overall wellbeing.

In addition, residents had ongoing access to occupational therapy, speech and language therapy and physiotherapy. If required, the support of specialist nursing care was provided. For example, evidence was provided to show that a tissue viability nurse visited the service. In addition, the inspector noted trips to the chiropodist which were documented in picture format in residents' scrapbooks.

Access to national screening services was provided and attending by residents that consented to do so. Easy to read information on medical procedures was provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

A review of positive behaviour support arrangements found that staff had up to date knowledge and skills to support residents. While there were no support plans required at this centre, access to a specialist was provided if required.

The person in charge and the staff team took a responsive approach to the use of restrictive practices. They were subject to regular review and as outlined in the opening section of this report, they were removed if not required. This was underpinned by a restrictive practice protocol (13 November 2025) which named each restriction and provided a rationale for its use. This ensured that the least restrictive process was used for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The inspector was assured by the safeguarding arrangements used at this centre at the time of this inspection. The safeguarding policy was up to date and staff were training in safeguarding of vulnerable adults.

When discussed with staff, they were aware of the types of safeguarding risks and of what to do if required. Safeguarding posters were displayed which provided reminders of the importance of residents' rights to feel safe. If required, safeguarding risk assessments were documented and control measures were in place. All resident had intimate care plans which the inspector found were reviewed annually or more often if needed.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that service planning and delivery at this centre was responsive to the human rights of each resident.

Residents at this centre had a range of high support needs, however, during the course of this inspection, the inspector observed processes that maximised residents' capacity to exercise personal independence and choice in their daily lives. For example, permission was sought from residents prior to entering their bedrooms

and residents were consulted on activities on offer. This included a resident who was asked if they would like to go for a walk. They responded positively to this activity, however, the staff member was noted double checking to ensure that they had understood the resident's response correctly.

In addition, while it appeared that the will and preference of residents may be difficult to ascertain at times, efforts were made by the staff team to ensure that information on medical procedures was available in easy to read format. This meant that appropriate information was provided to aide understanding.

Residents who required support outside of the centre were provided with access to an independent advocacy service. The inspector reviewed a matter relating to a resident's right to attend a religious service of their choice at that time. This was well supported by staff who addressed the matter arising in the first instance and then proceeded with a referral to an independent advocate.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cnoc Na Coille OSV-0008565

Inspection ID: MON-0042805

Date of inspection: 14/04/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance with regulation 28: Fire Precautions the following actions have been undertaken:

In line with fire officer guidance, the fire alarm system will be reconfigured so that activation in one house results in a full alarm in that house, with an alert (audible and visual) in the adjoining houses. The intention is to re-programme the fire alarm panel, so the full alarm alert will only occur throughout the Cnoc na Coille unit whenever an activation occurs within the premises. This should result in minimal disruption to the residents whenever there is an activation within one of the other two Houses. This will maintain staff response capacity while minimising disruption to residents. Completion date: 31 July 2026

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

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

All fire alarm incidents, including those triggered from adjoining buildings, will be reviewed by the PIC to identify patterns, ensure appropriate response and minimise unnecessary disruption to residents. Completion date: 15 May 2026 (ongoing)

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

Fire safety remains a standing agenda item at governance and staff meetings, with

oversight by the PIC and senior management team to ensure all actions are progressed and monitored.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	15/08/2026