



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Cill Aoibhinn CGH
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	04 February 2026
Centre ID:	OSV-0002503
Fieldwork ID:	MON-0043606

## About the designated centre

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

Cill Aoibhinn can provide full-time residential support for up to six male and female adults with a disability. The designated centre is a large house which is located in a rural area close to a town. In addition to their own bedrooms, residents have access to communal facilities including a kitchen, dining room, two-sitting rooms, sensory room, laundry room and bathroom facilities. Residents at Cill Aoibhinn are supported by a team of both nursing and care staff, and staff are available to support residents both during the day and at night. Furthermore, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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 4 February 2026	10:30hrs to 15:55hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

The service in this centre was of a good quality. Residents led busy lives and had many interests. They were supported by a familiar and consistent staff team who respected residents' rights and promoted their autonomy. The provider had systems in place to maintain oversight of the quality of the service and the lines of accountability were clearly defined.

The centre was home to six residents. One resident lived in the centre on a part-time basis and was not in the centre on the day of inspection. Residents required varying levels of staff support in relation to their personal care needs and activities of daily living. Some residents required the support of familiar staff in relation to their communication. All residents required the support of staff to access the community. Residents were supported by a team of familiar staff members. In addition to the staff who directly supported the residents, there was also a chef employed in the centre to prepare residents' meals.

The person in charge was not in the centre on the day of inspection, as they were attending a course in another part of the country. They were available to speak with the inspector over the phone on the day. Some governance documents were not available in the centre on the day of inspection as they were held on the laptop of the person in charge; for example, the centre's training matrix and quality improvement plan. These documents were emailed to the inspector the following day.

The centre consisted of a large house in a rural village. It was a shortdrive to the nearest large town which had local amenities, such as shops, cafes, and restaurants. Each resident had their own bedroom. There was one large shared shower room and a separate toilet. The centre had two sitting rooms, a sensory room and a dining room. The centre also had a kitchen, laundry room, staff office and sluice room. Outside, there was a large paved area with a bird feeder and some potted plants. There was a well-maintained garden with a large polytunnel.

The house was warm and welcoming. There was a calm, relaxed atmosphere in the centre. It was clean and tidy and in a good state of repair throughout. One resident chose to show the inspector their bedroom and, where bedroom doors were open, the inspector noted that residents' rooms were nicely decorated and personalised with pictures, photographs and personal objects. The communal rooms in the house were nicely furnished and the furniture was modern and in a good state of repair. Televisions were available in the sitting rooms. The centre's kitchen was a professional kitchen and residents had access to it. The fridge was well stocked with fresh fruit, meat and dairy products. The centre also had a large dry food store room which was accessible by residents and was very well stocked. The centre was accessible with level access at all doors, wide corridors and spacious communal

rooms. The centre was equipped with items that residents needed for their daily living activities, for example, hoists and shower chairs.

The inspector had the opportunity to meet with five residents. Three residents met with the inspector in the centre during the inspection. The inspector phoned two other residents while they were attending their day services to ask their opinions on living in the centre. These residents arrived home as the inspector was leaving so they also met briefly in person. One resident communicated through non-speaking means and was fully supported by staff when meeting the inspector. Other residents spoke to the inspector and asked for help from staff, if required.

Residents told the inspector that they were happy in the centre. When asked about the centre, one resident responded that it was 'so lovely' and another said 'I love it'. Residents said that they were happy with the house and their bedrooms. Residents said staff were kind, listened to them and respected their rights. They said that the food and meals in the centre were good. Residents spoke about some of the things that they liked to do in the centre, such as baking and crafts. They spoke about attending day services, trips that they had taken, community-based activities and upcoming plans. One resident spoke about their birthday plans and talked about the guests who were invited to their party. Another resident showed the inspector their personal plan and talked about their family, friends, interests and the goals they had achieved in the previous year. One resident spoke about an upcoming healthcare appointment. The resident was very well informed of the time and location of the appointment, the reason for the appointment and what the likely outcome would be.

The inspector had the opportunity to meet with four staff members. Some members of staff had worked in the centre for a number of years, while other staff members had commenced working in the centre in recent weeks. All staff were familiar with the needs of residents, particularly the staff who had worked in the centre for a number of years. Staff were very knowledgeable on the health needs of residents and on any risks that had been identified for residents. Staff spoke about strategies that they used to support residents to manage their behaviour and measures that were taken to reduce negative interactions between residents. Staff gave specific examples of the supports required by residents with their food and at mealtimes. Staff emphasised the importance of offering choices to residents and respecting their decisions. All staff members knew the steps that should be taken should a safeguarding incident occur.

The inspector noted that interactions between residents and staff were very comfortable. Staff were familiar with the residents' communication strategies and could easily communicate with residents. Staff and residents chatted and shared jokes. Staff responded quickly when residents made requests.

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 in place that were effective at monitoring the quality of the service and the lines of accountability were clearly defined. The provider maintained oversight of the service through routine audits that were completed by staff in the centre. The provider completed unannounced visits of the centre. There was a quality improvement plan in the centre to provide oversight of the progress towards the completion of service improvement goals.

Staffing numbers and the staff skill-mix were in line with the needs of residents. The staff in the centre were consistent and familiar to residents. They had received training in areas that were mandatory for all staff and that were specific to the needs of the residents in this centre.

## Regulation 15: Staffing

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

The inspector reviewed the rosters in the centre from 1 June 2025 to the day of inspection. This review showed that the required number of staff were on duty at all times. The provider had identified that a nurse was required to be on duty at all times in this centre and the inspector's review of rosters found this.

There were staffing vacancies in the centre. The person in charge developed a corresponding risk assessment which was reviewed by the inspector. It outlined how the provider planned to reduce the risks that these vacancies caused. This included the use of regular agency staff. The rosters indicated that, where agency staff were employed in the centre, they were regular and familiar to the service. The person in charge reported that the provider was in the process of filling the staffing vacancies.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff in this centre had up-to-date training. This meant that residents were supported by staff who had been given the necessary knowledge and developed the required skills to meet the needs of residents.

As the person in charge was not on site on the day of inspection, staff training records were not available. However, the person in charge emailed a training matrix to the inspector the day after the inspection. This was reviewed by the inspector and it was noted that staff largely had up-to-date training. Where refresher training was required by some staff, this had been identified by the person in charge and staff had booked places on relevant courses.

Judgment: Compliant

## Regulation 23: Governance and management

There were good systems for the oversight and management of this centre. This meant that the provider could ensure that the service was safe and of a good quality so that it met the needs of residents.

There were clear lines of accountability and responsibility outlined in this centre. Staff knew who to contact should any issues arise. Incidents in the centre were reported and escalated appropriately. The inspector read the monthly reviews of audits completed by the person in charge for incidents that occurred in 2025. The reviews identified control measures that were in place to prevent a recurrence of incidents and, through trending of incidents, any additional measures needed to reduce the risk of recurrence were identified.

The provider maintained oversight of the service through regular audits of the quality of the service. The provider had outlined a schedule of audits that should be completed at various times throughout the year. The inspector reviewed the audits for 2025 and found that they were completed in line with this schedule. These audits showed a good level of adherence to the provider's policies and procedures to ensure a safe and good quality service for residents.

The inspector reviewed the two most recent unannounced visits completed by the provider in the centre. These visits gave a good overview of the service and, where service improvements were identified, specific actions to address these findings were documented.

Findings from local audits and provider visits were added to the centre's quality improvement plan. The most up-to-date version of this plan was emailed to the inspector the day after the inspection. This document monitored the progress made towards implementing any actions that were identified to improve the service. The inspector's review of the document found that the provider completed service improvement actions within the target time frame.

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 had been put in place to meet those needs. Residents' healthcare and nutritional needs were well managed in this centre.

The rights of residents were promoted in this centre. Residents received the necessary supports in relation to their communication to make informed choices and these choices were respected.

The safety of the resident was promoted in this centre. Staff had up-to-date training in safeguarding and implemented the necessary supports to reduce negative interactions between residents. Risks to residents had been assessed and control measures to reduce risks had been implemented.

## Regulation 10: Communication

The provider had arrangements to support residents understand information and express their needs and wishes.

The inspector reviewed guidance documents for staff relating to the communication supports required by three residents. These documents outlined how to present information to residents to ensure that they fully understood it. The documents also outlined the strategies used by residents when expressing their thoughts, needs, wishes and preferences.

Residents had access to a speech and language therapist who had developed communication profiles for some residents. These were reviewed by staff and updated, as required.

The inspector observed staff engaging with residents in line with the recommendations set out in these guidance documents.

Judgment: Compliant

## Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. This meant that residents had access to a variety of wholesome meals that were in line with their assessed needs.

The inspector reviewed the notes of three residents in relation to their nutritional needs. These outlined the specific dietary requirements of residents and the supports they needed at mealtimes. Residents had been assessed by relevant healthcare professionals in relation to their dietary needs. Recommendations from these professionals were reflected in the residents' care plans and risk assessments.

As outlined in the opening section of the report, a chef was employed in this centre to prepare residents' meals. Residents also had access to the kitchen and could prepare food as they wished. Residents were offered choices in relation to their meals and alternative meals were available if residents declined the choices offered to them. The centre was well stocked with ample food to prepare meals and snacks.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place to identify and reduce risks to residents. Residents' autonomy was respected in the development of risk assessments. This meant that the safety of residents was promoted whilst also promoting their rights.

The inspector reviewed the risk assessments that had been developed for three residents. These assessments were reflective of the residents' assessments of need and were person centred. They clearly defined the risk and outlined control measures specific to the resident so that staff knew the individualised supports required by each resident to promote their safety. The risk assessments signposted staff to relevant documents, for example, specific care plans. These gave further guidance to staff on how to support the resident.

The provider had taken a proactive approach to positive risk-taking that respected the autonomy of residents. For example, on occasion, one resident chose not to follow recommendations in relation to their diet. This choice was respected by staff and the resident's risk assessment outlined additional steps that staff should take in this situation to promote the resident's safety as much as possible, while respecting their autonomy and right to decline healthcare advice.

The inspector reviewed the centre's risk register which outlined the physical, biological and chemical risks within the service. The risk assessments were developed within the previous 12 months and regularly updated. The risk assessments were specific to the centre. For example, one risk assessment related to the impact of staff vacancies in the centre, as discussed under Regulation 15: staffing. Appropriate control measures to reduce risks to residents, staff and visitors had been identified and were recorded.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider ensured that an assessment of the residents' needs had been completed in the previous 12 months and that the necessary supports to meet those needs were put in place.

The inspector reviewed the assessments that had been completed for three residents. The residents' health, social and personal care needs had been assessed within the previous 12 months. Where a need was identified, a corresponding care plan was devised to guide staff on the supports that should be offered to residents. These care plans were updated regularly or when there was a significant change to the residents' needs; for example, after an appointment with a healthcare professional.

An annual review of the residents' personal plans had taken place. The inspector reviewed three reports that were developed after these review meetings. These showed that the previous year's goals were reviewed and new personal goals set for the year ahead. The annual review reports were found to be comprehensive and the opinions, wishes and voice of the resident were promoted throughout the report.

Judgment: Compliant

### Regulation 6: Health care

The healthcare needs of residents were well managed in this centre. This meant that residents had access to healthcare services as needed and that there was up-to-date information to guide staff.

The inspector's review of three residents' files showed that residents had access to a wide variety of healthcare professionals. Where there was a change in a resident's health condition, there was evidence to show that staff contacted relevant health services to arrange appointments, as required. The provider had also taken a proactive approach and referrals were made to relevant services for advice and support in advance of likely health changes that would impact residents. This included guidance on appropriate supports for residents at times of illness and end of life.

Residents were supported to access information about their health. As outlined in the opening section of the report, one resident was very well informed about their upcoming healthcare appointment.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider ensured that staff had the necessary information to support residents in relation to their behaviour. The provider had also taken steps to identify any practices in the centre that were restrictive to ensure that they were the least restrictive options in use for the shortest duration of time.

The inspector reviewed the behaviour support plans that were developed for two residents. These were developed by an appropriately qualified professional. They had been recently reviewed and gave clear guidance to staff on the supports that should be offered to residents routinely and at times when the resident required additional support to manage their behaviour.

Where a restrictive practice was in use in the centre, a protocol was developed to guide how this practice should be implemented to ensure that it was the least restrictive practice in use for the shortest duration of time. The protocols developed for one resident were reviewed by the inspector and were found to be clear, comprehensive and regularly updated. The person in charge completed quarterly audits of the restrictive practices in the centre to ensure that they were the least restrictive options.

Judgment: Compliant

## Regulation 8: Protection

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

Staff in the centre had up-to-date training in safeguarding vulnerable adults. In conversation with the inspector, staff demonstrated good knowledge of general safeguarding procedures and the specific supports required by individual residents to protect them from abuse. Staff knew the supports that should be offered to reduce negative interactions between residents. Staff also knew when the likelihood of these interactions might increase, for example, at times of change in residents' lives. Staff members described what extra steps should be taken at these times to minimise the risk of negative interactions. Residents' risk assessments and behaviour support plans clearly outlined the measures that should be taken to support residents in these scenarios. Residents' risk assessments outlined how to document and process any safeguarding incidents that might occur.

The inspector reviewed the intimate care plans that were developed for three residents. These gave clear guidance to staff and were developed within the previous 12 months.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of residents were promoted and respected in this centre.

Staff had completed training on the human rights-based approach to the delivery of care and support to residents. Staff spoke about how they offered choice to residents in relation to their daily lives and how these choices were respected. Residents told the inspector that their rights were respected in the centre. Risk assessments outlined ways that the residents' autonomy was respected. The inspector reviewed the minutes of residents meetings that had taken place in January 2026. These showed that residents were offered choices in relation to their daily activities and meals. Information was also shared with residents about their rights and about advocacy services at these meetings.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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