



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

Issued by the Chief Inspector

Name of designated centre:	Donegal Cheshire Apartments
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	03 November 2025
Centre ID:	OSV-0003440
Fieldwork ID:	MON-0048758

About the designated centre

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

Donegal Cheshire Apartments provides full-time residential care and support to adults (male and female) with a disability from the age of 30 years old. The centre is a single storey dwelling that can accommodate up to twelve residents. Each resident has their own self-contained apartment comprising a kitchen, dining and lounge area and a bedroom with en-suite bathrooms which were accessible to people with mobility issues. There are also communal areas including lounge, two large activity rooms, two conservatories and additional bathroom facilities. The designated centre is located in a residential area of a town and is close to local amenities. Residents are supported by a team of social care workers along with additional nursing support being provided during the week. Residents are supported with their assessed needs by between three to four staff during the day and at evening times. Overnight there are two staff, one sleep over staff and one waking staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 3 November 2025	12:50hrs to 18:30hrs	Catherine Glynn	Lead
Tuesday 4 November 2025	08:30hrs to 12:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

On arrival at Donegal Cheshire Apartments, the inspector found that this was a residential service focused on residents' care, support needs and was person-centred, ensuring that residents enjoyed their time in the centre. The residents were 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 two days, commencing in the afternoon on the first day and finishing the next day. It was unannounced and 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 residents living in Donegal Cheshire apartments.

During the inspection, the inspector met with six staff on duty, the person in charge, a clinical nurse manager, a care coordinator, a regional clinical partner and two frontline staff. A variety of documentation was reviewed, including relevant safeguarding documents, care plans and health assessments, communication assessments, and staff rosters. Residents were observed throughout both days engaging in their activities and going out on planned activities.

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 residents. There was suitable private and communal space in the centre to afford residents time alone for space and relaxation, as well as space to interact.

Throughout the inspection, the inspector observed one resident enjoying time on the sitting room, relaxing and watching television or before leaving to attend their activities each day.

The inspector met with five residents at various times during the inspection. All of the residents communicated with in their preferred manner with the inspector. One resident spoke about their involvement in a local sports club, and another resident spoke about their day services. It was evident that staff were very familiar with the residents, their current goals and the service in general.

The inspector reviewed residents' records on the provider's new online system since the last inspection. This was also provided in an accessible format for the inspector. The inspector noted that the person in charge and the staff team were all very familiar with this newly established online system and were engaged with identifying areas for improvement to enhance the system further. The records reviewed showed residents were supported in identifying activities that were relevant to them. For example, football clubs, attending the cinema, bowling and meals out.

Residents told the inspector that the staff were very responsive, supportive and kind in their interaction. Residents were 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 residents to ensure their stay promoted compatibility, appropriate activities reflecting their abilities and choices at all times. Furthermore, the staff team were focused on providing residents with a positive and enjoyable time while they lived in this centre.

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

Overall, residents living in Donegal Cheshire Apartments had meaningful days, and support was provided by a staff team who knew 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 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 residents. 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.

Regulation 15: Staffing

The provider had ensured that sufficient numbers of staff to meet the needs of residents both day and night were in place. The inspector reviewed rosters from 08 October to 02 November 2025 . The rosters showed that the planned numbers and

skill mix were maintained throughout and that there was a consistent staff team known to the residents during this time period.

The inspector met with six staff members and the person in charge during the inspection. This included the nursing support staff present in the centre, quality lead for the service. Staff were found to be knowledgeable about the support needs of residents and could readily answer questions relating to the safeguarding of residents. Staff were also knowledgeable about the ways to respond to behaviours of concern for each resident, so as to ensure the safety of all residents living in the centre.

During the inspection, the inspector observed staff interacting in a caring and professional manner, and in accordance with their assessed needs. It was evident that residents were comfortable with staff supporting them and that they were familiar with them.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records from 01 January to October 2025 and found that the training provided reflected the assessed needs of the residents in line with the statement of purpose and the size and layout of the centre.

Training records showed that mandatory and bespoke training was provided in the centre, which the inspector found to be up to date. Examples of staff training included; Trust in care, Children's First and positive behaviour support. This ensured that staff were staff were knowledgeable.

Staff discussed the learning from various aspects of this training with the inspector, and the documentation reviewed by the inspector was in accordance with best practice.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had recorded the required information in relation to all residents as outlined in the regulations.

This included a recent photograph, the name, address and contact details of their general practitioner and a record of all belongings for a resident as outlined in schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records as specified in the regulation were gathered, maintained and available in the centre as required by the regulations.

The inspector found that the provider had established improved systems for the effective management and monitoring of documentation systems in the centre. This system was accessible to all staff working and to the multidisciplinary team where required. The records available and maintained in the centre were managed in line with local policy.

The inspector noted that the provider had updated their systems with a new information technology systems since the last inspection. This assisted with improved oversight, monitoring and alert systems for the managers attached to the centre. This ensured that documents were updated and reviewed in line with requirements, such as risk assessments and care plans when changes occurred.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance was in place for the centre, which included loss or property damage, injury to residents and all other relevant risks.

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 in March 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 15 September 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 provider had a statement of purpose that included the information as specified by the regulations, such as description of rooms and facilities provided, outline of staffing provided and the management structure of the centre.

Furthermore, the statement of purpose was accessible in the centre in communal areas for residents and was also provided in a service user friendly format when requested.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the quarterly audits of incidents that occurred in the centre. These indicated that the provider had submitted notifications to the Chief Inspector of Social services in line with the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The inspector found that the provider was aware of their responsibility to submit a relevant notification the Chief Inspector for periods when the person in charge is

absent from the centre and that it is submitted in the required time periods specified.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of their responsibility to ensure that arrangements and procedures were in place should the person in charge become absent for extended periods of time as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the effective management of complaints in the centre.

This included an up to date policy to guide staff on the steps and the procedures required in response to a complaint. In addition, there was a nominated complaints officer, and in the event of dissatisfaction with the response received from the complaints officer, and identified appeals person to review the process in line with the policy and as required by the regulations.

At the time of the inspection, there was no active complaints in the centre and a log of previous complaints was maintained by the person in charge.

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 residents was promoted in this service. Staff were aware of the systems in place to protect residents from risk. Risks to 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 made arrangements to support residents to communicate their needs and wishes effectively.

Staff were observed speaking with residents in a supportive manner. They were aware of the particular communication strategies used by residents when communicating. When speaking with the inspector staff demonstrated good knowledge of residents' communication needs.

The inspector reviewed the communication profiles of two residents. These documents provided guidance to staff on the communication supports required by residents. The information was detailed, reviewed and updated by the keyworker and monitored by the person in charge. The preferences of residents communication needs was clearly outlined in the personal plans reviewed, such as tone required and manner of communication.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that the residents were facilitated to receive visitors in line with their wishes.

The house provided space for residents to receive visitors in private. This was also a topic supported at residents' meetings of records reviewed for September to October 2025. This showed that receiving visitors was discussed with residents and supported by staff.

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 available in the centre.

The centres' 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 reports and visitors arrangements at the centre. Other information that was relevant to residents was also provided, such as photographs of staff working in the centre, and the designated officer.

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 two risks assessments developed for two residents. These showed clear guidance on how to reduce the risks to residents. They had been recently reviewed. There was also evidence that residents had inputted into the development of their risk assessments.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate precautions against the risk of fire in the centre and actions identified from the previous inspection were addressed, such as all staff involvement in fire drills completed.

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 5: Individual assessment and personal plan

The provider had ensured that the residents' health, social and personal needs had been assessed.

The inspector reviewed records for two residents and found that an assessment of these needs had been completed within the previous 12 months. An annual review of the residents' personal plans was completed within the previous 12 months.

These review meetings included a review of the previous year's goals and goals for the following year. There was input from the residents and their family representatives at these meetings. This meant that the provider could make arrangements to meet the needs of each resident.

Judgment: Compliant

Regulation 6: Health care

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

The inspector reviewed the health records maintained for two residents. These indicated that residents were supported to attend medical and health services appointments, as required. Referrals were made to medical and health services when needed. Information from medical and health professionals was available to guide staff. Residents had a named general practitioner (GP). Staff had received training in specific areas that were relevant to the care and support needs of the residents in this centre. They were knowledgeable of the supports needed by residents in relation to their healthcare.

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 residents to manage their behaviour. The inspector found that on reviewing one residents' personal plan that appropriate

referrals and guidelines were in place to ensure all staff were guided on supporting this resident. 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 two residents. The plans were detailed and comprehensive and gave clear guidance to staff on how to support each resident.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the minutes of residents meetings held in September and October 2025. The minutes recorded the residents' responses, comments and remarks. Residents were offered choices in relation to their meals and activities in the coming month.

There was evidence that residents input into the running of the centre through house meetings, and advocacy meetings. The voice of the resident and their views were considered in relation to their care and support. Residents had input into their own risk assessments and personal plans.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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