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:	Marble City View Accommodation
Name of provider:	The Rehab Group
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	11 May 2026
Centre ID:	OSV-0002643
Fieldwork ID:	MON-0041893

About the designated centre

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

Marble City View Accommodation is a designated centre operated by The Rehab Group. It provides a community residential service to a maximum of 15 adults with a disability. The designated centre is located in an urban setting in County Kilkenny with access to facilities and amenities. The centre was situated across five floors. It comprised of six apartments, a laundry area, a lobby and an office area. The designated centre is staffed by care workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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 11 May 2026	09:50hrs to 17:30hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing the decision in relation to renewing the registration of the designated centre. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Improvements were required under Regulation 15: Staffing.

The designated centre comprised of six apartments, across two floors, in an urban location in Co. Kilkenny. The apartments were of different sizes, consisting of one x one bed apartment, two x two bed apartment, one x three bed apartment, one x four bed apartment and one x five bed apartment. The centre was registered for 15 residents and at the time of the inspection, the centre was home to 12 people.

All of the apartments were well-maintained, clean and homely. The apartments and the hallways between them were decorated in line with the residents' interests. There were additional laundry facilities in the basement of the building. A rooftop garden also formed part of the designated centre. The centre had recently received a donation for the redevelopment of the rooftop and works were due to begin soon to create an outdoor seating area for residents there.

The inspection was facilitated by the centre's person in charge and the team leader. On arrival at the centre, the inspector completed an opening meeting with the person in charge and team leader and met with a staff member who was at the end of their shift. Throughout the course of the day, the inspector met three other staff members. All staff members were very familiar with the residents, their likes and dislikes and their needs.

During the day of the inspection, the inspector had the opportunity to meet seven of the people living in the centre. The five residents not present in the centre during the inspection were either visiting their families, at work or were engaging in activities outside of their home. Two of the residents showed the inspector around their respective apartments. Both residents told the inspector they were happy living in their homes. One resident spoke with the inspector about the process they had undertaken to redecorate their bedroom and how happy they were with it now.

The person in charge and team leader were based in offices on another floor to the apartments, during the week. During the inspection, residents frequently came to the office to speak with the person in charge and team leader. Residents updated them on their weekends, plans for the day and upcoming medical appointments. Residents joked and laughed with the person in charge and team leader and clearly there was an easy and jovial relationship between residents and the centre's management team. Residents regularly contacted the team leader via phone

throughout the day, to check in on things in the centre. Residents also spoke very positively about the staff working in the centre and were observed laughing and joking with staff.

At the time of the inspection, one of the apartments was vacant. To provide residents with opportunities to connect and spend time together, staff organised nightly gatherings to share cups of tea and weekly Sunday dinners in this apartment. This was something that residents enjoyed and that staff spoke positively about.

Residents had very varied days, in line with their interests. Six residents were in paid employment. The inspector spoke with one resident about their job. They discussed their commute to work and the various training that the nature of their employment required them to complete. Residents had a wide range of interests which included attending sporting events, pottery, gardening and yoga. One resident was an artist who performed throughout the country and had also performed internationally. One resident had their own car and another was studying to take their driving theory test.

All of the residents had completed questionnaires prior to the inspection, to give their feedback on the services provided in this centre. Overall, this feedback was very positive, with all residents answering "yes" to the question, "can you make your own choices and decisions?". One resident responded "I am happy where I live. No issues".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Improvements were required to the staffing arrangements in the centre to ensure that residents were supported in line with their needs.

The provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored.

Regulation 14: Persons in charge

The person in charge was employed by the provider in a full-time capacity and had the necessary qualifications and experience to fulfil the role, in line with the regulations.

The person in charge currently had responsibility for one other designated centre. However, this was an interim arrangement with a plan in place for the cessation of this arrangement within the coming weeks. They were clearly a regular presence in the centre and regularly provided residents with supports around various appointments. Staff spoken with felt supported in their role by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre did not have sufficient staff to meet the assessed needs of the residents. The current staffing arrangements in the centre was that no support staff were rostered on duty in the centre from 10am to 3pm during the week. As residents' needs changed, some residents now required support during these hours with medical appointments among other support needs. These appointments were currently being supported by the centre's management team. This process was not sustainable as it reduced the protected management hours of the management team.

The provider has submitted multiple business cases to their funder, however, these had been unsuccessful to date. This gap in the centre's staffing arrangements had been identified at the previous inspection of this centre and remained ongoing. It was also identified in the centre's annual review which noted that the current staffing arrangements can restrict the level of support available to residents for activities, outings and personal goals. The review noted that this limitation may impact residents' ability to fully exercise their rights and engage in planned initiatives.

In addition, the provider had introduced additional staffing in the evenings and a waking night staff in one of the apartments to address a change in one of the resident's needs and to manage safeguarding concerns as a result. This was an interim measure while the resident was awaiting a move to another service which could meet their assessed needs. These hours had not been funded by the provider's funder and the provider was using agency staff to cover these additional hours. For the month of April, ten different agency staff covered these shifts.

The inspector reviewed the staff file for three staff members working in the centre. Two of these files did not contain all of the requirements of Schedule two of the Regulations. For one staff member, there were no start and finish dates for their

previous employments, which meant it was not possible to establish if there were any unexplained gaps in their employment history. There was an issue accessing the references for one staff member, where an issue with the file meant the contents of same could not be viewed.

Judgment: Not compliant

Regulation 16: Training and staff development

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. There was a staff training matrix in place in the centre which the person in charge had oversight of. A review of the matrix found that all staff had completed training that was considered mandatory for staff to meet the needs of the residents. This included safeguarding, fire safety and manual handling. One staff member had recently started working in the centre and they were in the process of completing their in-person training.

There was a suite of human rights based training that was mandatory for staff to complete. This included positive risk taking and diversity, equality and inclusion. Staff had also completed additional training to meet the needs of residents. This included first aid, disability awareness and trauma informed care.

Supervision of the staff team was completed by the person in charge and the team leader. All team members were up to date with their supervision meetings. Supervision meetings were occurring each quarter, in line with the provider's policy. The inspector reviewed the last two supervision records for three staff members. This demonstrated that there was a set format for supervision meetings and that topics discussed included staff wellbeing, health and safety and residents' concerns and wellbeing.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. There was a full time person in charge and team leader appointed to the centre. The person in charge reported to a member of the provider's senior management team and could escalate any concerns regarding the centre to them.

Staff spoken with felt supported in their roles by the person in charge and team leader. There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There were a number of audits taking place in the centre, including a residential services weekly monitoring report which was completed each week in the centre. This report ensured that all incidents, complaints and safeguarding concerns had been appropriately followed up and that all medical appointments were recorded, among other actions. The inspector reviewed the last unannounced provider audit which occurred in the centre in February 2026. All identified actions were completed with the exception of an action around the staffing arrangements discussed under Regulation 15: Staffing.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the residents.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives were consulted for their feedback on the service over the course of the year. It included positive feedback from family members with one response being that the staff team "go the extra mile for residents".

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations. The provider had submitted the statement of purpose to the Chief Inspector of Social Services as part of their application to renew the registration of the centre.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the layout of the designated centre, which was across five floors.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations. The centre was not submitting quarterly notifications in relation to the use of restraints in the centre. A review of the arrangements in the centre confirmed that there were no restrictive practices in the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the people who accessed services in the designated centre. The people who used the service enjoyed a safe and quality service in this centre.

The centre promoted openness and the human rights principles of fairness, respect, equality, dignity and autonomy in all aspects of the service. The provider ensured that staff had received training on a human rights-based approach so that they knew and understood the rights of residents and they supported residents in upholding their rights.

Regulation 10: Communication

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

One resident had an assessed need in relation to communication. Most of the staff team were trained in the communication method the resident used with the remaining staff, who had commenced in the centre since the last training session, scheduled to complete the training in June 2026.

The inspector observed staff communicating with the resident using this communication method. A staff member who had recently commenced working in the centre spoke with the inspector regarding how they were communicating with the resident, prior to receiving formal training. Time was set aside in each team meeting for staff to practice their use of the communication method. Some residents were also trained in the communication method and the resident themselves delivered training to others.

The service arranged for an interpreter to be involved in the resident's monthly key working session to support the resident and staff. The person in charge had also arranged for an interpreter to support medical appointments for the resident and this proved to be essential in ensuring that the resident's healthcare needs were being met.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that residents could receive visitors as they wished. There was a private space and facilities for residents to meet with visitors in the centre. It was clear from speaking to staff and residents how important visits to and from friends and families were to the residents. There were no restrictions in visitors attending the centre, as long as each residents' housemates were in agreement.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were recognised as experts on their own experiences, needs and wishes. Residents were actively encouraged and supported to connect with their families and friends and to be included in their chosen communities, in line with their wishes. Staff were actively supporting one resident to engage with their chosen community by travelling to events hosted by this community in different areas of the country.

Some residents were giving back to their communities by volunteering with different organisations. Another resident had recently completed their 265th park run. Residents regularly attended sporting events, both locally and travelled throughout the country to attend matches. They were particularly busy at this time of year with the current fixture calendar.

Six residents were in paid employment and other residents were exploring employment placement opportunities. Staff were knowledgeable about residents' interest and were observed chatting to residents about them.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be warm and welcoming on the day of the inspection. The centre was situated across five floors. It comprised of six apartments, a laundry area, a lobby and an office area. The apartments were decorated in line with residents' wishes and contained their personal items. Each resident had their own bedroom. Some of the residents showed the inspector around their respective apartments. Residents took great pride in the upkeep of their apartments.

The centre was located in an urban area and was close to local amenities, such as shops, restaurants and public transport. One resident spoke to the inspector about how they liked how close the centre was to these amenities. It allowed them to frequent a local restaurant that was a favourite for them and go for a drink if they chose to in the evening. It was also convenient for them to access public transport to travel to their job.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

The inspector reviewed the personal emergency evacuation plans in place for two residents who required additional supports to know the fire alarm was sounding. There were additional supports in place to support these residents and these were documented in their plans. Staff spoken with were aware of these supports and the steps to be taken during an evacuation.

Two fire drills had taken place in the centre so far this year. The last fire drill had a longer total evacuation time due to the changing needs of one resident. The person in charge had escalated this to the provider and had followed the advice received.

There was fire safety equipment in place in the centre and this included fire extinguishers, fire doors and emergency lighting. This equipment had been serviced

by a competent fire personnel, for example, the emergency lighting had been serviced in March 2026 and the fire extinguishers had been serviced in April 2026.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to health and social care professionals, as required. The service also respected residents' decisions to not be supported with their healthcare needs, where this was the case.

Residents were in receipt of care from a range of professionals that included physiotherapists, chiropodists, opticians, psychiatrists and general practitioners (GPs).

Where residents had an identified healthcare need, there was a support plan in place to guide staff on supporting residents with this need. The inspector spoke with a staff member regarding an identified need and they were aware of the supports the resident required.

Information was available for residents in a communal area regarding different health programmes and initiatives.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect people who use the service and their health and wellbeing, as well as empowering people to protect themselves. There was one open safeguarding concern at the time of this inspection.

The inspector reviewed the measures in place to safeguard residents from the identified concern. The person in charge was very knowledgeable regarding these measures and the inspector observed some of the measures that had been taken. Staff spoken with were aware of the safeguarding measures in place.

The inspector observed a previous safeguarding concern that had arisen in the centre, which was now closed. This review demonstrated that all required steps had been taken.

One of the residents had completed an awareness campaign around the topic of coercive control and this information was displayed in the designated centre. Safeguarding was a topic at monthly team meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was managed in a way that maximised residents' capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting residents' independence and preferences. Residents all had their own keys to enter the building and access any other parts of the building that they required access to.

Residents were enabled to engage in positive risk-taking within their day-to-day lives. For example, one resident's mobility needs had recently changed. The resident had declined a number of the supports the service wished to put in place to address the increased risk to the resident. The person in charge met with the resident and explained to the resident what the medical advice was, what supports had been offered and discussed what the resident understood about the risks and what the consequences could be of not availing of the supports. The resident then confirmed that this had all been explained to them in a way that they understood and that they understood the risks and possible consequences and were choosing to decline the staff supports. The resident also agreed that they were aware that they could change their mind at any time and the supports would be provided.

The person in charge and staff team were observed to be very respectful of residents' privacy and during the inspection, always knocked and requested the residents' permission before entering their homes. All staff had completed human rights training.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marble City View Accommodation OSV-0002643

Inspection ID: MON-0041893

Date of inspection: 11/05/2026

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:

The registered provider and Person in Charge have taken immediate action to address the areas of non-compliance identified under Regulation 15: Staffing. A full review of staff personnel files was completed following the inspection. Where gaps were identified in Schedule 2 documentation, corrective actions were initiated. One staff member has updated their Curriculum Vitae to include all relevant employment dates, ensuring there are no unexplained gaps in employment history. A second staff member is in the process of updating their CV, to outline the reasoning for gaps in employment. In relation to the staff member whose references were not legible on the electronic system, Human Resources has re-issued reference requests to obtain clear and verifiable copies. This will be complete by June 30th 2026.

Recruitment of an additional full-time Team Leader (39 hours) and full-time Care Workers (52 hours) on a permanent basis has been approved. These additional posts will increase staffing availability during daytime hours, ensuring that resident support needs, community appointments, and activities can be facilitated without affecting the Person in Charge and Team Leader's ability to fulfil their governance, oversight, and administrative responsibilities. All posts have been advertised. This will be complete by August 28th 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/08/2026
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	30/06/2026