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:	Woodview
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	14 April 2026
Centre ID:	OSV-0003413
Fieldwork ID:	MON-0041460

About the designated centre

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

Woodview is a purpose built bungalow within easy walking distance of a town centre. It provides community based living in a homely environment for six adults with mild to moderate intellectual disability. Woodview has seven single bedrooms one of which is used for staff to sleep over. It has ample parking and a large garden which the residents enjoy and are actively involved in maintaining. This centre seeks to maximise the participation of the individuals who live there in the ordinary life of the community and supports them in developing valued social roles. Residents in this centre are supported by a staff team comprising of social care workers and care assistants on a 24 hour a day, seven day a week basis with no closures.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and to inform a decision on the renewal of the registration for the centre. The inspection took place over a one day period and was completed by one inspector. Overall, the findings of the inspection indicated that the staff team and local management was striving to offer person centred care and support to residents with full levels of compliance found across the regulations reviewed.

The centre had capacity to accommodate six individuals for full-time residential care. At the time of inspection six residents were living in the home. The inspector had the opportunity to meet with all six throughout the inspection. Residents reported they were happy living in the centre and they were friends with other residents living with them. One resident spoke about the centre as their home and how they are very proud of their home, they partake in household chores to ensure the centre is kept clean and tidy. They also spoke about their own bedrooms and how they decorated them themselves, picking paint colours and deciding where their furniture would go.

The inspector spent time sitting at the kitchen table in the morning while the residents were getting up and having breakfast. Some were getting ready to attend work, others were going to day service or an appointment. All residents greeted each other 'good morning' as they sat at the table. They chatted about the day ahead and who was going where. One resident was seen to be supported by a staff member to choose what they wanted to take for their lunch, another resident made a cup of tea for themselves, another resident and the inspector. Staff were observed to be kind and respectful to residents using appropriate language when prompting residents to complete personal care prior to leaving the centre.

The centre comprises a large bungalow style house that has eight bedrooms in total, one bedroom is assigned as a staff sleepover room and one as an office. Each resident has their own bedroom and they shared two bathrooms. Communal areas include a kitchen, utility, sitting room and small TV room. The property is on its own site, there was parking, a patio and a large lawn area outside. The property is located in a busy town with lots of facilities and amenities within walking distance of the house, residents also have access to a centre car and public transport. The property recently underwent extensive maintenance, this included upgrading the heating and insulation to increase the energy rating of the property, plumbing works, new shower fitted in the main bathroom and new radiators in all bedrooms. The new heating system allows the house to maintain a consistent temperature. The residents reported it was nice and cosy now.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspector received six completed

questionnaires on the day of inspection. Residents had completed or had been assisted to complete the questionnaires on "what it is like to live in your home". All six residents were supported by their staff to complete the questionnaire. In these questionnaires residents indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. An example of comments in the questionnaires included. "everyone is good, it is relaxed and I have everything I need", " I am happy as Larry here and I love my home" and " I get on well with everyone they are my friends".

In summary, residents appeared to very busy and had things to look forward to. The staff team were motivated to ensure residents were happy, safe and taking part in activities they found meaningful. Overall, the inspector found that residents were supported to make choices around how they wished to spend their time, what and how they would like to eat and drink and to what extent they wished to take part in the running of the centre. The provider was completing audits and review and identifying areas of good practice and were implementing actions to bring about required improvements where the need was identified.

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

Overall, the inspector found that there were comprehensive and robust management systems within this designated centre which was driving a positive lived experience for the residents. The centre had a clearly defined management structure in place which was led by a person in charge. They had the support of a part time team leader and they reported to the residential operations manager.

From review of documentation, observations on the day of inspection and discussion with residents, local management and the staff team it was evident that the systems in place to monitor the standard of care provided to residents was effective. Staff were knowledgeable about the care and support needs of each residents and were seen to support them in line with their will and preference.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection day was to inform a registration renewal decision.

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting the fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 15: Staffing

The centre had a core and consistent staff team supporting residents in the centre. The inspector met with three staff members on the day of inspection, all were found to be knowledgeable of residents' needs and preferences. Residents were seen to approach staff members with ease and all interactions observed were kind and respectful.

The provider had identified two vacancies and one long term statutory leave in their staff team, the local management team were working with one agency provider to fill these gaps. From review of the previous eight weeks of rosters the inspector could see the agency staff used were consistent. Residents reported to the inspector the names of the agency staff that worked in the centre and said they were supportive. Residents also reported that they can tell the manager if they are concerned about any staff who comes to support them and they have done this in the past.

The inspector reviewed a sample of staff meeting minutes, these meetings occur every six weeks and topics discussed included safeguarding, incidents, fire safety, maintenance, restrictive practices and risk assessments. Staff were also utilising this forum to highlight concerns, for example, one resident was sleeping through the fire alarm, this was discussed and actions set to explore supports available, Follow up was seen in residents' notes, for example in this case they now have a support aid in place that will alert them in the event of the fire alarm activating.

The inspector reviewed three staff personnel files and these were reflective of the necessary documents required under Schedule 2 of the regulations. For example, they all had up -to -date photo identification, complete employee history inclusive of two references and in date Garda Vetting all stored on file.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that the staff team in the centre had up -to -date mandatory training in areas including safeguarding, fire safety and manual handling.

The staff team were also supported to have centre specific training including diabetes training and for the most part staff members had received training in dementia.

All staff received two supervision meetings per year in line with the providers policy. The inspector reviewed three staff members' supervision meeting minutes. The minutes included records of discussion on topics such as professional development, training, learning from incidents and accidents, safeguarding and personal supports.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was in place in the centre during the inspection. The person in charge was full time with responsibility for this centre only. The person in charge was supported by a part time team leader, this position was new since the last inspection of the centre. The lines of authority and accountability were clearly identified and these were known by the staff team.

The person in charge was present in the centre regularly and there was an on-call service available to residents and staff for out-of-hours. The person in charge reported to, and received support from an assigned senior manager.

The provider had a series of comprehensive audits both at local and provider level. For example, at local level, regular finance, medication and health and safety audits

were completed. These audits were seen to be completed regularly and had action plans implemented where risks were identified.

The provider had completed regular six monthly audits of the quality and safety of care in the centre. The inspector reviewed the most recent six monthly provider-led audits completed in May and November 2025. These were found to be detailed and reflected areas of good practice and areas for improvements. Where improvements were identified they were recorded on an action plan identifying how the provider planned to address the issues. The provider had also completed an annual review of the centre for the year 2025, this review included satisfaction surveys and feedback from residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found 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 premises was completed as part of the inspection process and it confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the provider's incident and accident records and found that all those that required notification to the Chief Inspector of Social Services had been submitted in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

From speaking with the residents, staff and local management along with review of documentation and observations throughout the inspection it was evident that good efforts were being made by the provider, the person in charge and the staff team to ensure that residents were in receipt of good quality and safe service.

The premises was fit for purpose, warm and homely. Residents were involved in the running of the centre and were proud of where they lived.

There was a range of effective systems in place to keep residents safe including support plans, risk assessments, safeguarding plans and medication management practices.

Regulation 12: Personal possessions

The inspector reviewed the systems in place regarding the residents' finances and found they had suitable systems in place to protect residents' finances.

Residents were supported to have their possessions on display throughout the centre, they had sufficient storage for their belongings and they were supported to keep their money safe in the centre. There was a system in place to count and check residents' finances twice daily to ensure accurate balances. the person in charge was completing weekly checks on quality of spend and ensuring balances were reflected accurately on ledgers. Senior managers completed an annual review of finances for the centre and this was seen to have been completed in February 2025 and again in March 2026. The financial department had also reviewed some residents' finances in November 2025 and again in April 2026. Where discrepancies were noted in audits, actions were identified and these actions were completed on the day of inspection.

On the day of inspection the inspector observed a resident approach the person in charge and request support to withdraw money from their savings as they were going on a day trip and wanted to have additional spending money. The person in charge assured the resident they could withdraw what they needed the following day. The resident appeared happy with the response and continued with their evening routine.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned the premises consisted of a large bungalow style property located in a busy town on the outskirts of Kilkenny City. The property was well maintained with some recent maintenance work to upgrade the heating and overall

energy efficiency of the property. The property was suitable for the needs of the residents living there and some recent modifications such as the addition of hand rails in the hallway supported residents to mobilise freely around their home.

The property had eight bedrooms, one was identified as a staff sleepover room and one as an office. Each of the six residents had their own bedroom and they shared two main bathrooms between them. The residents reported they were happy with their home and their bedrooms, the storage available to them and the communal areas. In the evening, before the inspector left, they observed two residents watching television in the small TV room and another two in the main sitting room also relaxing watching television.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents guide available for the centre, this met the regulatory requirements. For example the guide outlines how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk register and individual risk registers for three residents living in the centre.

All known risks has been identified, risk rated and appropriate control measures were put in place to reduce their impact. Residents were seen to have effective risk assessments in place for falls, health concerns such as seizure management, swallow care and walking alone in the local community. The centre also had risk assessments around lone working, fire and self harm.

The inspector reviewed the centre's incident and accident system, from January to March 2026 a total of 11 incidents had occurred, some of these included negative peer to peer interactions. The provider had taken appropriate steps to ensure these incidents were reported to the relevant authorities and suitable control measures implemented to reduce the risk.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector observed that there were suitable storage facilities for medicines, including a system for storing additional stock. A lockable fridge was available for medications if needed. Good practice measures were in place including the storage of the keys, these were kept in a locked box in the office at all times when not in use, all staff were trained in the administration of medicines and staff spoken with were aware of the ten rights of medication administration.

The inspector reviewed the prescriptions (Kardex) for three residents, it was noted that all residents had up-to-date records in place, All administrations of medication had been appropriately signed and each 'as required' (PRN) had protocols with clear guidance for staff on when to administer it, the maximum daily dosage allowed, and the minimum gap between dosages.

All residents' medications were audited annually, these audits reviewed the systems in place for prescribing, ordering, storing and administration. Three residents were audited in November 2025 and a further three in February 2026, areas for improvements were identified and action plans put in place to address the issues. These actions were seen to be completed on the day of inspection.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing appropriate health and social care professionals, as required.

Each resident had an annual review of their health, with planning for the year ahead for routine appointments and reviews. Residents were supported to have hospital passports in place should they require a stay in hospital.

It was evident that recommendation made by clinical professionals were implemented in the centre. For example, one resident had been reviewed by occupational health who recommended hand rails be installed in the hallway to increase the residents independence when walking, this was seen to be in place on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse within the centre. Any allegations made, were appropriately documented, investigated and managed in line with national policy.

While there had been a small number of peer to peer incidents between residents in the centre, with increased staff supervision these incidents have reduced and were well managed at the time of inspection. Residents have been supported to develop skills around identifying and naming their feelings and how to report incidents. Behaviour support intervention has also supported residents to understand how to be kind and respect other residents' boundaries.

Residents were supported to have intimate care plans in place, which were subject to regular review and guided staff in supported residents with personal care. All staff were up -to -date with safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed responding positively to how staff respected their wishes and interpreted their communication attempts. They were also offered choices in a manner that was accessible for them. Residents' privacy was maintained in their home, and they were seen to seek out staff support when needed.

The provider had ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultations with staff. One resident told the inspector about how they do their laundry and keep the kitchen tidy.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	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 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant