



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:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0003413
Fieldwork ID:	MON-0046890

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 seven adults with mild to moderate intellectual disability. Woodview has eight single bedrooms one of which is used for staff to sleep over. The staff bedroom also serves as an office. 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
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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
Tuesday 15 April 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was unannounced and carried out with a specific focus on safeguarding, to ensure residents felt safe in the centre they were living in and they were empowered to make decisions on their care and how they wished to spend their time.

Overall, the inspection found that residents were in receipt of good care and support. There were positive examples of how residents were supported to make decisions about what they ate, activities they engaged in, medical intervention and family connections. Residents wishes were listened to and they were supported to make informed decisions with the support of communication aids such as easy read documents.

On arrival to the centre, there were two staff on duty who were supporting residents to get up and ready for the day. The inspector met with one resident who was up, dressed and had eaten breakfast they were getting their bag ready for work. They told the inspector they have paid employment two days a week in the city and really enjoy their job. They spoke to the inspector about how they liked where they lived and got along with the other residents. They also told the inspector they enjoyed swimming and cooking in their day service.

Another resident was eating breakfast and invited the inspector to sit with them. They told the inspector they had been unwell and taken a few days off day service but had their lunch packed ready to return today. They said they were feeling better and looked forward to working in the poly tunnel and seeing their friends. As they finished breakfast they were supported by staff to shave before heading to day service. Another resident entered the kitchen and showed the inspector their new rollator, they proceeded to open the fridge and choose items for their lunch. All resident were seen to be well presented with appropriate clothing. As everyone was ready to leave another resident entered the kitchen and requested to know the inspectors name, they were introduced to the inspector and they informed them they were going to get their hair coloured today in the local hairdressers and were really looking forward to it, they said they would return to day service after the hair dressers and would be home again in the evening.

One resident who was retired from day service spent some time with the inspector. They gave the inspector a full tour of the centre which they referred to as their home, they were very proud of their house and showed the inspector all the recent upgrades, including a new kitchen, utility presses, new flooring and storage press in the hall. They showed the inspector their bedroom that was recently redecorated and spoke about how they picked out the colours and fluffy lamp. They informed the inspector about the storage that was available to them for their clothes and personal belongings. This resident also chatted about how they have jobs they like to do to maintain the centre, this included emptying the dishwasher, putting away their laundry and peeling the potatoes for dinner. The resident made a cup of tea

for themselves and the inspector and sat at the kitchen table and told them of their plans for visiting family, trips away in the summer and how they love to spend time in the centre with another resident who was also retired from day service.

When the remaining resident was finished getting dressed they joined in the conversation at the table. They had a cup of tea and a biscuit. Both residents were seen to interact with each other, telling the inspector about their home and how long they had lived together. They informed the inspector about how they missed each other when one had to spend some time in hospital.

During the morning the person in charge came on duty and spoke with the inspector, they supported one resident down to get the bus into the city for work. On their return the regional manager also called to the centre and an opening meeting was held. The person in charge was very clear in their understanding of safeguarding, they spoke about the incidents that happened between peers within the centre and how they were reported through the safeguarding team in the HSE and through their internal processes. These safeguarding plans were since reviewed and closed.

The inspector had a opportunity to speak with all six residents in the morning and again on their return from their activities. They all spoke about things they like to do including, swimming, cooking, gardening in the poly tunnel, aerobics, yoga, walking group, social farming, trips away and spending time with family and friends. They were all aware about respecting each other and were observed to be comfortable in each others company and in the presence of staff.

Staff were observed to speak to the residents in a respectful way and allow them time to process questions and requests.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in the designated centre which included reporting of safeguarding concerns when they arose and also robust systems in place for the management of these safeguarding concerns. Evidence of regular quality assurance audits of the quality and safety of care were seen in the centre.

There was a stable, consistent staff team employed and the number and skill mix of staff were appropriate to meet the needs of residents and ensure safeguarding measures could be implemented. Staff had been provided with appropriate training, in respect of safeguarding and a human right based approach. The staff were

knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. The person in charge was also responsible for a day service that was operated by the same provider.

The provider had identified a need for the person in charge to be supported in their role by a team leader. The inspector reviewed the internal advertisement for the position and was informed they had received applications of interest and interviews were due to be scheduled in the coming weeks. It was evident through review of local systems in place for example, local audits and staff supervision that the person in charge was regularly present in the centre and was driving the delivery of care and support.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the last three months of rosters and found them to be well maintained. They included staffs name, grade and any planned leave or training. The staffing levels were in line with the providers statement of purpose and appropriate to meet the needs of residents. Staffing in the designated centre consisted of one sleepover staff at night and two staff on duty when all six residents were present in the morning and from 17.00 in the evening. Four residents availed of local day service throughout the day and one staff remained with the other two residents who were of retirement age. One day a week there is an additional staff on duty to support with residents who wish to go swimming. The roster was seen to be reflective of the residents needs and also their wishes in relation to attendance at various activities and events.

The designated centre had a full staffing team employed and utilised one agency staff to cover planned leave. This ensured consistency for all residents in the centre. Residents told the inspector that the staff were nice and they could talk to them if they were worried.

As part of a quality improvement by the provider, they had developed a healthcare team. This team consisted of 3.5 whole time equivalent nurses, these nurses were available as additional support to identified designated centres.

The provider had identified some gradual change in needs for some residents as they progress in age and as a result requested additional nursing supports in this centre, this is currently in planning stages and the provider hopes to implement same in the coming weeks.

The inspector reviewed three staff files and found them to contain all the relevant documentation as per the regulation and schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector review the training matrix for the full staff team in the centre and found all staff had up-to-date training in areas such as fire safety, safeguarding, management of behaviour that challenges, human right along with more centre specific training in diabetes, epilepsy and rescue medication.

Staff were seen to implement elements of the human rights training, they were observed to treat residents with dignity and respect along with promoting their autonomy. For example, one residents was seen being supported to choose items to bring for their lunch the staff member respectfully advised the resident of suitable items in line with their swallow care plan but also allowed them enough choice that the resident could make the final decision on what to bring.

The provider and person in charge had appropriate supervision arrangements in place. Staff were in receipt of supervision every six months as per the providers policy. There was a schedule in place for 2025 of planned supervisions and the inspector reviewed three staff supervision records. The inspector found topics discussed at supervisions included review of work, work targets, report writing professional practice and expected competencies. Staff were supervised by an appropriately qualified and experienced personnel and were offered wellbeing and supportive services where required.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability.

The person in charge was supported by their regional manager who had regular oversight of the service provided. It was evident that the service provided was being regularly audited and reviewed.

The designated centre had been audited as per the requirements of the regulations. An annual review was completed in January 2025 and two six monthly unannounced visits to the centre completed in May 2024 and November 2024. The audits were found to be detailed and reflective of the centre. The audits were completed with an action plan of any identified improvements required in the centre. These actions were seen to be completed or in progress on the day of inspection.

The person in charge was receiving monthly one-to-one meetings with the regional manager where they discussed updates on the designated centre, residents and the staffing team.

They were also completing six monthly supervision meetings in line with the providers policy. From review of the minutes of the last three meetings it was evident there was follow up from the previous meetings actions, update on all residents supported and any issues or concerns were raised and documented with a plan of improvement identified.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including review of premises, risk management, communication, rights, and individual assessment and plan.

Residents were found to be supported to engage in various social activities and make choices about who and where they wish to spend their time. Support plans were based on assessment and clearly outlined the supports residents required. Residents were supported to develop and achieve their goals and participate in a range of activities. Residents were protected by policies and procedures, risk assessments, and identification of safeguarding concerns.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes.

Easy read information on safeguarding, advocacy, the complaints process and rights was available to the residents which helped support them to communicate their feedback on the quality and safety of care provided in the service.

For example, one resident is supported to have video calls with family as they communicate best with facial expressions and some verbal language.

Communication passports for three residents were reviewed and found to be detailed and offer guidance to staff supporting them. One part of the passport included how you can help me communication and it outlines the best way to support the resident to best communicate their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and were generally kept in good state of repair, so as to ensure a comfortable and safe living environment for the residents. Each resident had their own bedroom which were decorated to their individual style and preference. Their rooms provided a safe and private space for them to relax in and spend some time by themselves, when they so wished. One resident informed the inspector they were going to purchase a new TV for their room and showed them where they would like to put it. This same resident was observed to take out the vacuum without prompting and clean their room when they returned from day service.

While there were some areas of wear and tear identified throughout the property the provider and person in charge were actively working through a list of maintenance and upgrade to the property. New kitchen and utility units had been fitted and new flooring throughout both rooms and the front hallway had all been completed in recent months. One resident informed the inspector the next room that would be improved was the TV room.

There was adequate communal space available to the residents in the centre, one large sitting room and another smaller TV room along with the kitchen where residents were seen to make a hot drink and sit and chat to each other and with staff. Residents also had access to outdoor furniture and one resident expressed how they like to have their morning coffee outside when the sun is out.

The inspector had observed all residents moving freely around their home, they were confident about where to find their belongings and one was observed to empty the washing machine and return their clean laundry to their bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file, so as to support their overall safety and well being. The provider had an online management system for recording of risk assessments this was reviewed by the inspector. Centre specific risks included supervision of residents, safeguarding residents and fire safety. Individual residents risk assessments included were, falls, spending time alone, panic alarm and visiting friends in the community.

The person in charge was very knowledgeable in the area of risk and was able to identify where incidents were of a safeguarding nature.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' had a detailed personal plan on file. These plans were found to be person centred and driven by the resident. It was clear from discussion with the residents and review of their person plan and support plans that they were directing their care and support. The personal plans captured the residents well, they identified their needs and preferences and how they can be met. Some residents also had additional information to support their assessments. For example, one resident who had a diagnosis of dementia had a document on file in relation to supporting conversations about dementia with people who have an intellectual disability. The staff used this as a guide to support the resident in understanding their diagnosis. Residents had the option to develop a planning forward care plan. This was completed with residents who wished to document preferences in relation to end of life, there was also an easy read option available. One resident had requested to engage in the process and clearly set out their wishes in relation to such care and support.

Personal plans and support plans were seen to be reviewed annually and more often where required. It was also evident that residents had access to clinical professionals when required. For example, one resident self requested a referral due to a recent fall and has since received a mobility frame to support them when mobilising.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the restrictive practice log in place in the designated centre. These were low level restrictions and were subject to regular review by the restrictive practice committee, most recently in February 2025.

The restrictions in place were seen to support residents with epilepsy, safe storage of medication and finances and external door locked at night time. The inspector found them to be the least restrictive and were supported by additional documentation and assessment such as self - administration of medication and money management competency assessment tool.

Restrictive practices were seen to be discussed with residents at their residents meetings, they discussed what they are and why they are in place.

Residents were supported to have behaviour support plans in place, on review of these plans they were detailed and offered guidance to staff on how to support the resident. Each plan was specific to the residents individual needs. Plans included triggers, proactive strategies, environment modifications and reactive strategies.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had also expressed to the inspector that they would speak to a staff member or person in charge if they had any concerns. Residents were kept informed about their right to raise a concern and how to make a complaint through residents meetings. on a regular basis.

Safeguarding concern that were present in the centre had been identified by the staff team and person in charge. They had been reported in a timely manner to the relevant authorities and managed through education with residents and use of resources. Where necessary safeguarding plans had been developed and implemented. On the day of inspection all safeguarding plans had been reviewed and closed. The person in charge had developed a safeguarding risk assessment as a way of monitoring the risk and keeping staff informed of the actions taken to ensure residents were protected.

From review of documentation it was evident that staff had clear guidance across all documentation and discussions such as risk assessments, personal plans, supervisions and team meetings on the topic of safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were seen to be consulted regarding how the centre was run with regular discussion.

Residents meetings were held monthly in the designated centre and minutes of the meeting were recorded. On review of the minutes from the most recent meetings topics discussed included climate change, easy read policy on complaints, good news stories, respect and kindness, and hand hygiene.

There was a culture of openness in the centre, residents and staff respected each other and would engage in regular conversation about being kind and supportive to others.

One resident was connected to an advocate should they require their support.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant