



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

Issued by the Chief Inspector

Name of designated centre:	Cashel Downs
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	21 October 2025
Centre ID:	OSV-0005610
Fieldwork ID:	MON-0039854

About the designated centre

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

Cashel Downs is a designated centre operated by SOS Kilkenny CLG. The designated centre provides community residential services to up to four adults, both male and female, with a disability. The centre comprises of a large two storey detached house which is located at the end of a cul-de-sac in a housing estate on the outskirts of Kilkenny city. The house comprises of a kitchen, two living areas, an office, bathroom, four individual bedrooms and a staff room. One of the downstairs bedrooms also has access to a personal living room and en-suite bathroom. The centre is staffed by a person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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 21 October 2025	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 inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. Overall, the findings of the inspection indicated good levels of compliance with the regulations reviewed which was resulting in positive outcomes for the residents that lived in the centre.

The centre had capacity to accommodate four individuals for full-time residential care. At the time of inspection two residents were living in the home. The inspector had the opportunity to meet with the both residents throughout the inspection. Both residents were supported by 1:1 staffing throughout the day, therefore they had the freedom to choose their daily activities and this was facilitated.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. Two surveys were returned to the inspector. The feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. Residents' comments included; "no issues, happy today" "take away on Saturday nice" and "staff help get my clothes out and tidy out my wardrobe".

On arrival to the centre the inspector was welcomed by a staff member on duty and one of the residents who was up and making their breakfast. Shortly after a second staff member come on duty and the person in charge arrived to the centre to facilitate the inspection. They were both warmly welcomed by the resident. The second resident was not in the centre at this time as they were on a home visit since the previous day.

The inspector and resident spent time at the table while they ate breakfast, they talked about their plans for the day including going social farming. When the inspector asked about the tasks they do on the farm the resident told them, they look after the calves, go on the tractor, and clean out the animal houses. The resident also spoke about having nice apple tart and tea when they have their morning break. The resident spoke about other activities they do throughout the week including swimming, attending courses in day service such as fire safety and food safety. The resident told the inspector they had a fish in their bedroom that they look after and spoke about other jobs they do in the centre such as planting flowers, taking out the bins, cutting the lawn and sweeping up the leaves. The inspector observed the residents collecting up the leaves from the rear of the property on the day of inspection.

Later in the morning the second resident returned from their home visit and sat in the sitting room with a staff member and the inspector. They spoke about spending time with their sibling, going for coffee and having a fry for breakfast. The resident told the inspector they liked where they lived and who they lived with. The resident spoke about how they enjoy music, swimming and day trips to the beach.

In addition to meeting with residents, the inspector spoke with the staff and management team and reviewed documentation in relation to the care and support needs of the residents in the home. The inspector based themselves at the dining room table so that they could hear and observe the daily routines of the residents.

The centre comprises a large detached two-storey home in a urban area in Co. Kilkenny. The house was surrounded by a well-kept garden area. Internally one resident had a bedroom downstairs and access to a main bathroom and one resident's bedroom was located upstairs with en-suite facilities. There was also a bedroom assigned as a staff sleepover and office. Two other bedrooms were vacant and an apartment area on the ground floor was also vacant. The centre had recently been painted and was overall clean and tidy. The residents were seen to mobilise around the house with ease. In addition residents had access to a kitchen, dining area, sitting room and activities room. There had been a reduction in environmental restrictions in the home since the previous inspection with the front and back doors now unlocked so residents could access the garden if they wished.

It was evident that the staff team were familiar with the needs of each resident. For example, staff members were familiar with each person's dietary preferences and preferred pastimes. Residents were observed to be at ease among the staff members and enjoyed their company. Across the day of inspection residents and staff were heard discussing options around meals and activities and supporting residents to make informed choices.

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 it was found that there was 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 two team leaders and reported to the residential operations manager.

From review of documentation, observations on the day of inspection and discussion with 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 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 fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for three other designated centres operated by the same provider. There was suitable support arrangements in place to ensure effective management of this centre. The person in charge had the support of a residential team leader and deputy team leader who both worked full-time across the four centres.

The person in charge demonstrated a very good knowledge of the residents including their support needs, wishes and preferences. It was evident the person in charge was spending time in the centre. On the day of inspection one resident welcomed the person in charge into the centre and laughed while they commented your back again.

The person in charge was actively engaging in professional development, they were in the process of completing a micro credential in Safeguarding.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents. There was currently one staff vacancy in the centre and these shifts were

filled by consistent relief and agency. Recruitment had been successful for this position and the person was due to start in the coming weeks.

There was a planned and actual roster in place, the inspector reviewed the last three months of rosters and found them to be reflective of the staffing arrangements in place, they were up -to -date and staff were identified by their full name and grade.

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

Team meetings were held every six weeks to facilitate team discussion on topics such as update on residents health and well being, safeguarding, learning from incidents and accidents, staff training and improvement plans in place in the centre. The inspector reviewed the minutes from these meetings on the providers online system and while attendance was poor at times the staff were seen to read and sign the minutes available.

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 training in areas including safeguarding, medication management, fire safety and manual handling. New staff members had planned training and shadow shifts scheduled prior to commencing shifts within the centre.

All staff received two supervision meetings per year in line with the providers policy. The inspector reviewed six supervision meeting minutes including those for the residential team leader and deputy team leader. The minutes included records of discussion on topics such as risk, incident and accident and learning from such events, safeguarding and personal supports.

The person in charge was also completing a annual formal conversation with two regular agency staff who work in the centre. It was supportive, and offered opportunity for the staff to request additional training, support or express concerns. The conversation also outlined the role and responsibility of staff working in the centre.

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

There was a clearly defined management structure in place which was lead by the person in charge who also had responsibility for three designated centres operated by the same provider. The person in charge reported to the residential operations manager. The person in charge was supported in their role by a full time team leader and deputy team leader. This ensured that the operational management of the service was completed in an effective manner.

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. Action plans were implemented where risks were identified on these audits.

The provider had also completed regular six monthly audits of the quality and safety of care. The inspector reviewed the most recent six monthly provider-lead audit that was completed in May 2025. 14 actions were identified across 7 different regulations. The audit was detailed and captured the lived experience of residents in the centre. All actions were completed or in progress on the day of inspection.

The provider had also completed an annual review of the centre for 2024 this was inclusive of feedback from residents and their representatives, from review of the feedback provided residents and their families were happy with the care and support provided in the centre they commented positively on the staff team, the house and the level of choice.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted 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 that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the providers' incident and accident records and found that all those that required notification to the Chief Inspector 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 found to be warm, clean, and in good state of repair and was suitable to the needs of the residents in the centre. There was a range of effective systems in place to keep residents safe including risk assessments, safeguarding plans and support from clinical professionals where required.

Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at personal planning meetings, it was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences. Both residents living in the centre had 1:1 staffing supports throughout the day. Both residents had scheduled weekly activities like social farming and free time allowing them the flexibility to choose where they wanted to spend time.

The residents were involved in a variety of activities which included both in house and community based activities, an example of a few activities recorded were,

swimming, walks, going out for coffee, watching films, gardening and looking at books. Residents were also supported to go on day trips and holidays away from the centre. One resident told the inspector about going on a trip to France.

Judgment: Compliant

Regulation 17: Premises

The premises had recently been painted and was warm, clean and in a good state of repair. The provider had identified works required to the bathroom flooring and this was in progress. The residents spoke proudly about their home, their bedrooms and their personal belongings.

One resident was seen to maintain the garden on the day of inspection they were sweeping up leaves to the rear of the house. They also spoke to the inspector about how they maintain the lawns with their own lawnmower.

The centre comprised a kitchen, dining area, activity room and sitting room with media unit with a variety of DVD's to choose from. The centre had five bedrooms and some were not currently in use. One bedroom was assigned as a staff sleepover and office and each residents had a room of their own, one downstairs and one upstairs.

Residents bedrooms were decorated in line with their preferences and had sufficient storage available for their belongings.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The provider and person in charge had ensured that there were centre based risk assessments in place and these were found to be reviewed and updated as required. They contained assessments for risks such as risk of fire evacuation, slips, trips and falls, safeguarding risk and staff working on their own. All restrictive practices in place in the centre also had an associated risk assessment in place with clear control measures to minimise the impact of the risk.

The inspector reviewed the individual risk assessments in place for both residents and found that the measures in place suitability addressed the risk. For example, there were risk assessments in place in relation to behaviours of concern, absconding, using gardening equipment and dept perception. One resident had a risk assessment in relation to falls and this was seen to be reviewed by the person in charge when the resident was prescribed new orthopedic insoles.

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 within the centre for medicines, including a system for additional stock. The keys for the medication storage units were kept in a locked box in the office at all times when not in use. All staff had completed training in the safe administration of medicines. Good practice measures were in place for the counting of medication, the staff were seen to wear gloves when handling loose medication. Stock checks were also been completed on all medication at least weekly, on review of the stock in the centre the stock checks were seen to be accurate.

On reviewing the prescriptions (Kardex), it was noted that all residents had up -to -date records in place. All administrations of medication had been appropriately signed and each of the 'as required medication' (PRN) had protocols with clear guidance for staff on when to administer it, the maximum daily dosage allowed, and the minimum gap between dosages. If PRN protocols were linked to behaviour management, this was also reviewed and signed of by the behaviour support specialist.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider was actively reviewing residents needs, developing support plans and offering support in line with these plans. The provider was also currently in the process of developing an online format for the assessment of needs template.

Residents were supported to have annual reviews in the form of person centered planning meetings (PCP) and were seen to set goal they wished to reach in the coming year. Progress of goals was recorded on the providers online system this included steps taken in preparation to meet the goal such as, researching accommodation before a holiday or exploring courses available before attending one.

From the inspector's conversations with residents, it was clear resident were supported to make choices about how they wanted to live. For example, one resident informed the inspector I can choose where I want to go and staff support me, they mentioned going to events they enjoy in day service facility but they don't have to go everyday.

From review of progress notes, residents were busy engaging in activities both in the centre and in the community. Some activities included fishing, visiting shops to view machinery, swimming and doing household chores such as cleaning up after meals and taking out the bins. One resident told the inspector all about a health and safety course they completed and how they learned all about hazards, how to protect themselves from the sun and safe use of tools in the garden. They mentioned they want to do a manual handling course next.

Judgment: Compliant

Regulation 6: Health care

Each residents healthcare supports had been appropriately identified and assessed. The inspector reviewed the healthcare plans and found 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. The person in charge ensured that all residents had up-to-date hospital passports in case a resident required a hospital stay.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

Both residents had positive behaviour support plans in place that were regularly updated by the behaviour support specialist. The inspector reviewed the two plans and found that they detailed proactive and reactive strategies to support the residents' accordingly.

As previously mentioned there had been some reduction in the use of restrictive practices within the centre. This included the unlocking of the front and back doors. This was a very positive step in ensuring a least restrictive environment was in place at all times. The inspector observed that this restrictions were still identified in the residents behaviour support plans, this was rectified on the day of inspection.

Overall there were systems were in place to ensure restrictive practices were reviewed and reduced as required.

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.

There is a formal safeguarding plan and risk assessment in place to manage peer to peer safeguarding incidents within the centre, it was proving effective at the time of inspection. The control measure in place ensure both residents are supported to live in centre free from abuse. All staff were knowledgeable of the control measures in place and had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Residents' privacy was maintained in their home, and they were seen to seek out staff support when needed. They had intimate care plans in place, which were subject to regular review and guided staff in supporting them with personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Through the review of documentation, discussion with residents, staff and management it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spent their time.

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.

The provider ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultations with staff.

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 14: Persons in charge	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 13: General welfare and development	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 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