

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

Issued by the Chief Inspector

Name of designated centre:	The Weir
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	04 March 2025
Centre ID:	OSV-0005625
Fieldwork ID:	MON-0045507

About the designated centre

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

The Weir is a designated centre operated by SOS Kilkenny CLG. The centre provides a community residential service for up to six adults with a disability. The centre comprises of two locations within close proximity of one another on the outskirts of Kilkenny city. Each property is spacious and tastefully decorated and have private well maintained gardens for residents to avail of as they please. All residents have their own private bedrooms which are decorated to their individual style and preference. The staff team consists of social care workers and care assistants. Health care support is provided via access to staff nurses within the organisation. 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:	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 4 March 2025	09:00hrs to 17:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

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

Overall, it was found that the residents in this service were in receipt of a high quality, person-centered service, which resulted in residents being kept safe and they were empowered to make decisions around their care and support. Full compliance was found with all regulations reviewed which translated to residents having positive outcomes and a good quality of life.

The inspection was carried out by one inspector across a one day period. The inspector spoke with residents, the staff and management team, reviewed documentation and completed a walk around of all aspects of the designated centre. The information gathered from engaging in these processes determined the outcome of the inspection and the residents' lived experience within the service.

The centre was last inspected in April 2023. Since the previous inspection the provider had reconfigured the centre. This meant there was a reduction in capacity as one building was no longer associated with this designated centre. There was also a change in the resident group due to a transition and new admission. The centre had capacity to accommodate six residents across three properties. There were no vacancies on the day of inspection. Across the day of inspection the inspector met with four residents.

On arrival at the first property, one resident was sitting in the front garden enjoying the sunny spring morning. They greeted the inspector and went into the home to get a staff member. The deputy manager was present and let the inspector into the centre to complete the sign in process. Four residents lived in this home.

Two residents were up and about at this time. They both spent some time with the inspector in the kitchen area. Both residents appeared happy and comfortable in their home. They were eager to tell the inspector about their plans for the day and what was important to them. Both residents attended day service on a full-time basis. They had busy active lives and were well involved in the community. The residents enjoyed swimming, meeting friends and family, sporting events, and taking part in chores around the home. One resident showed the inspector the sun room and they had an assigned chores to keep this area clean. They joked about the 'hard work' they did in order to keep this space clean. The residents were seen to speak and interact with each other. They were also seen to get their belongings ready for the day and ask staff for assistance if needed. They both queried the inspector on the purpose of their visit and when asked if they were happy in their home both residents indicated they were.

Later in the morning, the third resident arrived into the kitchen. Staff had explained to the inspector that the resident had very specific routines and it was important for the resident to engage with this process. The inspector met the resident when they were ready to come out of their room. They were happy to be introduced to the inspector but did not engage in direct conversation. They repeated some words the inspector said and then went to leave the room. Later in the morning all three residents left to go to their day service.

The fourth resident was out at work when the inspector arrived. However, later in the afternoon they had the opportunity to meet with the inspector. They spoke about their job and the duties they were expected to do and stated they had a busy day. They independently got public transport to and from work. They were keen to go into their room after their days work to relax. They appeared comfortable in their home and were observed to speak and interact with the staff present.

The inspector completed a walk around of the home. The four residents lived in a very large six bedroom detached home in a residential setting in Co. Kilkenny. All parts of the home were very clean, well kept and nicely decorated. The residents all had their own individual bedroom. The majority of residents had personal items on display, such as photographs and other important items. One resident had chosen not to display items and this choice had been respected. One resident had en-suite facilities and there was also access to a shower room and separate bathroom with a bath. Two bedrooms were allocated as staff sleep over rooms and an additional room was allocated as a staff office. In terms of communal areas there was a very large kitchen come dining area, a sun room and a separate sitting rooms. All rooms were large, spacious and bright.

Later in the morning the inspector completed a walk around of the other two properties associated with the designated centre. Two residents were accommodated in this part of the centre. The properties were located a 10 minute drive away. The inspector did not get to meet the two residents that lived in this part of the centre. One resident was in hospital. The second resident was out when the inspector arrived. Although the inspector did not get to meet them they heard the resident speak with the person in charge over the phone. They were happy to talk with the person in charge and were excited about their upcoming plans to meet with the person in charge over the coming days.

Each resident in this part of the centre had their own home. The semi-detached homes were located together side by side in a residential area in Co. Kilkenny. In the first semi-detached home the resident has their bedroom, sensory room, kitchen and living area located downstairs. Lots of pictures and personal items were present in the home. Upstairs there was a staff office and sleep over room. In the second home the resident had access to a sitting and kitchen area downstairs and their bedroom was located upstairs. Both homes were very clean.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in the centre which included reporting safeguarding concerns when they arose in the centre. The person in charge was the designated officer of the centre and was responsible for investigating and managing safeguarding concerns. Robust systems of oversight were in place across all areas of service provision. This ensured that the service in place was ensuring residents were safe and very well cared for in a person-centered manner.

There was a consistent staff team in place. The staff team reported into the deputy manager and the person in charge. The person in charge was in a full-time position and had responsibility over two designated centres operated by the registered provider. The deputy manager supported the person in charge in the day-to-day operational management of both centres. The inspector met with both the deputy manager and person in charge and found them extremely knowledgeable around residents' needs, likes, dislikes and preferences. They were both utilising the provider's oversight systems in comprehensive manner.

Staff had been provided with appropriate training, in respect of safeguarding. 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 15: Staffing

The inspector reviewed the rosters for the months of January, February and March 2025 and found that staffing arrangements were suitable to meet the assessed needs of residents. There were four staff on duty across the designated centres during the day time, and four sleep over staff in place at night. Staffing was flexible dependant on the needs of the residents. For example, staff were supporting the resident in the hospital setting during day time hours. This was ensuring continuity of care across settings for all residents.

All rosters were well maintained, with staff members full names and relevant roles represented on the roster. Residents were supported by a team of social care workers and care assistants. Nursing staff were available if required from within the organisation. The use of agency staff was kept to a minimum. For example during the month of January and February 2025 no agency staff had been utilised.

The inspector reviewed four staff files and found that they contained all the information as required in Schedule 2 of the Regulations. This included garda vetting and references.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the system in place to track and record staff training needs. The system in place was comprehensive and effective in ensuring staff were in receipt of up-to-date training to enable them to effectively support residents. For example, the training needs of all staff were represented on an online system. There was a colour coded system in place where if training was required in an area it was highlighted in red, approximately three months before it expired. The person in charge showed the inspector the trainings that were due in the next couple of months. All staff were booked on this training and this was represented in the roster. This ensured that all staff received refresher training before their original training expired.

All the staff were up-to-date in their training needs in relation to safeguarding, fire safety, managing behaviour that is challenging and safe administration of medicines. Where required, staff had training in residents' specific assessed needs such as training in epilepsy and diabetes.

The inspector reviewed the supervision arrangements in place for the staff team. The policy stated that two formal one- to-one supervisions were to occur per calendar year. There was a schedule in place for 2024 which indicated that all staff members had received the required level of supervision. In addition the person in charge had completed a schedule for 2025. The inspector reviewed three staff supervision notes. It was found that topics in relation to staff support were discussed including risks and safeguarding. For example, notes reviewed following one staff supervision meeting indicated that a recent safeguarding incident had been discussed and relevant learnings were identified.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced and qualified deputy manager.

The person in charge held qualifications in social care and management. They were found to have good organisational skills and were responsive to the inspection process. They were very knowledgeable around the assessed needs of the residents

living in this centre. Residents spoke about the person in charge and were familiar with them.

The designated centre was being audited as required by the regulations. For example, an annual review of the service had been completed as well as six monthly unannounced visit to the centre. These were carried out in April and November 2024. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. On completion of the audits, actions were being identified along with a plan to address them in a timely manner. For example, in the provider-led audit dated the 13th November 2024, two actions were identified around safeguarding measures. Both these actions were completed by the time of the inspection.

In addition to provider-led audits, there was a suite of audits carried out at local level such as medication audits, finance audits and health and safety audits. Again actions were generated as required from the relevant findings and completed in a timely manner.

Team meetings were occurring on a regular basis. The inspector reviewed the team meeting notes from December 2024, January 2025 and December 2025 and found that safeguarding, incidents, restrictive practices, resident finances and relevant issues in relation to residents were discussed in detail.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were providing person centred care to the residents in this centre. This meant that residents were able, to express their views, were supported to make decisions about their care and that the staff team listened to these views.

At the time of inspection there were no open safeguarding concerns. From a review of previous reported concerns it was found that they had been managed, reported and responded to in an appropriate manner.

Risk management within the centre was managed in line with the provider's policy and best practice. It was found that a positive risk taking was facilitated in a measured and safe manner with input from suitably qualified health and social care professionals.

Overall residents assessed needs were being very well met in the centre resulting in positive outcomes for the residents that lived there.

Regulation 10: Communication

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

On the walk around of the premises the inspector noted a number of visual supports and prompts in place to help residents with the daily routine. For example, there was a menu planner present with pictures of meals and visual prompts on how to complete simple chores around the home.

In addition, there was a suite of social stories developed to help keep residents safe. For example, there were social stories on how to use their mobile phone to contact a person in an emergency, how to stay safe in the community and safe practices around using money. These stories were used as communication tools with all residents within the home to educate and enable them to use skills in the community.

As part of the residents personal plan all resident had a written document in place which detailed how to communicate with residents in an effective way. It listed what worked well and what did not work. For example, one resident's plan detailed how they responded well to visual cues. Residents also had access to telephones and other such media as Internet, television and radios.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and were generally kept in a 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. For example, the majority of residents had a television in their room and the person in charge stated that they had the option to relax in their rooms to watch television or enjoy the company of their peers if they so wished, in the communal areas of the home.

There was also adequate communal space available to the residents in the centre including sensory rooms, sitting rooms and access to a sun room in one of the homes.

The garden areas to the rear of the properties were well maintained and also available to residents to utilise in times of good weather. Some gardens had a garden swing in place.

Judgment: Compliant

Regulation 26: Risk management procedures

Comprehensive 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 assessment management plans on file, so as to support their overall safety and well being. In addition, positive risk taking was encouraged and facilitated to ensure residents remained independent and involved in their community.

The inspector reviewed three residents individual risk assessments that were in place. Risk assessments included how to stay safe in the community, swimming, cycling, road safety while cycling and self-harm. All listed control measures were in place. For example, the staying safe in the community had control measures such as daily verbal reminders, resident using a mobile phone, social stories and aware of residents circle of friends. All these control measures were found to be in place on the day of inspection which allowed the resident access the community independently and in a safe manner.

The systems in place to review and trend incidents was very effective. All incidents were logged on the provider's online systems with alerts in place to the relevant people that needed to review them. The inspector reviewed the nine incidents that were logged for 2025. All incidents had been reviewed by the person in charge and if required by a more senior manager. Learnings were identified and communicated to the staff team. For example, behaviour support plans, risk assessments were updated and consultation with multi-disciplinary teams all occurred as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the systems in place to assess residents' health, social and personal needs. As part of this, the provider had completed an assessment of need for each resident on an annual basis. The inspector reviewed two residents' assessment of need and found they were comprehensive. For example, the assessment of need reviewed health and well-being, mental health, restrictive

practices, communication needs, behaviour support, money management, safeguarding, access to advocacy and human rights. The document was detailed and was found to be reflective of residents' needs.

The assessment of need informed relevant care plans which again were up-to-date and sufficient in detail to guide staff practices. Annual reviews took place of residents goals to ensure they were relevant and in line with resident wishes. For example, one resident had chosen to complete a sensory room in their home. The inspector reviewed this room on the day of inspection and found it to be nicely decorated with access to sensory equipment.

Judgment: Compliant

Regulation 7: Positive behavioural support

In order to support residents' specific needs some residents had a behaviour support plan in place. The inspector reviewed two residents behaviour support plans. Both plans were recently updated to ensure they were accurate in line with residents' current needs. All behavior support plans were in line with relevant risk assessments and other care plans. For example, one behaviour support plan targeted safety in the community which was in line with the residents risk assessments. Clear pro-active and reactive strategies were in place.

The use of restrictive practices were kept to a minimum and were assessed and reviewed as required. For example, all restrictive practices had corresponding risk assessments in place. This ensured a least restrictive approach to care and support was in place at all times.

Judgment: Compliant

Regulation 8: Protection

The inspector found residents in this centre were protected by the safeguarding policies and procedures in place.

The inspector reviewed the safeguarding folder. The folder contained a log of all safeguarding incidents, reports to the safeguarding and protection team and interim and formal safeguarding plans. All the safeguarding incidents were all closed at the time of inspection.

There were systems in place to ensure staff were informed of the safeguarding needs of residents, this included the assessment of need process, care plans, risk assessments and access to interim and formal safeguarding plans as required.

Residents had up-to-date intimate and personal care plans and guidance for staff was detailed and clear.

There were systems in place to ensure residents finances were kept safe, such as regular checks and audits.

Judgment: Compliant

Regulation 9: Residents' rights

A rights based approach to care and support was well adopted within this centre. All staff spoke about residents in a professional and caring manner and were aware that residents had a right to make decisions around their care and support needs. For example, before a resident was assessed by a health and social care professional in relation to a specific risk, the resident was consulted and the purpose of the appointment was explained to the resident. Documentation of this conversation and the resident's consent to same was kept on the resident's file.

Residents' meetings occurred on a regular basis. Different aspects of care and support were discussed at this time. For example a meeting note dated in November 2024 had rights as a topic to be discussed. Residents also had the option of joining an advocacy group that was run by the provider called 'Your Say, Your Action'. At the time of inspection no resident within the designated centre had joined but it had been discussed with residents and there was correspondence available in the centre for residents to become informed of this initiative.

Documentation in relation to residents was written in a person-centered manner. Residents confidential information was kept safe and secure. For example a secure pouch was located in each residents folder which contained important document.

Interactions between staff and residents were kind, respectful and in line with resident needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 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