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:	The Weir
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	24 April 2026
Centre ID:	OSV-0005625
Fieldwork ID:	MON-0041717

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

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
Friday 24 April 2026	09:00hrs to 16:45hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was a one day inspection carried out to inform a registration renewal decision for the designated centre. In addition to review the centre's compliance levels with the regulations. Overall, there were positive findings and high levels of compliance found with the regulations reviewed.

There were six residents living in the centre on the day of the inspection and no vacancies. The inspector had the opportunity to meet with five of the residents living in the centre throughout the course of the day.

The centre comprises two locations within close proximity of one another on the outskirts of Kilkenny city. The inspector visited both properties during the inspection day. Each property was well maintained, spacious and tastefully decorated and all had private well-maintained gardens for residents to avail of as they wished. All residents had their own private bedrooms which were decorated to their individual style and preference.

On arrival to the first property on the morning of the inspection, the inspector completed a walk around the centre. This was a large two storey house and residents were busy getting ready for the day and getting their breakfast. Residents greeted the inspector as they went about their day. Two residents took some time to show the inspector their bedrooms. Residents showed the inspector artwork and family pictures that were important to them and rooms were clean and well kept.

Residents all had different plans for the day ahead. Some attended work and day services and some had individualised supports. Two residents told the inspector that they were going bowling in the evening and they were looking forward to this. One resident waved good bye to everyone as they set out on their bike independently to attend work.

The inspector met with another resident as they got ready for the day. The resident greeted the inspector and said they were keeping well when asked. Routine was very important to this resident and the inspector noted that staff were respectful and mindful of this throughout the morning of the inspection and afforded the resident the time and space to carry out their routine as per their preferences and their individual support plan.

The inspector visited the second property later in the morning, where two residents lived. This premises comprises two adjoining dormer two-storey houses. The inspector met with one resident living there. The resident appeared in good form and was happily doing some writing and artwork The inspector noted some vegetables and flowers planted in the gardens outside and was told these were

projects that residents had been working on in recent weeks. The second resident living there was out for a picnic with staff for their birthday.

Satisfaction questionnaires were sent to the centre prior to the inspection day as part of the registration renewal process. The six residents had completed these with support from staff. Questionnaires detailed that in general, the residents were happy living in the centre. One resident wrote that they like everyone they live with but also they like to have their own space.

The residents were supported by a team of familiar staff and the centre had a key-working system in place. The staff team were a mix of social care workers and healthcare assistants. Appropriate staffing levels were in place in the centre during the day and night. The team was supported by a person in charge who was regularly present in the centre. The centre was also supported by a deputy manager. Staff spoken with were very familiar with the residents' needs and preferences and knew who to speak with to raise a concern or issue. It was evident that residents were regularly consulted regarding choices in their daily lives.

Residents all enjoyed daily activation and had individual goals and wishes that they were working towards achieving. Residents had picture versions of their activation schedules in their bedrooms, some of these included heading out to day services, going swimming, going to the shops, walks and mealtimes. Some residents had plans for holidays later in the year and some residents were working towards developing their garden and growing some shrubs and vegetables.

The inspector met with some of the residents as they returned home in the afternoon. One resident worked on the services radio station and told the inspector that they had been working on this for two hours that day and they had enjoyed this. Residents were getting their dinner and chatting with staff about plans for the evening.

Overall, residents appeared to enjoy living together in the centre and high levels of compliance were found during the inspection with the regulations reviewed. Residents were safe and they were supported to live meaningful lives.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This was an announced inspection to inform a registration renewal decision. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in the centre. The inspector was assured that residents were in receipt of continuity of care and

support in line with their own preferences and assessed needs. There were appropriate staffing levels in place to meet the residents' needs and a consistent staff team in place. There were appropriate oversight systems in place and management were self-identifying areas requiring improvements through regular presence in the centre and a schedule of regular audits and reviews of the service provided.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew registration had been submitted to the Chief Inspector of Social Services, as required, prior to the centre registration end date. This was submitted within requested timelines and included all prescribed information and documents such as the centres Statement of Purpose and Resident's Guide.

Judgment: Compliant

Regulation 15: Staffing

The residents were supported by a team of familiar staff and the centre had a key-working system in place. The staff team comprised of social care workers and healthcare assistants and the centre had no staffing vacancies on the day of inspection. Nursing support was available to residents within the service, if required. There were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents during the day and night.

The inspector completed a review of three months of the centre staff rota. This was very clearly laid out and well maintained and presented with a colour coding system. Staff grades and roles were set out and staff annual leave and training days were clear. The rota was found to be reflective of the centre's whole time equivalent (WTE) as per the centre Statement of purpose and the staff on duty. The provider had a relief panel of staff that was available to the centre if needed. Staff spoken with were familiar with the residents' needs and preferences and knew who to speak with to raise a concern or issue. Staff spoken with were familiar with their delegations and tasks during their shift. Staff team meetings were held weekly.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records for staff working in the centre. Training records reviewed demonstrated that staff had completed training in a number of key

areas such as Manual handling, Medication management, Safeguarding, Fire safety, Children's first, Behaviour management, Human rights and First aid. There were no outstanding staff training needs on the day of inspection. Training needs were regularly reviewed by management and further training was scheduled when required. There was a training schedule in place for the year ahead. All staff were experiencing one-to-one supervision with a line manager twice per year.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that a certificate of insurance was in place which insured the centre against risks such as loss and damage to property. Evidence of this was submitted to the Chief Inspector as part of the registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the centre's statement of purpose. There was a person in charge in place who facilitated the inspection day. The person in charge shared their role with one other designated centre and they were regularly present in the designated centre and divided their time evenly between the two services. The inspector found that they were knowledgeable regarding the needs of the residents and the general running of the designated centre.

There were clear oversight systems in place, such as regular audits and reviews, and these were appropriately identifying areas in need of improvements in the service. An annual review of the care and support provided in 2025 had been completed. Residents and their families were regularly consulted regarding their views on the service provided as part of this review through satisfaction questionnaires, these all expressed high levels of satisfaction with the service provided to residents.

Management were completing six-monthly unannounced inspections in the centre and a report from the most previous audit in March 2026 was available. The inspector found that this was appropriately self-identifying areas in need of improvements and had clear action plans and timelines for completion identified. The service had a health and safety officer who also regularly audited and reviewed health and safety measures in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information set out in Schedule 1 such as the registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements

Judgment: Compliant

Quality and safety

Overall, the inspector was satisfied that the provider was ensuring a safe service was provided to the residents. The inspector met with residents and staff and completed a review of premises, risk management, individual assessments and personal plans, protection and fire safety to determine the overall quality of the care and support provided. Quality assurance methods were ensuring that the centre had appropriate risk management and fire safety arrangements in place and both premises which comprised the centre were well maintained. Management were ensuring regular monitoring and oversight of the service provided.

Regulation 17: Premises

The registered provider had ensured that the designated centre was well maintained both internally and externally. The centre comprised of two locations within close

proximity of one another on the outskirts of Kilkenny city. The inspector visited both properties during the inspection day. Each property was well maintained, spacious and tastefully decorated and all had private well maintained gardens for residents to avail of as they pleased. All residents had their own private bedrooms which were decorated to their individual style and preference. Overall it was found that the properties were suitable to meet the assessed needs of the residents living there.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was found to meet regulatory requirements and was subject to regular review. The centre's risk register and residents' individual risk assessments were reviewed and these were found to be reflective of the presenting risks and incidents occurring in the centre. A number of restrictive practices were in use in the centre and the residents' corresponding risk management documentation evidenced clear rationale for their use. The use of all restrictive practices were regularly reviewed with the service restrictive practice committee.

Centre specific environmental risks had been considered and mitigating measures had been implemented when required. The inspector reviewed a sample of the centre accident and incident log. This was well maintained. All incident reports had been reviewed by the senior management team and appropriate action was taken when required such as referrals, reviews and implementing mitigating risk measures.

Residents who accessed the community independently had this risk assessed and appropriate protective measures were in place when required such as social stories, regular check-ins and links within the community with staff. Residents were supported with positive risk taking when appropriate and there was a risk assessment in use to review this when required.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walk around the centre found that there were appropriate detection systems, emergency lighting, containment and fire fighting equipment. These were all serviced and checked regularly with a qualified fire safety specialist. All fire doors in the centre were activated during the inspection and these

were all found to be in working order. Regular fire safety checks were being completed by staff in the centre.

The evacuation procedures were prominently displayed in the designated centre. Staff and residents were completing regular fire drill evacuations. These simulated both day and night time conditions and demonstrated that the centre could be evacuated in an efficient manner in the event of a fire with minimal staffing levels. The service health and safety officer was reviewing all drills when they occurred. All residents had personal emergency evacuation plans (PEEP's). These detailed individual support levels required in the event of an emergency evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of need and individualised plans of care in place which were regularly reviewed and guided staff to support residents with their activities of daily living in a meaningful and individualised way. An online system was in place for recording personal plans. There was a key-working system in place and residents had key-workers each assigned to them. A number of easy-read documents and social stories were in place to support residents with their different activities of daily living. Residents all experienced an annual personal planning review where their plans and goals for the year ahead were discussed.

Residents enjoyed regular meaningful activation and had individual goals and wishes that they were working towards achieving. Residents had picture versions of their activation schedules in their bedrooms, some of these included heading out to day services, going swimming, going to the shops, walks and mealtimes. Some residents had plans for holidays later in the year and some residents were working towards developing their garden and growing some shrubs and vegetables. Residents experienced weekly meetings with staff and their peers where they chatted about different important topics and their plans and preferences for the week ahead.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded in the centre. There were no open safeguarding concerns in the centre on the day of inspection. Residents were living together compatibly and safeguarding incidents were minimal. The service had a designated officer for managing any safeguarding concerns, and details of the designated officer were prominently displayed in the centres hallway. Any safeguarding concerns were treated in a serious and timely manner and in line with national

policy. All staff had training in the safeguarding and protection of vulnerable adults. Easy read versions of the centres safeguarding policy was available to residents and safeguarding was regularly discussed with residents at team meetings.

Residents had intimate care plans in place to support them safely with personal care. These included details of support requirements and guidance to maintain residents dignity and privacy. Financial safeguarding had been considered for all residents and financial safeguarding risk assessments had been completed for residents along with money management competency assessments.

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 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant