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:	Castle View
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	30 June 2026
Centre ID:	OSV-0005763
Fieldwork ID:	MON-0044960

About the designated centre

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

Castle View is a two storied house located within easy walking distance of Kilkenny city. It is registered to provide a full time residential service for one adult with intellectual disabilities. The property is managed by SOS (Special Occupation Scheme) Housing Association. The accommodation comprises of five bedrooms. One of these are en suite. One of the bedrooms upstairs is used as a staff office. The communal area comprises of two sitting rooms, a kitchen-dining room, a utility room and a downstairs toilet. There are small front and rear facing gardens. The resident is supported to access community based activities and attend appointments. The staff team consists of social care workers and care assistants. Castle View aims to develop services that are individualised, rights based and empowering.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

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 30 June 2026	10:00hrs to 12:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was completed to confirm the current status of the centre and to ensure that governance and management arrangements were in place. This designated centre was last inspected in early 2024 and since then has been reported as unoccupied, although used by the provider for short term stays to accommodate residents where they had to move out of their homes for minimal periods of time.

The centre had been unoccupied from February 2026 until the day of inspection and the person in charge and management team reported there were no confirmed plans for residents to move into the centre. Since October 2025 three residents had lived in the centre on a short term basis.

The premises provided was a two storey detached house in a housing estate on the outskirts of Kilkenny city. The inspector reviewed the premises and documentation that was in place and met with the centre person in charge over a couple of hours and confirmed that the centre has oversight systems in place.

In summary, this centre was vacant so the inspector's observations were limited to the premises provided and the oversight arrangements. The premises provided was seen to be clean, furnished, and nicely decorated in places, one bedroom was noted to have belongings from a resident living in another centre stored in it.

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.

Capacity and capability

During the introduction meeting with the person in charge it was indicated that the centre had not been in use since February 2026 and later in the day the provider confirmed there were no specific arrangements in place for new residents to move in.

Given that the centre was unoccupied at the time that this inspection occurred and only a few residents had availed of the centre since the previous inspection, it was not possible to make evidenced judgements on a number of relevant regulations.

Such regulations would have covered areas including residents' rights, safeguarding and the provision of healthcare.

Regulation 23: Governance and management

An organisational structure for this centre was outlined in the centre statement of purpose. This was found to be in place on the day of inspection with a person in charge and their deputy assigned to the centre in addition to a person participating in management. No staff team was allocated to the centre.

Management conducts routine premises audits, maintains centre compliance plans, and tracks necessary refurbishments so that the property remains fit for rapid reactivation if required. Management also completed other audits such as fire safety and risk assessment review. The person in charge and their deputy both spend time in the centre at least once a week so that there is a presence in the premises and overview of the premises is ensured.

The provider had also ensured that six monthly unannounced audits had been completed as required with the most recent on 13/14 April 2026 and the inspector review the contents of this. The action plan arising from the audit noted premises works required and these were found to have been completed and were signed off as achieved by the person in charge. An annual review of the service had also been completed for the period April 2025 up to April 2026, this included the findings of resident satisfaction questionnaires for those who had stayed in the centre during that time.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document that outlines the service provided in the centre. A statement of purpose was in place for this centre that contained the required information. It had been reviewed and last updated on 04 April 2026.

The statement of purpose included a description of the rooms in the centre, the management structure in place and the arrangement for respecting prospective residents' privacy and dignity. The statement of purpose also included the admission criteria for the centre and indicated that the centre accepted admissions in line with the admission policy.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications as required under this regulation had been submitted to the Chief Inspector of Social Services. It was clear which residents these referred to at times when the centre was occupied. In addition restrictive practices that remained in place were notified and reviewed in line with the provider's processes.

Judgment: Compliant

Regulation 4: Written policies and procedures

Under this regulation, the provider is required to have in place and implement specific policies. Having such policies is important to provide guidance for staff to ensure that they and the provider are consistently providing safe and effective care. During the current inspection, the inspector requested to review the provider's policies required under this regulation. These were held electronically. Certain policies in particular were considered as they related to the regulations reviewed on this inspection. From the policies documentation provided on the day of inspection it was noted that the policies were reviewed on a regular basis as required. Those reviewed included the Admission, transfer, transition, temporary absence and discharge policy.

Judgment: Compliant

Quality and safety

Given that no residents were present, this inspection focused on matters related to the premises provided. Observations in relation to the premises generally are outlined under the relevant regulation of this report. It was seen that this premises was provided with fire safety systems such as a fire alarm and fire extinguishers and these were serviced by a competent person and also reviewed by the person in charge on a weekly basis.

Regulation 17: Premises

This centre comprises a two storey detached house in a housing estate. It has a bedroom, kitchen-dining room, utility room and two living areas on the ground floor and upstairs has a further four bedrooms, one of which is used as an office and one of which was en-suite. The main centre bathroom is also on the first floor. The centre has been fitted with a stair lift to support any resident who may use a ground floor bedroom to access the bathroom. This was seen to be working and had been serviced to ensure it was safe to use.

The premises was clean and well maintained with a weekly cleaning schedule in place that was fully completed by the person in charge or their deputy. There were weekly arrangements in place to run water and flush toilets to ensure that any potential water borne infections were mitigated against. Areas identified as requiring review were recorded on the provider's maintenance tracker and attended to.

The inspector observed one bedroom contained a substantial volume of personal belongings for a resident who lived in another designated centre. This centre was being utilised as a storage location at present however, all belongings were in sealed boxes and stacked neatly.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured there was a policy in place that met the requirements of the regulations. In addition there was a suite of centre based risks that had been considered and were in place. The inspector reviewed these and found that all risks had been reviewed in April or May 2026 and clear control measures were identified and stated.

One area of risk not identified was discussed with the person in charge on the day of inspection and related to premises security as the centre was vacant. Some mitigating factors had however, been considered around this and informal arrangements were in place with neighbours.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that the designated centre was equipped with fire safety measures including an alarm, extinguishers, emergency lighting and fire doors. The inspector reviewed all equipment in place and found that it had been serviced as required and was monitored on a weekly basis.

The fire doors were all reviewed on the day of inspection and were found to close securely with self closing mechanisms in place. There was an up-to-date centre evacuation plan in place and when residents had stayed in the centre they had personal evacuation plans and drills had been carried out.
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant