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:	Marble City View Accommodation
Name of provider:	The Rehab Group
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	19 August 2025
Centre ID:	OSV-0002643
Fieldwork ID:	MON-0047266

About the designated centre

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

Marble City View Accommodation is a designated centre operated by The Rehab Group. It provides a community residential service to a maximum of 15 adults with a disability. The designated centre is located in an urban setting in County Kilkenny with access to facilities and amenities. The designated centre consists of six apartments across two floors. The designated centre is staffed by care workers. 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:	12

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 19 August 2025	09:00hrs to 18:00hrs	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 and found positive examples of how residents were empowered to make decisions and take appropriate risks within the centre. However, there were some areas that required improvements such as premises and staffing.

On arrival to the centre, the inspector was welcomed by the person in charge who along with the acting team leader facilitated the inspection. Both demonstrated a very good knowledge of the residents, they were aware of their assessed needs and supports, along with their individual preferences.

The inspector completed a walk around of the building as part of the inspection. This centre comprises of six apartments across two floors, 1 x one bed apartment, 1 x two bed, 2 x three bed, 1 x four bed and 1 x five bed. In two of the apartments, one room is allocated to a sleepover room, the designated centre also has two offices and a rooftop garden as part of the building. The centre is registered for up to 15 adults, on the day of inspection 12 residents were living in the centre, leaving a vacancy of three. The centre was found for the most part to be clean and tidy, the inspector identified outstanding maintenance including, repairs to five balconies, damaged flooring in one apartment and shipped painting of most bathroom ceilings, this is discussed further under Regulation 17: Premises. Residents had personalised their own bedrooms and were seen to have items of value such as photos of family and friends on display. Residents art work and photographs of trips away were also seen displayed throughout the halls and communal areas of the apartments. On the walk around of the centre, residents were seen to be getting up at their own leisure and some had already left the centre.

The inspector got to meet with six of the residents, five were away at day service, employment or meeting family and friends and one resident was away on a trip to Manchester with the support of staff. The residents living in this centre had assessment of needs in place identifying they required low level support in areas such as cooking, cleaning and some decision making. Most residents were actively involved in day services and some had paid employment . Residents were engaging in day trips such as trips to the beach, shopping and attending events of interest, for the most part residents utilised public transport for this. One resident had recently passed their driving test and purchased a car.

From speaking with residents, they reported they were very happy where they lived and who they lived with. Residents reported they knew who to talk to if they had any concerns. Residents told the inspector how they can ring staff from their mobile

if they need support and they would always answer. One resident said staff work very hard to support everyone and always do their best. Residents informed the inspector of discussions held at residents meetings and key working conversations, for example, maintaining a clean apartment and how to be respectful to one another. They also spoke about how they like to meet up as a group when it is someone's birthday or for events such as the summer roof top party.

Some residents spoke about their current fund raising efforts to save for a holiday to the north of Ireland. Ten residents were planning on partaking in this trip and they had historical events and a tour of the city via the hop on hop off bus planned as part of the trip. Residents had been actively fund raising for some time, they had events such as carol singing and table quiz along with collecting and recycling bottles from local businesses.

All of the residents were observed to be comfortable in the presence of staff and the staff were observed to be person centred in their approach to residents. From review of documentation, the use of professional and respectful language was used throughout residents assessments and plans.

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 improvements were required in staffing and premises. However, there was a clearly defined management structure in the centre and their was robust systems in place to monitor the standard of care provided to residents.

The provider was actively recruiting staff for the centre and staff members were found to be provided with appropriate training, in respect of safeguarding and human rights bases approach to care. The staff were knowledgeable about the care and support needs of each resident.

Ongoing work was required to increase the overall staffing complement of the centre to ensure all residents were supported in line with their assessed needs. Improvements were also required in relation to maintenance works throughout the premises, some of these had been identified by the provider.

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 this designated centre only. There was suitable support arrangements in place to ensure effective management of this centre. The person in charge was supported in their role by a full time acting team leader, who had enhanced duties including weekly audits, supervision of staff, supporting with documentation review and update, person centered planning meetings and reviews.

The person in charge demonstrated a very good knowledge of the residents living in the centre. Residents were also seen to be at ease and freely seek advice and support from the person in charge through visits to the office, phone calls and informal conversations.

Judgment: Compliant

Regulation 15: Staffing

Overall, the provider was taking appropriate steps to ensure residents needs were met, they had a recent successful recruitment drive and were in the process of seeking additional funding to increase their staffing complement.

From review of the planned and worked rosters for the last four months the inspector could see the person in charge was maintaining a planned and worked roster that was kept up to date. It was clear when staff were on statuary leave or attending training and all staff were identified by their full name and grade. It was evident the centre had been operating on reduced staffing levels in recent months. There was a heavy reliance on relief and agency staff although, the use of agency had stabilised with two agency staff covering the majority of shifts. This gave consistency of support to residents. The provider had also recently filled three care worker vacancies and was actively recruiting for one more. These three staff members were currently completing induction, including shadow shifts and training and were due to commence scheduled shifts in September.

The provider had submitted a business case to their funder to seek additional funding to increase their staffing complement to ensure residents were supported in line with their changing needs. This business case was submitted two years ago and had not yet been approved. Some residents were present in the centre throughout the day and for the most part, none of the core staff members were scheduled to work Monday to Friday from 10am until 4pm. This gap was currently being covered by the acting team leader and person in charge, they were also supporting residents with medical appointments during those hours, this required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From review of training records, the inspector found that staff members were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being. For example, staff had undertaken training in safeguarding vulnerable adults, children's first, positive behaviour support, human rights and supportive decision making. One member of staff who spoke with the inspector said they felt they had an enhanced awareness of residents rights and were confident about how to identify abusive interactions as a result of the training provided.

The provider had a policy in place that was most recently reviewed in January 2025 in relation to staff supervision. From review of the supervision schedule and a sample of supervision meeting minutes, local management were ensuring all staff received supervision in line with the policy. The inspector could see detailed conversations and discussions were held on topics such as well being, roles and responsibilities, safeguarding, team work, personal supports and professional development and training.

Judgment: Compliant

Regulation 23: Governance and management

The provider has good governance and management arrangements in place to monitor and oversee residents' care and support. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge who reported to the regional services manager. They person in change as mentioned was supported in the day-to-day operation of the centre by a full time acting team leader.

The provider's systems to monitor the quality and safety of the service provided for residents included, unannounced provider visits every six months, annual review and local audits. The most recent annual review completed in August 2024 captured feedback from residents an their representatives as required by the regulations. In addition, the review was comprehensive and included a summary of all open actions within the centre from other audits and inspections. It also detailed a review of incidents that occurred in the centre over the previous 12 months to identify trends and ensure any incidents of safeguarding nature had been reported to the relevant authorities.

Local management were completing weekly and monthly audits. Weekly audits were completed by the acting team leader and the monthly audit by the person in charge. Each audit was seen to include, updates on actions from previous audit, actions were seen to be completed on the day of inspection.

Judgment: Compliant

Quality and safety

While there was a number of premises works required, overall, the provider was ensuring residents were safe through the identification and reporting of safeguarding concerns, appropriate risk management and communication with residents.

There was a policy on risk management available in the centre and each resident had a number of individual risk management plans on file so as to support their overall safety and well being.

The staff team were striving to provide 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.

Regulation 10: Communication

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

Easy ready information was available on topics such as safeguarding, advocacy and complaints. Residents were supported to understand these topics and their rights through key working sessions and residents meetings. In addition there was an information table available at the apartment entrance with additional leaflets and information on display.

The staff team had been supported to have Irish Sign Language (ISL) training in line with one resident assessed needs. The ISL alphabet signs were also seen on display around the centre and staff spoke about how they have demonstrations and practice sessions as part of their team meetings. Other supports in place included a visual 'staff on duty' board to ensure residents were aware who was scheduled to work in the centre for the week ahead.

Some residents were seen to have activity schedules in place in their bedrooms, some were in writing and others contained some photos to represent activities planned.

The provider had also identified the difficulties one resident can experience with communication when they are experiencing periods of high stress or anxiety, there was appropriate supports detailed in this residents care plan for staff to follow. This included finding a quite space in the apartment to sit down and for staff to spend

some time with the resident.

Judgment: Compliant

Regulation 17: Premises

The inspector found the centre was presented well, nicely decorated and for the most part clean, although maintenance work was required in some areas.

Two residents were receiving additional key working supports around the importance of maintaining a clean apartment with particular reference to their bedroom. Staffing supports were available for regular and deep cleaning of all apartments. Residents were encouraged to de-clutter belongings and make use of storage available, this was seen to be discussed at residents, individual apartment meetings and full centre meetings. Residents had cleaning schedules in place within each apartment and household tasks were shared out between the residents occupying the apartment.

Some areas of the designated centre required maintenance. The flooring in the communal areas of one apartment needed replacing, five balconies required paving to be removed and replaced with more appropriate ground covering, gutters required redirecting to prevent them from rain water spilling onto balconies and creating a slippery surface, majority of bathroom ceilings required painting and rusted shower chairs needed replacing. For the most part, these works had been self identified by the provider and plans were in place to address this, however some identified works were still awaiting funding approval for example, the replacement of shower chairs.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to identify, manage and review risks in the centre with a focus on residents safety.

The provider had centre specific and individual risk assessments per resident in place. The inspector reviewed six of the twelve residents risk assessments and found them to be detailed and contain appropriate control measure and risk ratings. From review of the documentation and discussion with the person in charge it was clear that they had good oversight of the current risks within the centre.

There was no restrictive practices in place within the designated centre. All residents could freely access all their belongings and come and go from the centre with ease. All residents were assessed as having the capacity to self administer their own

medication, residents were seen to have a risk assessment in place to reflect this. Control measures identified how residents could safely transport their medication when visiting home, collecting it from the pharmacy and storing it in their bedroom.

All risk assessments were in date and were seen to be reviewed in line with the severity of the risk, the higher the risk the more frequent the review. The person in charge was also seen to be updating risk assessments following incidents. For example, when one resident sustained a fall their slips, trips and falls risk assessment was updated to reflect this and the additional controls were identified.

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.

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. Residents had the opportunity to meet with their key worker six months through the year to see how they were progressing with their goals. For the most part, residents had a PCP meeting within the last twelve months or one scheduled and were seen to be achieving their goals.

As previously mentioned the provider had identified some changing needs of residents, this was captured in their assessment of needs document and support plans were reflective of the supports they required to ensure they were safe in the centre.

From the inspectors 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 they like to spend time at home and this is never a problem I just let staff know when I am going and when I will return. Another resident spoke about regularly attending GAA matches and when the inspector asked about transport to the games, the resident replied I arrange my own life.

Judgment: Compliant

Regulation 8: Protection

The inspection found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre.

The inspectors found that any concerns which had been raised were reported in a timely manner. A review of all of the documents pertaining to these concerns showed that they had been appropriately investigated. There was no open safeguarding plans in place at the time of inspection. One recent safeguarding incident was in preliminary review stage and the provider was in contact with the designated officer to identify if there was grounds for concern.

The person in charge had a centre specific safeguarding risk assessment in place which identified staff training, reporting structure, help lines displayed, shift planners and the providers own safeguarding booklet for residents as control measures. The person in charge had also completed the national safeguarding self assessment tool to assess their practices.

Residents were supported to develop their knowledge and skills around protection. The management team had invited the community Guard to talk with residents about safety in their apartment and when in the community. They also arranged the local fire men to visit the centre, they completed a fire drill as part of the visit and one resident reported the fire men said all residents exited the building safely and were nice and calm.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider was ensuring residents were informed about matters that effected them, their rights, access to advocacy and the complaints system.

From review of documentation, discussion with residents, staff members and local management and from the inspectors observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manor that was accessible to them and given time to make a decision. They were supported to make choices about how they wished to spend their day. Residents were involved in decisions in relation to the running of the centre through residents meetings and from review of the minutes residents opinions were recorded.

Residents were supported individually with key working sessions, small apartment group residents meetings and as part of a larger centre group residents meeting. Residents also mentioned to the inspector they can talk to staff or management at any time about concerns.

Residents were observed to freely move around their apartments and the overall centre, they were kind and respectful to each other in their interactions and were seen to be comfortable in the present of staff and management.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marble City View Accommodation OSV-0002643

Inspection ID: MON-0047266

Date of inspection: 19/08/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The HSE & Rehabcare met 23-07-2025 to review a previously submitted business case. Following this meeting the HSE have requested another business case be submitted to for Kilkenny Supported Accommodation. This new business case will be submitted by 30-10-2025. In addition to this, a breakdown of individual assessed needs with related costings will be submitted to the HSE by the 30-11-2025 for additional day time funding. In addition, the staffing issue as detailed in the HIQA audit will be highlighted internally and placed on the risk register until a solution is found.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Housing Association confirmed that the following works will be completed by 30-11-2025 1. Replacement of flooring in the communal area of Apartment 1 2. Removal of paving and installation of appropriate ground covering on five balconies 3. Redirection of gutters to prevent water pooling and reduce slip hazards 4. Repainting of ceilings in ten bathrooms In addition, on 28th August 2025, the PIC ordered new shower chairs to replace the rusted ones identified during inspection. Installation is scheduled to be completed by the 30-09-2025	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2025