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:	James Gate
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	12 August 2025
Centre ID:	OSV-0003411
Fieldwork ID:	MON-0047272

About the designated centre

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

James Gate is a designated centre operated by SOS Kilkenny CLG. This designated centre provides community-based living apartments for a maximum of 11 adults. The apartment complex is located on the outskirts of a large town and consists of eight individual two-bedroom apartments. One of the apartments is communal and used as a base by staff, in addition to being a space where residents could meet and socialise together as they wished. The residents are supported by a team of staff comprising of a social care leader, social care workers and social care assistants. The staff team are supported in their role by a team leader and person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 12 August 2025	09:30hrs to 17:30hrs	Linda Dowling	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, the inspector found high levels of compliance, there was some very positive examples of how residents were supported to make decisions about matters that effect their lives. Residents were supported to understand their rights and their choices. However, the inspector identified one area requiring further improvement, this was in relation to one resident having full autonomy of their finances, the provider had identified this as a safeguarding concern. This was also identified in the centres previous inspection and while the provider had take action, further work was required.

On arrival to the centre, some residents were seen to be up and about, others were getting up at their own leisure. The centre comprises of eight two bed apartments across two floors. At the time of inspection each apartment was occupied by one resident. There was also a communal apartment where one of the two sleepover staff were based. This apartment was a hub for residents to come and spend time with staff and other peers. Each ground floor apartment had a garden space to the rear and this was seen to be filled with residents individual storage sheds, greenhouse, planter beds, garden furniture and one resident had developed their own insulated workshop complete with work bench, storage and items on display that they had created or refurbished.

The centre was registered for up to eleven adults and at the time of inspection there was seven living there. While each resident enjoyed their own space in their apartments and would choose to live alone they all enjoyed spending time with each other on occasions in the communal apartment and on day trips. The inspector got to meet with five of the seven residents, the remaining two were partaking in social activities on the day of inspection. On the walk around of the premises conducted as part of the inspection the inspector viewed seven of the eight apartments and found them to be clean and tidy. Each apartment was seen to be laid out to meet the assessed needs of the residents and were generally kept in good state of repair so as to ensure a comfortable and safe living environment for the residents.

The person in charge and the team leader of the centre facilitated the inspection and were both found to have a good knowledge of the residents, their assessed needs and their individual preferences. The person in charge and the team leader are also over one other designated centre operated by the same provider.

From conversations with residents in the centre, they all reported they liked where they lived, they were happy and had their own apartment and sufficient storage for their belongings. Some residents showed the inspector around their apartment and showed them their items of value and interest such as books, tapes, DVD's along

with photos of their family and friends. One resident had a creative room where they spent time writing letters to friends, they were supported to post these letters regularly. Another resident showed the inspector their beadwork and had some of these on display in their apartment.

Residents spoke about trips away to Sligo and Spain and events they took part in. One resident had fund raised as part of the mini marathon to purchase a water feature for their garden. Another resident spoke about their family involvement and how they enjoyed going swimming with family a couple of times a week. When the inspector visited one apartment the resident introduced their small dog, they reported that the dog keeps them company and helps them to feel good. This resident also spoke proudly about their recent weight loss and how they had completed a course in photography.

Residents were observed to be comfortable in the present of staff, they were seen to come and go from the communal apartment and seek support and advice where required. Staff were observed to be person centred in their approach to residents. On a few occasions throughout the day staff were seen to go for walks and support residents with specific tasks.

The provider had screened all incidents of concerns that had arose in the centre and were seen to report these where required to the relevant authorities. While there had been some low level negative peer to peer interactions these were found to have no grounds for concern. As mentioned earlier there was one active safeguarding concerns in the centre relating to one residents access to their finances this is discussed further in Regulation 8: Protection.

Residents were supported to understand some of the providers policies through easy read versions. As a way of checking in with residents individually, key working meetings were held the topic of these meetings varied on the needs of the resident. For example, one resident had regular key working conversation in relation to how to stay safe and seek support as a result of incidents of negative interactions in the community.

Residents were also advised of their right to make a complaint and one resident had utilised the support of an advocate. Advocacy and complaints procedure posters were on display in the hallway of the apartments.

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 there was a clearly defined management structure

in the centre which included reporting safeguarding concerns when they arose in the centre. However, improvements were required to supported one resident to have access to their finances.

There was a consistent staff team employed and the numbers and skills mix of staff were appropriate to meet the needs of residents and in line with the providers statement of purpose.

Staff had been provided with appropriate training, in respect of safeguarding and a human rights bases approach to care.

Regulation 15: Staffing

There was a core and consistent staff team supporting the residents in this centre.

The inspector reviewed rosters from the previous four months and found them to be reflective of the staff on duty, they were well maintained and included staff members statuary leave and training days. Gaps were filled with core staff taking on additional shifts and the use of the providers relief panel.

There was a minimum of four staff on duty each day with two staff remaining on duty for a sleepover shift throughout the night. This was seen to be in line with the assessed needs of the residents. Residents had also reported to the inspector they were able to access staff support when they needed it.

The inspector viewed three staff files and found that they contained all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). This included vetting, identification, evidence of qualification and references.

Additional, the inspector reviewed a sample of staff meeting minutes and found them to be held monthly and level of attendance was good. Topics and discussions held included, well being of residents recent incidents, safeguarding and any management updates. Opportunities for learning in relation to incidents were also recorded in the minutes.

Judgment: Compliant

Regulation 16: Training and staff development

From review of the training records for the staff team, it was seen that all staff were provided with appropriate training in respect of safeguarding and human rights

based approach.

Due to the training provided the staff had the necessary skills to respond to the needs of residents and to promote their safely and well being. For example, staff had undertaken training sessions which included, safeguarding vulnerable adults, children's first, assisted decision making (ADM) and human rights. Staff also had access to other specific needs training such as diabetes, dementia, behaviour management and safe administration of medication.

On review of supervision records for five staff, the inspector could see supervision was being provided in line with the providers policy with two meetings held annually. Staff engaged in self awareness and refection, discussions on key working duties, safeguarding, incident management and learning, risk assessments and understanding restrictive practice.

All staff probation's were also up to date and had included conversation on management support, your duties and responsibilities, team work and training requirements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found good systems in place to monitor the quality of care provided to residents. There was a defined management structure, and a stable staff team lead by a suitable person in charge. The person in charge reported to the residential operations manager (ROM) and had the support of a full time team leader. The person in charge and team leader were also responsible for one other designated centre operated by the same provider. There was additional support available from the providers community health care team, this was a staff nurse who was assigned to the centre for support and oversight purposes.

The provider's last two unannounced six-monthly reviews were completed in September 2024 and March 2025 in line with the time frame identified in the regulations, the provider had also completed the annual service review in November 2024. All audits were found to highlighted areas of good practice and areas where improvements were required. Audits had included a review of safeguarding, trending of incidents and feedback from residents and their representatives. The feedback recorded from family members in the annual review included, they are well cared for and the staff are very good to them.

The provider had a system in place to ensure oversight of the centre. This included annual medication audit completed by the community nurse and reviewed by the person in charge, there was monthly finance check in place to assess for accuracy and quality of spend, the ROM completed a quarterly finance check and the finance department completed an annual review for each residents.

From review of audits, they were supported with detailed action plans and on the day of inspection these actions were seen to be completed in a satisfactory time frame.

Judgment: Compliant

Quality and safety

The inspector found that the staff team and management were striving to provider person centred care to the residents in the centre. Residents were supported to make decisions about their care and support along with how they wished to spend their time.

Residents were protected with appropriate assessment of needs, support plans and risk assessments in place and were encouraged to take appropriate risks.

Although there was an ongoing safeguarding concern in relation to one residents finances, the provider was taking appropriate action to mitigate this risk, as mentioned previous this will be discussed under Regulation 8: Protection.

The provider was identifying where incidents of concern occurred, these concerns were reported to the relevant authorities and appropriate action taken to prevent it happening again.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. Easy read information on, safeguarding, advocacy and the complaints process were available to the residents which supported them to communicate their feedback on the quality and safety of care provided in the service.

The provider had developed four key policies into easy read versions to make them more accessible to residents. Policies included, personal possessions and finances, sharing of information, access to education, training and employment and abuse. These were seen to be discussed with residents at key working sessions and residents meetings.

Residents also had the option to attend 'your say' meetings, the agenda for these meetings was set by the 'your say' committed, committee members included residents and day service attendees. Many residents in this centre choose not to attend and expressed they already knew about the topics such as complaints and safeguarding, residents choice on attendance was respected.

Residents were seen to have access to mobiles, and other such media like Internet, televisions, radios and personal gaming devices.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was laid out to meet the assessed needs of the residents, as mentioned earlier the property comprises of eight two bedroom apartments in the same building. All premises were found to be warm and clean and there was adequate communal areas for residents to use. The premises had been maintained to a good standard.

Residents were supported to decorate their apartments in line with their wishes and preferences, one resident proudly identified the paint colours in each room of their apartment. Residents had sufficient storage for their belongings and some residents had a locked shed in the garden for additional storage where required. These residents held the key for the lock on their shed.

The premises was located on the edge of the city, there was ample local amenities and for the most part residents like to access these independently.

The provider had completed a property and maintenance audit in March 2025 and all identified actions were seen to be completed on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found the centre had an established risk management system in place that was utilised for the identification, assessment and management of risk. This system was proving effective at the time of inspection.

All residents had individualised risk assessments in place to keep them safe including, money management, vulnerability and safeguarding and restrictive practices. Some residents who required support with their mental health also had a risk assessment in place detailing the supports available and this was linked with an associated support plan.

The person in charge had full oversight of risks and was ensuring risk assessments were keep up to date and reflective of the current control measures in place. Risks were reviewed in line with the providers policy and as the need arose. For example, one resident had a device in place to support their sleep, at times the residents would disengage with the use of this device and the risk rating of the assessment

would increase. The provider had appropriate control measures in place to support the resident to understand the importance of using this device included key working conversations, a video to show the benefits and support from the prescribing clinic. They also had a application on their phone to show the reduced quality of sleep when they were not using the device.

The provider was aware of the potential risk posed with some residents living in upstairs apartments and how this may be a risk in the future as residents needs change. These residents had been consideration at admission, transition and discharge meetings and the provider was actively seeking appropriate accommodation in preparation for the changing needs of residents across the organisation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed which informed the residents support plans. These assessments were detailed and captured the individualised support needs the residents required. Residents were also involved in the development of their support plans and their wishes and preferences were taken in to account.

Residents who spoke with the inspection were aware of their own personal supports and health needs. They were able to identify the supports in place to help them and were involved in decisions made about their health. For example, one resident spoke to the inspector about their recent weight loss, they were aware of their current weight and the health benefits associated with weight management.

From review of assessment of need, support plans, risk assessments and observations of staff interactions with residents it was evident that the centre provided person-centred care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall the provider had robust systems in place for the management of behaviours of concern and oversight of restrictive practices. The person in charge identified that all staff were appropriately trained to manage behaviours of concern. From review of the training records, as mentioned above, all staff were trained in studio III, this training includes de-escalation techniques and management of behaviour.

The provider had identified an appropriate behaviour specialist who had

responsibility for this centre, they were present at team meetings and available for support to the residents and the staff team. This behaviour specialist worked in conjunction with the staff members supporting the residents to develop an individual behaviour support plans.

From review of these plans, they included identification of the behaviours of concern and detailed proactive and reactive strategies to help reduce or mitigate the behaviour.

There was a number of restrictive practices in the centre, these restrictions were reviewed, most recently in May 2025 by the restrictive practice committee. They were seen to be appropriately recorded and least restrictive for the residents.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents. However, one area required improvement.

The inspection found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place. Although one resident did not have full access to their finances and this was identified in the centres last inspection and reflected under Regulation 12: Personal Possessions. The inspector noted some progress had been made, the provider had taken appropriate action including identifying this as a safeguarding concern and a restrictive practice, there was evidence of ongoing communication through relevant authorities and advocacy services were sought to support the resident. Although it still remained the case that this resident did not have full autonomy over their finances. This required further work and continuous review.

All staff, had received training in safeguarding vulnerable adults and were aware of the various types of abuse, the signs of abuse and their role in reporting and responding to concerns. All residents were kept informed about their right to raise a concern and the complains process, through key working sessions and residents meetings.

While there had been a small number of peer to peer related incidents reported to the relevant authorities since the previous inspection, the provider had taken appropriate action to safeguard residents from further abuse.

Residents had intimate care plan in place detailing the individualised supports they required and included their wishes and preferences in relation to this support.

Judgment: Substantially 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.

Residents who engaged with the inspector said they liked living in the centre and were supported to exercise their rights. For example, one residents regularly engaged in paid employment as a DJ at private functions. Residents were also seen to direct their own lives, they engaged in religious services, day trips, overnight breaks, foreign holidays, some had employment opportunities and others attended social events such as bingo weekly and one resident was a pet owner.

One resident was being supported to develop a life story book to capture memories of their life, this was in line with the changing needs of this resident.

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.

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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for James Gate OSV-0003411

Inspection ID: MON-0047272

Date of inspection: 12/08/2025

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 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Continue to engage with government agencies to help support the person have full autonomy over their finances. Further documents have been sent to different government departments to help achieve this goal. In dealing with the different departments this is taken a considerable length of time to achieve. Management, Social work department and family are working together to achieve this goal for the person supported.	

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 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	16/01/2026