



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

Issued by the Chief Inspector

Name of designated centre:	Park Avenue
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	18 February 2026
Centre ID:	OSV-0008530
Fieldwork ID:	MON-0041208

About the designated centre

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

Park Avenue comprises four individual apartments in two blocks each containing a support staff area in close proximity. Park Avenue is located in a quiet area on the outskirts of Kilkenny city. The centre can accommodate both male and female residents over the age of 18 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 18 February 2026	09:00hrs to 17:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. The findings of the inspection indicated that, for the most part there were high levels of compliance with the regulations reviewed, although improvements were required in relation to management of residents' personal possessions.

The centre had capacity to accommodate four individuals for full-time residential care. At the time of inspection four residents were living in the centre. The inspector had the opportunity to meet with all four residents in their own apartments throughout the inspection.

In addition to meeting with residents, the inspector spoke with the staff and management team and reviewed documentation in relation to the care and support needs of the residents in the home.

As part of the inspection process the inspector completed a walk around of the designated centre. The centre comprised of four individual apartments with two staff areas situated in between each pair of two apartments. The centre is situated on the outskirts of Kilkenny city, a pathway is available to the nearby shop, hotel and other amenities. Each apartment had an enclosed back garden, some residents had garden furniture others had raised beds and one had a trampoline. Overall, the apartments were well maintained and each one was decorated in line with residents' wishes and preferences, some had family photos and items of value on display and others preferred a more minimal environment with just the essentials on display.

In the first apartment the inspector visited, the resident had a keyboard and they played music, sang and encouraged their staff, person in charge and the inspector to all get involved. The spoke about how they enjoyed where they live, how they were spending their time and their plans for the day.

On arrival to another apartment the inspector met a resident who was supported by a staff member, they were making jigsaws and building shapes with magnetic tiles at the table. The resident communicated using their unique words, sounds and signs with the staff member and the person in charge. They sought assurance from the person in charge and when they were satisfied with the response they said goodbye indicating they were ready for the visit to end. This resident had recently began to tolerate more items in their environment. A shelving unit had been purchased to store a variety of table top activities, these were available to the resident in their sitting room.

Another resident welcomed the inspector and person in charge into their apartment, they were enjoying a drink while watching TV, they proceeded to show the inspector around their apartment, they had a family tree displayed on their bedroom wall, they walked around with the inspector and staff member and were eager to be involved in the conversation. Staff engaging with the resident were able to identify when they indicated 'happy' and 'yes' responses to questions they were asked. They were seen to smile up at staff when they suggested they got their coat and go out for a while.

The remaining resident was not up when the inspector completed a walk around so arrangements were made to visit their apartment later at a time that suited them. At lunchtime when the inspector visited the apartment the resident showed them their bedroom, bathroom, sitting room and kitchen. They showed the inspector all their belongings, art work and jigsaws. They were proud of their apartment and the household jobs they complete to keep it tidy. The spoke about clearing out their wardrobe so they could find their clothes with ease. They stated they were happy with their home and they liked living on their own, they reported their previous accommodation was shared and they didn't like when others moved their belongings.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspector received two completed questionnaires on the day of inspection. Residents had been assisted to complete the questionnaires on "what it is like to live in your home". Both residents were supported by their staff to complete the questionnaire. In these questionnaires residents indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. An example of comments in the questionnaires included. I like my radio in my room, I like to say hello to the resident next door, another resident indicated happiness by using gestures to the staff when asked if they liked their apartment and if their family visit.

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 to each resident living in the centre.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that while improvement was required in regulation 12: Personal Possessions, residents were in receipt of good quality care and support. They were supported and encouraged to take part in activities they enjoyed. The provider was identifying areas of good

practice and areas where improvements were required in their own audits and reviews.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with management and staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to inform a registration renewal decision.

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the floor plans, statement of purpose and submitting the fee to accompany the renewal of registration.

Judgment: Compliant

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 three other designated centres operated by the same provider. There was suitable support arrangements in place to ensure effective management of this centre. The person in charge had the support of a residential team leader and deputy team leader who both worked full-time across the four centres.

The person in charge was found to be an experienced and competent manager who demonstrated strong oversight of this designated centre. It was evident the person in charge was spending time in the centre and was aware of the residents assessed needs and preferences.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents. Some vacancies had recently been filled through recruitment and this had significantly reduced the level of agency being used in the centre.

There was a planned and actual roster in place, the inspector reviewed the last three months of rosters and found them to be reflective of the staffing arrangements in place, they were up -to -date and staff were identified by their full name and grade.

The inspector reviewed three staff personnel files and these were reflective of the necessary documents required under Schedule 2 of the regulations. For example, they all had up -to -date photo identification, complete employee history inclusive of two references and in date Garda Vetting all stored on file.

The person in charge held team meetings every six- weeks to facilitate team discussion on topics including updates on residents' health and well being, safeguarding, learning from incidents and accidents, risk management and restrictive practices along with updates on clinical involvement. The inspector reviewed the minutes of these meetings available on the providers' online data system. These minutes were available to all staff and they signed a virtual signature once read.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that the staff team in the centre had up -to -date training in mandatory areas including safeguarding, medication management, fire safety and manual handling.

The staff team were also provided with additional centre specific training in areas such as Feeding Eating Drinking and Swallowing (FEDS) and epilepsy.

In addition, the provider was enhancing their oversight of training through a new online system that will manage both staff rosters and training records. This system will not allow the person in charge to roster staff for shifts where they do not have the necessary training or where their training has expired. This is expected to be rolled out in the coming months.

The person in charge was ensuring all staff were in receipt of two supervision meetings per year in line with the providers policy. The inspector reviewed staff supervision records for the team, including the team leader and deputy manager. Discussions held as part of supervision included mental health, team work, work plan targets, training and professional development, report writing and the setting of necessary actions. Regular agency staff were also supported through supervision

meetings once per year where discussions were held in relation to their job specifications, roles and responsibilities when on duty in the centre.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was in place in the centre on the day of inspection. As previously mentioned the person in charge was full time and was responsible for three other designated centres operated by the same provider. There was suitable support arrangements in place to ensure effective management of this centre including the delegation of duties including audits, reviews and supervisions to the residential team leader and deputy team leader. The lines of authority and accountability were clearly identified and these were known by the staff team.

The provider had a series of comprehensive audits both at local and provider level. For example, at local level, maintenance checks, medication audits, financial checks, along with six monthly walk around audits reviewing premises, records, infection prevention and control and review of residents documentation were completed. The inspector reviewed the most recent record of these audits and action plans were implemented where risks or improvements were identified.

The provider's last two six-monthly audits completed in June and December 2025 and the latest annual review were reviewed by the inspector. These reports were completed within the required time frame set out in the regulations, they were detailed in nature and captured the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required were identified in these reports. The latest six-monthly audit from December 2025 had six actions still on going with the remaining 14 completed and closed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the providers' incident and accident records and found that all those that required notification to the Chief Inspector had been submitted in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

From speaking with the residents, staff and local management along with review of documentation and observations throughout the inspection it was evident that good efforts were being made by the provider, the person in charge and the staff team to ensure that residents were in receipt of good quality and safe service.

The premises was found to be warm, clean, and in good state of repair and each apartment was suitable to the needs of the residents living there. There was a range of effective systems in place to keep residents safe including risk assessments, safeguarding plans and support from clinical professionals where required. Although improvements were required to ensure all residents had access to their finances at all times.

Regulation 12: Personal possessions

The provider had policies, systems and processes in place to ensure residents' finances and possessions were kept safe. However, the provider failed to ensure these were implemented for all residents in the centre.

The provider had allowed for a process to continue whereby a resident living in the centre was not in receipt of their own money. Money belonging to the resident was being paid into an account not in their name. While the resident is in receipt of some 'pocket money' they have no direct access to their personal finances and needed to seek permission when they wished to spend their own money. The provider was failing to protect the resident's personal finances and had not taken sufficient action to address the risk.

Residents were supported to have their possessions on display throughout their apartment, they had sufficient storage for their belongings and they were supported to keep their money safe in the centre. There was a system in place to count and check residents' finances twice daily to ensure an accurate balance although as stated above for one resident there were only cash reconciliations completed. Senior managers and the financial department also completed reviews to ensure quality of spend.

Judgment: Not compliant

Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at personal planning meetings, it was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences.

All residents had opportunities to attend a variety of activities happening in the provider's day service facilities from drumming and zumba to cooking and educational sessions on fire safety and manual handling. All residents had opportunities to partake in activities within their home and the wider community. Some in-house activities observed, included magnetic tiles for building, jigsaws, art and crafts, sensory engagement such as sensory lights, music facilities on the TV, radio and a keyboard. Community activities included swimming, sensory hub, men's shed, ball wall, local theater and social farming. Some residents also planned overnight trips away to areas of interest.

Residents were supported to set goals and take steps to achieve them throughout the year, there was documentation available to show residents' participation in their goal and the progress steps taken along the way.

While residents were supported to make plans for the week ahead, each resident had sufficient resources including staffing and transport to allow them to make and change plans as they wish.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned the centre comprises four individual apartments with two staff areas situated in between each pair of two apartments. The centre is situated on the outskirts of Kilkenny city and a pathway is available all the way into the near-by shop, hotel and other amenities.

Residents had decorated their apartments in line with their preferences, some residents liked lots of things on display including art work on the walls, family photos, and items of value. Other residents preferred to have items stored away and only essentials on display. Each resident had items in their garden that suited them, some had garden furniture and others had raised beds and a trampoline.

The inspector met with one resident who had lots of belongings and they proudly showed the inspector their apartment and how they decorated it. They had lots of pictures on the walls, some large jigsaws they completed were framed and on display. The resident told the inspector they picked the paint colours out and were happy with their choice, they also told the inspector how they like to spend time in their garden in the summer as it gets lots of sun.

Overall, the premises was kept in good state of repair and while some areas required painting this had already been identified and was scheduled by the provider. Each apartment was warm and clean and suitable to the needs of the individual living there. There were pathways and some lawn areas between each apartment and residents had ease of access to and from their front door to where transport was available.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements for example, the guide outlined how to access reports following inspections of the designated centre. Residents were supported to have access to a copy of this guide and it was displayed in an easy to read format.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre.

The inspector reviewed risk assessments for two residents and a sample of the centre risks and found that they were up-to-date and regularly reviewed by the person in charge. Residents had risk assessments in place for self harm, specific activities such as cutting vegetables, restrictive practices and finances. Centre risk assessments included, fire, lone working, medication management and absconding.

There were systems in place to record incidents, accidents and 'near misses', the inspector reviewed the incidents recorded for the previous three months for each resident and observed good detailed recorded in the incident records including any use of proactive strategies and de-escalation techniques that worked or did not work well, they also recorded if the use of 'as required' (PRN) medication was administered. The person in charge and behaviour support specialist reviews all incidents and shared learning from incidents were discussed at all team meetings and through supervision if required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector observed that there were suitable storage facilities within the centre for medicines, including a system for additional stock.

The inspector observed good practices around medication management including the keys kept in a secure location, all staff trained to administer medication and staff completing stock checks on medication regularly. Staff spoken with on the day of inspection were aware of the ten rights of medication administration and were familiar with residents' regular medication and 'as required medication' (PRN).

The inspector reviewed the prescriptions (Kardex) for two residents and noted that all records were in place and up-to-date. All administrations of medicines had been appropriately signed and each PRN medicine had protocols containing clear guidance for staff on when to administer, the maximum daily dosage allowed, and the minimum gap between dosages, where PRN protocols were linked to behaviour

management these were also reviewed by the behaviour support specialist and reflected in positive behaviour support plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a policy in place guiding provision of positive behavioural support and restrictive practice. The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour. From review of the training records all staff had received training in safety intervention.

All residents were supported to have positive behaviour support plans in place. The inspector reviewed two plans and found that they detailed proactive and reactive strategies to support the residents accordingly. Each plan was completed in line with the residents' assessed needs and preferences. For example, it documented communication supports, restrictions in place and use of 'as required medication' (PRN) where appropriate.

There were a number of restrictive practices in place in the centre, these were all documented and monitored in line with the provider's policy. The person in charge was completing reviews of restrictions prior to the quarterly reviews completed by the restrictive practice committee. All restrictions had been identified and the local management had a focus on reducing restrictions where possible.

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 14: Persons in charge	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 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Park Avenue OSV-0008530

Inspection ID: MON-0041208

Date of inspection: 18/02/2026

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 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>PIC along with the support of the Social Work Department has made contact in relation to this with the resident's family to create a plan whereas the Resident will receive full control of their own finances, PIC and staff team are in the process of opening a bank account in the Resident's own name, application has been submitted and awaiting approval, PIC will then ensure the Resident's disability allowance will be paid directly into this account once set up, the PIC continues to complete weekly and monthly checks on finances and has done so since the Resident transitioned into designated centre. Social work department has maintained regular contact with Resident's parents and issued them with a formal letter outlining the issues raised and proposed plans outlined above also. A letter determining the lack of capacity of residents has been sourced from residents GP and an account will be opening in the coming weeks.</p> <p>Compliance plan aim to be fully completed by 31.05.2026</p>	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/05/2026