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:	Renua
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	30 March 2026
Centre ID:	OSV-0003500
Fieldwork ID:	MON-0041221

About the designated centre

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

Renua is a residential home located in Co. Kilkenny. The service has the capacity to provide supports to three adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures, ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a bungalow on the outskirts of a large town. Each resident has a private bedroom, with a shared living area space. The centre also incorporated a spacious kitchen dining area and a large garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Monday 30 March 2026	09:30hrs to 17:15hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing the decision in relation to renewing the registration of the designated centre. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Improvements were required under Regulation 15: Staffing and Regulation 12: Personal possessions.

The designated centre comprises a bungalow, located in a large town in Co. Kilkenny. The house comprised of three bedrooms (two of which were en-suite), a sitting room, a kitchen/dining room, a bathroom and office. There was a garden to the side and rear of the house which contained outdoor seating areas which residents enjoyed sending time in, when the weather allowed. The centre was close to local amenities and services including shops, restaurants and recreation areas.

The inspection was facilitated by the centre person in charge. On arrival to the centre, the inspector was greeted by one of the residents, who welcomed the inspector into their home. At the time of the inspection, the centre was home to three residents.

The centre was well-maintained, clean and homely. The kitchen has recently been updated and created a bright focal point for the house. Each resident had their own bedroom, which was decorated with their personal items. The entrances via both external doors of the home were accessible. There were two seating areas to the side and rear of the house. There was a polytunnel in the garden that residents and staff were growing vegetables and flowers in. There was also another part of the garden which was dedicated to providing a habitat for insects.

The inspector had the opportunity to engage with all three residents throughout the day of the inspection. Residents in the centre communicated in their own unique styles. The inspector was unable to receive verbal feedback from them about their lives in the centre and the care and support they received on the day. However, all of the residents had completed questionnaires prior the inspection, with staff support. This feedback was positive, for example, all residents selected "yes" for the question, "is this a nice place to live?"

During the inspection, the inspector observed staff supporting residents in a professional, person-centred and caring manner at all times. Residents appeared to the relaxed and happy in the company of staff. Staff were observed to understand the residents' communication cues and working with residents to further their skills to promote their independence. There was a homely and relaxed atmosphere in the

centre. The person in charge and staff spoken with were very knowledgeable of the residents' needs and the supports in place to meet those needs.

Residents spent their days engaged in activities in line with their interests. On the day of the inspection, the residents went for a walk in a local recreation area in the morning. One resident went to the gym in the afternoon and all residents were going to meet up with friends that evening. Residents had a wide range of interests and were supported by staff to pursue these interests and develop their skills in these areas. One resident was completing an educational course in fishing and another resident had been supported to attend a sporting event at the weekend for a sport they had recently become interested in.

The inspector spoke with a family member of one of the residents during the inspection. The family member spoke very positively about the care and support their relative received in the centre. They appreciated the level of communication from the person in charge and the core staff team. However, the family member had concerns regarding the usage of agency staff in the centre and the impact of unfamiliar staff on their relative and the core staff team. This will be discussed further under Regulation 15: Staffing.

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 section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Improvements were required to the staffing arrangements in the centre to ensure that there were familiar staff supporting residents in the event of absences within the core staff team.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. For example, they held a qualification in managing people. They demonstrated a good understanding of the residents and their needs, such as the communication and healthcare needs of each resident.

The person in charge was responsible for two designated centres. The inspector found that they were actively involved and participated in the operational management of the centre. They were a regular presence in the centre and staff spoken with felt very supported in their role by the person in charge and spoke about how the person in charge was an advocate for the residents.

Judgment: Compliant

Regulation 15: Staffing

The provider had not ensured that residents were being supported consistently by their core staff team. This was reflected in a high level of agency and relief staff used to cover a shortfall of shifts that were required over and above those provided by the core staffing resources in place.

While there were no vacancies on the staff team at the time of this inspection, there was an over reliance on agency and relief staff, at times, to cover ongoing staff leave**.** This had a direct impact on residents who had been assessed as requiring familiar staff to best meet their support needs.

The inspector reviewed the rosters for January and February 2026. These demonstrated that during the first two weeks of February 2026, fourteen shifts had been covered by three different relief staff and six different agency staff.

Staff and a family member spoken with on the day of the inspection expressed concern about the lack of continuity of care being provided to residents due to the usage of unfamiliar staff members in the centre. Two complaints from family members had been submitted to the centre in the last year regarding staffing. An incident had occurred in the centre earlier this year where the night manager had been called to the centre when a resident had presented with heightened anxiety levels. This had been discussed at a team meeting where the reason for this incident was identified to possibly being due to unfamiliar staffing. It was identified in the resident's communication support plan that a known trigger for distress for the resident was unfamiliar staff being present. It was also noted in the resident's intimate care plan that they preferred to have familiar staff support them.

The inspector reviewed the staff files of three staff members working in the centre. They contained all the requirements of Schedule 2. For example, all three staff members had been vetted with An Garda Síochána.

Judgment: Not compliant

Regulation 16: Training and staff development

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. There was a staff training matrix in place in the centre which the person in charge reviewed on a weekly basis. From reviewing this matrix, the inspector found that all staff had completed training listed as mandatory, including safeguarding of vulnerable adults, fire safety and a number of trainings in relation to infection prevention control.

Staff had also completed additional training to meet the needs of the residents. For example, staff had completed training in autism awareness, human rights and first aid/CPR.

The person in charge was completing supervision with staff working in the centre. There was a planned schedule in place for staff supervision for the current year. The inspector reviewed the last supervision record for three staff members. The supervision records contained a set agenda and following each supervision meeting, an action plan was created with a responsible person and completion date identified.

Staff team meetings were taking place monthly in the centre, with a planned schedule in place the year ahead. There was a set agenda which included safeguarding, incidents and accidents and complaints.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. Managers were actively involved in the management of the centre and were a regular presence in the centre. There was a full time person in charge employed in the centre.

Staff spoken with felt supported in their roles by the person in charge. The person in charge was supported in their role by their manager and submitted a weekly report regarding the centre to them. This oversight arrangement ensured that the provider was aware of any issues in the centre and included areas such as medication errors and any incidents in the centre. A member of the provider's management team completed unannounced audits in the centre on a six monthly basis. A review of the most recent of these audits demonstrated that all actions had been completed.

There was an annual provider review of the quality and safety of care and support completed in the centre. Over the course of the year, all residents and their representatives were consulted with regarding the quality and safety of care they and/or their family member received.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the residents

and some had worked with the residents for a long time. Residents had use of a vehicle to access the community.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place 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 the residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre. Improvements were required under Regulation 12: Personal possessions in relation to residents' access to their finances.

Residents had limited access to and control of their finances. Residents did not have easy assess to and control over all their personal finances.

Residents were provided with opportunities to take part in activities which matched their interests and supported to develop and keep personal relationships and links with the wider community in line with their preferences.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

Where residents had an identified communication need, there was guidance in place to support staff communicating with the resident. The inspector reviewed the communication toolbox in place for two residents. It contained guidance for staff on the gestures, facial expressions and body language the residents used and what the residents were communicating via these actions.

The person in charge and two staff members spoken with during the inspection were very familiar with the residents' communications styles and were observed engaging with residents throughout the inspection. Information was made available to residents in a format that was accessible to them. The inspector reviewed the visual daily planners in two residents' bedrooms.

Each resident had a mobile phone and staff supported residents to use Apps on their phones to communicate with their family members. Residents also had access to the Internet and televisions, with residents enjoying watching their favourite music stars on the television in the sitting room during the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents did not have easy access to and control over all their personal finances. Some residents in this centre did not have a bank account in their own names, which they had free access to. Residents had bank accounts which were held by the provider and a Health Service Executive (HSE) Private Patient Property Accounts (PPPA). Residents have access to these accounts with authorisation from the provider's finance department. They were limited to accessing their funds during office hours, Monday to Friday. The provider was aware of these restrictions and they were recognising and reporting them as restrictive practices.

The provider had undertaken work to improve residents' access to their finances. Residents' in this centre each had access to a bank card which is topped up with €100 weekly. This was a system introduced in 2024. However, if a resident required additional funds, this would have to be requested during the timeframe mentioned above, during office hours, Monday to Friday. Therefore, residents have no access

to additional funds outside of these hours, unless prior requested. It was also unclear how the same amount of money added to each residents' card was determined and whether the criteria used to decide on an amount was based on individualised assessment.

Judgment: Not compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and be included in their chosen community, in line with their wishes.

Residents engaged in a wide variety of interests, including attending cooking and art classes, horse riding, swimming and gardening. Some of the residents were involved in a garden group across the provider's other designated centres. Residents were supported by staff to try new hobbies which they might be interested in. Where a resident expressed an interest in trying a new hobby, a member of the provider's staff team worked with the residents and centre staff team to see if the resident wished to continue with the activity. Where the resident did wish to continue engaging with the activity, a program was put in place to facilitate the staff team to support the resident in the activity, so it could be incorporated easily into their schedule.

Residents were being supported to access opportunities for education. One resident was completing an educational course on fishing and another resident had completed a computer course.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean, warm and welcoming on the day of the inspection. Each resident had their own bedroom and these were decorated with their personal items. There were multiple areas in the house for residents to spend time and relax in. There were also outdoor spaces for residents to spend time in and the outdoor recreational areas were fully accessible for people using the service.

The centre met the requirement of Schedule 6, under the regulations. The location of the centre allowed residents to access the local town and recreation areas and the centre had one vehicle to facilitate residents' pursuits.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

Residents had personal emergency evacuation plans in place. These had all been reviewed in recent months and documented the supports residents required in the event of an emergency evacuation of the centre.

Fire drills were taking place in the centre, with both night and day time staffing levels. One resident had refused to evacuate during a fire drill and there was a risk assessment in place to guide staff on the measures to take should this occur during an emergency situation. The service had also sought input from a behaviour support specialist to develop skills training to support the resident with fire drills.

There was fire safety equipment in place in the centre and this included fire extinguishers, fire doors and emergency lighting. This equipment had been serviced by competent fire personnel, for example, the emergency lighting had been serviced in March 2026 and the fire detection and alarm system had also been serviced in March 2026.

Staff were conducting checks to ensure that effective fire safety systems were maintained in the centre. For example, staff completed weekly checks on the fire panel.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to health and social care professionals, as required.

A review of two residents' healthcare plans found that their healthcare needs had been identified. Residents had access to a range of health and social care professionals which included, speech and language therapists, occupational therapists, dieticians and psychologists.

Support plans were in place to guide staff practice, where residents' had an identified healthcare need. This included plans for pain management and skin integrity.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Chief Inspector of Social Services, as required by the regulations. There was a restrictive practice register in place which contained all restrictive practices in place in the centre. This had most recently been reviewed in March 2026.

The provider had a restrictive practice review committee, whose membership included a number of health and social care professionals. They, along with the person in charge, reviewed each restrictive practice in place and reviewed the rationale for the restrictive practice and the impact on the resident for each restriction in place. The committee had last reviewed the restrictive practices in this centre in September 2025. There was also a reduction plan in place for one restrictive practice.

One resident had an identified need regarding positive behaviour support and there was a support plan in place to support the resident in this area. The inspector reviewed this plan, which had been last updated in March 2026. It contained proactive and reactive strategies to support the resident with their needs.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect people who use the service and their health and wellbeing, as well as empowering people to protect themselves. There were two open safeguarding concerns at the time of this inspection.

The inspector reviewed the measures in place to safeguard residents from the identified concern. The person in charge was very knowledgeable regarding these measures and the inspector observed them to be in place.

The inspector reviewed the support plans in place for two residents to support them with their intimate care needs. This contained guidance for staff to protect the residents' dignity and privacy. Staff spoken with had a good knowledge of safeguarding procedures and requirements. Staff spoke about the different types of abuse which may occur and all staff had completed training in safeguarding vulnerable adults and Children First.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Renua OSV-0003500

Inspection ID: MON-0041221

Date of inspection: 30/03/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Since the sample review of rosters and inspection in Renua, a core staff member has returned from a period of leave. Aurora has a relief panel of 57 people and continuously reviews this relief panel to ensure suitable team members are working in the designated centre. A new, suitable relief staff member has been introduced to Renua since the inspection. Aurora also met with one of the main agency providers on the 15th April 2026, to ensure review of agency staff provided and further developing a pool of skilled agency staff to meet the needs of Aurora and the people we supported. The PIC has made contact with the agency and discussed the importance of, where possible to have continuity of agency staff familiar to Aurora and Renua. This will be an open ongoing review with the agency manager. Aurora CEO and Director of HR have further developed the services Recruitment Strategy, which was agreed at the April 2025 Senior Management Team meeting. Operations team is actively involved with Director of HR and the team to support the implementation of the strategy and plan for a review of flexible contracts.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Aurora has implemented a SOLDO card system for the people supported, who are not in a position to open their own bank accounts. This SOLDO system is the least restrictive measure and supports that people can access their finances and ensures safeguarding over same. The people supported have set weekly SOLDO financial top ups, based on the person's spending patterns; those weekly top ups are reviewed regularly and can be increased as required and requested to meet the person's needs. The person supported can, in line with their weekly Focus on Future Planning meetings, request additional finance top up, to meet roles/ goals of the week ahead in addition to weekly set top up amount.	

The provider is currently developing an assessment document in line with Personal Planning Framework/Annual Spending Plan and Finance Policy to evidence how each person is assessed to establish their individual requirements to use SOLDO card in the most person-centered way. Team members from operations and finance department are currently developing this tool, which will be communicated and implemented by 30.6.2026.

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	30/06/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	12/05/2026