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:	Clannad
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:	08 April 2026
Centre ID:	OSV-0005633
Fieldwork ID:	MON-0041266

About the designated centre

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

Clannad is a residential centre located in Co. Kilkenny. The centre affords a service to four adults, over the age of 18 years, with an intellectual disability. The service operates on a 24-hour, 7 day-a-week basis ensuring residents are supported by care workers at all times. The day-to-day operations of the service are provided by a clear governance structure. Supports are afforded in a person-centred manner as reflected within individualised personal plans. The residence is a detached bungalow house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Wednesday 8 April 2026	09:40hrs to 17:25hrs	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 a decision related to renewing the registration of the designated centre. Using observations, engagement with residents and staff and reviewing records relating 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 6: Healthcare and Regulation 12: Personal possessions.

The designated centre was a bungalow, located in a rural setting in Co. Kilkenny. The house comprised of four bedrooms (one of which was en-suite), a sitting room, a dining room, a kitchen and a bathroom. There was a garden to the rear of the house which contained a polytunnel for flowers and vegetables.

The centre was well-maintained, clean and homely. Residents and staff had decorated the house for Easter and the communal areas of the house were festively decorated. The centre was located in a rural area and the centre had one vehicle for residents to use.

The inspection was facilitated by the centre's person in charge and a member of the provider's management team attended the centre for the opening and closing meetings. On the day of the inspection, the centre was home to four residents. On arrival to the centre, the inspector briefly met with all four residents. One resident was due to transition to another centre operated by the provider shortly. On the morning of the inspection, the resident brought their fellow residents to their new home to show them around as part of their transition process.

The inspector met with residents during the morning and also in the evening on their return to the centre. One resident chose to return to the centre following the visit to another resident's new home. The other residents chose not to return to the centre and two residents went to their local library and one resident spent the afternoon farming.

During the inspection, the inspector observed the person in charge and staff supporting the residents in a person-centred, professional and caring manner. Residents clearly enjoyed spending time with staff and appeared relaxed and happy in their company. 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.

Most of the 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. The inspector did speak with one resident about their experience of living in the centre. The resident stated that they

were happy with the staff and that there was nothing that they would change about the centre. They spoke about an upcoming party that they were excited to be attending and that they planned to buy a new outfit for the party. Staff confirmed with the resident that they would make a plan to go shopping ahead of the party.

As mentioned above, one resident was in the process of transitioning to a centre that would better meet their needs. The provider had developed a transition plan to support, not only the resident moving out of the service, but all of the residents with this big change. The inspector reviewed the documentation around this and also observed aspects of the plan in action during the inspection. This will be discussed under Regulation 25: Temporary absence, transition and discharge of residents.

Residents spent their days engaged in activities in line with their interests. One resident attended a day service on a full-time basis, while the other residents were supported by the staff team during the day. Residents were engaging in hobbies such as cooking and baking, flower arranging, mosaics and social farming. One resident was completing a physiotherapy-led course to strengthen their movements and had made significant progress with their mobility.

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.

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.

Regulation 14: Persons in charge

The person in charge was employed by the provider in a full-time capacity and had the necessary qualifications and experience to fulfil the role, in line with the regulations. The person in charge facilitated this inspection and demonstrated good understanding of the residents and their needs. For example, they were clearly well versed in the residents' communication needs.

The person in charge did not have responsibility for any other designated centre. They were not supernumerary to the roster and completed ten hours direct support per week. They were found to be actively involved in the operational management of the centre and were a regular presence in the centre. Staff spoken with felt supported in their role by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre had effective staffing arrangements in place to meet the needs of the residents. At the time of the inspection, there was a vacancy on the staff team of 1.0625 Whole Time Equivalent (WTE). The recruitment of a new staff member was currently taking place. While there was this vacancy on the staff team, a review of the rosters for February and March 2026 demonstrated that three staff members were covering the majority of gaps in the rosters. These three staff members worked solely in this centre, on a less than full time basis, and were very familiar with the residents. In February and March 2026, agency staff had completed a total of two shifts. This demonstrated that residents were being supported by a consistent staff team who they were familiar with.

The staff team in the centre consisted of a social care worker, a staff nurse and health care assistants. The typical staffing levels the centre were two staff members working during the day and one waking staff at night. There were planned and actual rosters in place in the centre.

Team meetings were taking place in the centre on a monthly basis. The inspector reviewed the meeting minutes for each month for the year to date. There was a set agenda which included safeguarding, incidents and or accidents and complaints and training. There was a schedule in place for the year ahead.

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 by An Garda Síochána.

Judgment: 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 every two weeks. A member of the staff team was designated as a "Training Champion", whose role in relation to training

was to support staff with ensuring they were up-to-date with training. This demonstrated the importance placed on training in this centre.

The inspector reviewed the training matrix and found that all staff had completed all training that was considered mandatory for the centre to meet the needs of the residents. This included safeguarding of vulnerable adults, manual and people handling and safe and responsible medication management.

Staff had also completed training in human rights, supporting decision making, autism awareness and fundamentals of advocacy. Staff had completed a bespoke training session to support one resident with the particular Lámh signs (a manual signing system) they use to communicate.

The person in charge completed supervision meetings with the staff team and also the three additional staff that were attached to this centre. The inspector reviewed the last two supervision records for three staff members. Following each supervision meeting, an action plan was created and this was a live document in the centre which the staff member updated on completion of actions and that the person in charge had oversight of.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there were management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. There was a full time person in charge appointed to the centre. The person in charge met with their manager, a member of the provider's management team, every two weeks. A review of the note of these meetings showed that there was a range of issues discussed, such as, safeguarding, fire drills and finances.

Staff spoken with felt supported in their roles by the person in charge. There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There was a number of audits taking place in the centre, including unannounced audits every six months, infection prevention control and health and safety audits. The person in charge completed a status review each week of the centre which was submitted to a member of the provider's management team. The senior manager then reverted to the person in charge with any actions with a completion date and person responsible identified.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives were consulted for their feedback on the service over the course of the year.

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. The centre had one vehicle which was essential to the residents given the rural location of the centre.

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 of Social Services in line with the requirements of the regulations. There was a very small number of incidents occurring in the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the people who accessed services in the designated centre. The people who used the service enjoyed a safe and quality service in this centre. However, improvements were required under Regulation 6: Healthcare and Regulation 12: Personal possessions.

Residents did not have easy access to and control over all their personal finances due to the arrangements put in place by the provider.

The provider was supporting one resident to transition to a new home, which was more in line with their assessed needs. This process was being done in a holistic manner, encompassing all areas of the resident's life.

Regulation 10: Communication

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

Staff were observed to be very knowledgeable regarding how residents communicated when supporting them. Residents had a communication support plan in place, where there was an identified need. The inspector reviewed the communication support plan in place for one resident which was found to contain guidance for staff in supporting the resident with their communication needs.

Staff had received bespoke training in Lámh to support one resident. This training had been tailored to support staff to learn the specific signs the resident regularly used.

Residents had access to various forms of media. For example, each resident had an electronic tablet device and there were multiple televisions in the house.

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. This was a system introduced in 2024. Residents each had access to a bank card which is topped up with €100 or for one resident, €150, weekly. 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. While one resident had access to more funds each week, there was no

assessment in place to determine how much money residents had their cards topped up by and what criteria was used to determine this.

In addition, the inspector found from reviewing the financial records for one resident that there was an occasion where a sum of money was withdrawn from their bank account but the money was not tracked on their cash balance sheet. While there was a record of the resident spending the money, improvements were required to ensure that the resident's financial records accurately reflected their financial transactions.

Judgment: Not compliant

Regulation 13: General welfare and development

Residents were actively encouraged and supported to connect with their families and friends and to be included in their local communities, in line with their wishes.

One resident attended a day service each day. The other residents engaged in activities of their choice throughout the day. Residents engaged in their interests of cooking and baking classes, flower arranging, music class, card making and mosaics. One resident had a great interest in farming and this was something they did every week.

One resident was in the process of completing a course on improving their mobility. This was something the resident had worked very hard on and they were very happy with their progress.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean, warm and welcoming on the day of the inspection. Residents and staff decorated the centre for Easter, with decorations throughout the communal areas of the house. Each resident had their own bedroom and these contained the residents' personal items. There were multiple areas in the house for residents to spend time in and the inspector observed residents spending time together in the sitting room.

The centre had accessible elements to support a resident with their disability. For example, there were 'talking tiles' outside certain rooms and doors which, when pressed, spoke the name of their location.

The rural location of the centre required the residents had access to the centre's vehicle to facilitate their daily lives. The centre had one vehicle to support this.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

At the time of this inspection, one resident was transitioning to another centre, which had been identified as being more appropriate to meet their changing assessed need. There was a transition plan in place to support the resident with the planned move. The provider had developed an easy-to-read, pictorial, accessible version of the plan to support the resident. This provided reassurances to the resident that the activities that were important to them would not be affected by their move. Staff were setting aside time every day to offer the resident the opportunity to go review the plan if they chose to.

The resident had been supported to visit their new home on multiple occasions, including on occasions with their family members, with their new co-residents and with the residents they currently lived with. They had been supported to visit their new co-residents in their current home and to meet with them socially. Staff that would be working in the new resident's home had met the resident. The transition plan contained plans for assisting the resident to pick paint colours for their new bedroom and the plan for all the new residents to select the colours for communal areas.

The resident had been supported by staff to buy new items for their new home and to begin the process of packing to move, to ensure that the move was a phrased process. The provider had also created accessible support plans for the other residents in this centre to support them with the big change. They were involved in the process by going to visit the resident's new home.

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.

The inspector reviewed the personal emergency evacuation plans in place for each resident. These contained guidance for staff on how to support residents to evacuate the centre. The centre's evacuation and egress policy had last been reviewed in March 2026.

Four fire drills had been conducted in the centre in the year to date, including a drill with the lowest staffing arrangement. There was a fire drill and scenario schedule in place for the year. During the fire drills, there had been repeated incidences of residents refusing to evacuate the centre. There was a risk assessment in place for this which included the measures to be taken in the event of an emergency evacuation of the centre.

The person in charge had also requested a visit from the local fire station to support the residents with the evacuation process. There was also accessible support plans in place to support residents and the person in charge had used these plans when meeting with residents to discuss their decisions not to evacuate the building.

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 a competent fire personnel, for example, the emergency lighting and fire detection and alarm system had all been serviced in January 2026.

Judgment: Compliant

Regulation 6: Health care

Overall, appropriate healthcare was provided for each resident, although an aspect of a resident's healthcare required improvement to ensure the resident's needs were being met.

The inspector viewed the healthcare plans for two residents and found that their healthcare needs had been identified and that, in general, they had good access to a range of health and social care professionals. This included chiropodists, speech and language therapists, general practitioners (GPs) and opticians.

However, improvements were required in the timeliness of access to certain healthcare needs for one resident. The inspector found that one resident had been waiting to be seen by a medical professional for an identified health issue since November 2021. While the resident remained on a waiting list, there was no evidence that the provider had undertaken any actions to explore if the resident could access this service in a more timely way.

Judgment: Substantially 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.

The provider's restrictive practice review committee last reviewed the restrictive practices in place in the centre in February 2026. Quarterly reviews of the management plan for each restrictive practice were taking place.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed the positive behaviour support plan in place for two residents. Both of these plans had been reviewed in the last six months by a relevant health and social care professional. They contained proactive and reactive strategies to support the resident with their needs. Elements of the plans were observed in operation in the centre, for example, one resident had a visual schedule in place in their bedroom, as per their plan.

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	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 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Clannad OSV-0005633

Inspection ID: MON-0041266

Date of inspection: 08/04/2026

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
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. On the job mentoring is currently being completed with staff team by PIC regarding cash expenditure sheet and logging of withdrawals; this will be fully completed by 31.05.2026.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Person supported remains on waiting list for public ophthalmology review. Ongoing support from staff team for person supported to engage with acute services regards time line for the waiting list. A Circle of support will be completed by latest 31.5.2026 for accessing private services. Following circle of support re finances , person supported will engage with private ophthalmology if requirement is still outstanding.	

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
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	31/05/2026