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:	JULA
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:	06 July 2026
Centre ID:	OSV-0005694
Fieldwork ID:	MON-0042382

About the designated centre

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

Jula is a residential home located in Co.Kilkenny, catering for four adults with an intellectual disability over the age of 18 years. The service operates 24 hours, seven days a week. The property is a large bungalow which provides a homely environment for the residents. Each resident's private bedroom is decorated to their unique tastes. The person in charge works in a full time capacity with the support of the management team and the staff team.

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
Monday 6 July 2026	09:30hrs to 17:30hrs	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 in relation to renewal of the designated centre's registration. It took place over one day and was carried out by one inspector. 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 31: Notification of incidents and Regulation 13: General welfare and development.

The designated centre comprised a large bungalow, located in a rural setting in Co. Kilkenny. The house contained four bedrooms, a sitting room, a kitchen-dining room, sunroom and two bathrooms. There was a large garden to the rear of the house which included an accessible outdoor seating area and two swing sets. One of the swing sets was fully accessible and one resident spent some time using the swing during the inspection, enjoying the summer weather and observed to enjoy the swing movement.

The inspection was facilitated by the centre person in charge. A member of the provider's senior management team attended the centre at the beginning and end of the inspection. On the day of the inspection, the centre was home to four residents. None of the residents attended a formal day service and were supported by three staff members from their home, during the day.

The inspector had the opportunity to meet with all of the residents during the inspection. All of the residents communicated in their own style. The inspector was unable to received verbal feedback from the residents about their lives in the centre and the care and support they received.

During the inspection, the inspector observed the person in charge and staff team supporting the residents in a person-centred, caring and professional manner. Staff knew the residents well and spoke to the inspector about their likes and dislikes. Staff were observed providing support to residents in a respectful manner. For example, the inspector heard a staff member who was providing healthcare support to one resident talking the resident through the steps they were completing and frequently checking in with the resident to ensure they were ok with what the staff member was doing.

Residents engaged in activities, both in their home and in their local area. These activities included swimming, reflexology, sound therapy and gardening. However, due to the resident's needs and the staffing levels in the centre, records indicated that residents did not get the opportunity to engage in activities outside of their

home frequently. This will be discussed further under Regulation 13: General welfare and development.

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 provider's systems for the notification of incidents to the Chief Inspector.

The provider and person in charge team had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

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 had responsibility for three designated centres operated by the provider. There were suitable arrangements in place to facilitate this. The person in charge discussed the arrangements with the inspector and provided assurances around oversight of the centre. For example, a social care worker had recently been assigned to the staff team and was a scheduled to commence in the centre in the coming weeks.

They were found to be actively involved in the operational management of the centre and were a presence in the centre. Staff spoken with felt supported in their role by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection, there was not a full staff team in place in the centre. Gaps in the roster were being covered by consistent relief staff and various levels of agency staff usage. However, one new staff member was in the onboarding process and two other staff members were being redeployed to the centre in the coming weeks. These new recruitments to the staff team were going to address the agency staff usage going forward. A member of provider's senior management team also advised that they were in discussion with an agency to put measures in place to ensure the use of consistent agency staff.

Residents were supported by three staff members during the day and two staff members at night. The review of the rosters for May and June 2026 demonstrated that agency staff always worked alongside core staff or relief staff members.

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.

Team meetings were taking place in the centre every month. There was a schedule in place for team meetings for the year. The inspector reviewed the meeting minutes for the last two months. There was a set agenda in place. Agenda items discussed included, safeguarding, medication management, complaints, audit action plans, staffing and personal planning for residents.

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 had oversight of. The inspector reviewed the matrix and found that all core staff members had completed the training that was deemed mandatory for the staff to meet the needs of the residents.

The mandatory training included training in safeguarding, fire safety, manual and patient handling, hand hygiene, basics of infection prevention control and safe and responsible medication management. Staff had also all completed training for the administration of a rescue medication that one resident required.

The inspector also reviewed the training matrix for the relief staff assigned to this centre. This demonstrated that three staff members from this panel had either not completed or were out of date in the training for safe and responsible medication management. The inspector spoke to the person in charge and the staff member responsible for developing the rosters and they provided assurances that the roster

was always created in conjunction with training matrix to ensure one staff member on duty had completed this training.

Supervision meetings in the centre were completed by the person in charge. Supervision meetings were occurring every four months, in line with the provider's policy. The inspector reviewed the supervision records of three staff members and found that they were up to date and were of a set format.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

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 person in charge who was employed by the provider on a full time basis. They had responsibility for three designated centres, which was not a long term arrangement. The person in charge reported to a member of the provider's senior management team and could escalate any concerns regarding the centre to them.

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. The person in charge completed a weekly audit of the centre which was forwarded to a member of the provider's senior management team. The topics reviewed in this report included updates on identified actions from previous weekly status reports, training/team meetings, incidents and medication errors and safeguarding.

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 throughout the year. One family representative had commented that they felt they had a good relationship with the staff team and could talk to them if they had a concern or issue.

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.

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.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation, the Chief Inspector must be notified of certain specified events within three working days or on quarterly basis depending on the events in question.

A review of records in the centre indicated that all notifications requiring submission within three days had been submitted as required by the regulations.

When reviewing incidents that had occurred over the previous year, the inspector identified a small number of minor injuries sustained by people using the service. These types of injury require notification to the Chief Inspector on a quarterly basis and had not been submitted as required. The person in charge provided assurances that these notifications would be submitted going forward. The person in charge had submitted the notifications for the first quarter of this year, since they had commenced in the role.

Judgment: Not 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.

Improvements were identified as being required under Regulation 13: General welfare and development, as residents had limited opportunities to engage in activities outside of their home.

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

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. The inspector reviewed the communication support plans in place for two residents. These documents, titled "My Communication Tool Box", contained guidance for staff on how the resident communicated via their gestures, facial expressions and words, or any other individual mode of communication.

The provider's social worker was supporting a resident with an important change in their life. It was clear from the notes of the meetings between the resident and the social worker, that all involved were conducting the process in a manner that respected the resident's style of communication. For example, the social worker visited the resident in their home to ensure that the resident was in a familiar and comfortable environment. Information was provided to the resident in formats that used their preferred method of communication. The provider had noted that every effort had been made to ensure that the resident remained central to process and was given opportunities to participate in discussions in a way that suited their communication needs.

Judgment: Compliant

Regulation 11: Visits

The registered provider and staff team had ensured the residents were supported to maintain links with important people in their lives. Staff spoken with detailed the arrangements in place to support people to receive visitors and also to visit important people in their lives.

One resident was going to visit with family members in another county on the day following the inspection. Another resident received a visit from some family members during the inspection and staff advised that this was a very regular occurrence in the centre. There was an open door policy to visiting in the centre, with family members dropping by without having to make prior arrangements.

Judgment: Compliant

Regulation 13: General welfare and development

A review of residents' monthly notes found that residents had limited opportunities to engage in activities outside of their home.

The inspector reviewed the monthly notes in place for one resident for the month of May 2026 and this record indicated that the resident engaged in one activity outside of their home during that month. The inspector spoke to the person in charge and a member of the provider's senior management team regarding this. It could not be confirmed if this was indeed the case or if the records did not accurately reflect the activities the resident engaged in that month.

Staff spoken with discussed the challenges that the day time staffing levels presented in allowing residents to access activities outside of their home. An additional staff was rostered one day a week to facilitate one resident to go swimming. Two residents enjoyed swimming and took it in turns each week to engage in this exercise. Staff spoken with discussed how the level of staffing in the centre in relation to meeting the residents care needs limited the opportunities to engage in social activities with residents.

Judgment: Not 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 was a seating area outside, to the rear of the house, and this was accessible and met the residents' mobility needs. There was also an accessible swing in the garden which some residents enjoyed using.

The inside of the house was fully accessible to residents, with wide hallways and was all one level. There was accessible equipment, such as overhead hoists, to support residents in moving from one area to another.

The centre met the requirements of Schedule 6, under the regulations. The centre was located in a rural area and the centre had one accessible vehicle for residents use.

Judgment: Compliant

Regulation 28: Fire precautions

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

A fire drill had taken place in the centre each month of the year to date. These drills involved different scenarios for evacuation and included drills with the lowest staffing levels. There was a centre evacuation and egress policy in place and this had last been reviewed in February 2026.

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

Staff in the centre completed regular checks on the fire safety precautions in the centre, for example, staff completed weekly checks on the fire detection and alarm system.

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.

Residents were in receipt of care from a range of medical and health and social care professionals. This included physiotherapists, opticians, audiologists, dentists, dietitians and speech and language therapists. Staff supported residents to attend their appointments. There was also a staff nurse on the staff team who had developed an auditing system to ensure that's resident's appointments and healthcare needs were consistently updated.

Support plans were in place to guide staff practice in supporting residents with their healthcare needs. For example, one resident recently sustained an injury in a fall

and there was a wound care plan in place to guide the staff team in caring for the resident.

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 log of all the restrictive practices in use in the centre and this was maintained by the person in charge. This had been reviewed in first quarter of this year. The impact of restrictive practices were assessed prior to the implementation of same. Restrictive practices were reviewed yearly by the provider's restrictive practice committee. The membership of this committee included the provider's human rights and equality lead and behaviour support specialist.

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 one resident. A health and social care professional had been involved in the creation of the plan. The plan contained proactive and reactive strategies to support the resident with their needs in this area.

Judgment: Compliant

Regulation 8: Protection

At the time of the inspection, there was one open safeguarding concern in the centre. The inspector reviewed this concern and found that the provider's safeguarding procedures had been followed. An easy-to-read safeguarding plan had been developed for residents following the incident.

Safeguarding was a standing item on team meeting agendas and all staff had completed training in safeguarding.

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. As mentioned earlier in this report, staff were observed to support residents in a respectful manner and check in with residents regularly when providing care to them.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Not 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 JULA OSV-0005694

Inspection ID: MON-0042382

Date of inspection: 06/07/2026

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC has now ensured that all notifiable incidents are reported via HIQA portal and Quarterly returns were completed since the inspection took place to include all relevant reportable events.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The PIC and WCI managers have commenced a review of all annual Visioning meetings, to ensure full oversight and understanding of each person's roles and goals. This will be discussed at the team meeting in September to ensure all team members are clear on how each person wants to be supported on a weekly basis. Weekly planners are being reviewed by the PIC and WCI manager is supporting the PIC and team in ensuring plans are being followed and evidence of same noted in the persons file and daily notes in line with the providers Personal Plan Framework.	

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	15/07/2026
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	15/09/2026