



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

Issued by the Chief Inspector

Name of designated centre:	Ardeevin
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0005777
Fieldwork ID:	MON-0045140

About the designated centre

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

Ardeevin designated centre is operated by Saint Patrick's Centre (Kilkenny). It provides a community based residential service to up to four adult residents. Ardeevin is a spacious property that provides residents with a living environment which meets their assessed mobility and social care needs. Each resident has their own bedroom. The provider identifies that residents living in this centre require high levels of support and has staffing arrangements in place to ensure residents' needs are met. There is a full-time person in charge assigned to the centre, minimum of two staff during the day to support residents in having a full and active life and one waking night staff in place also. The centre is resourced with one transport vehicle to support residents' community based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 22 April 2026	10:00hrs to 17:10hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was completed as part of the regulatory monitoring of the centre. 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 however, required under Regulation 12: Personal possessions and Regulation 17: Premises.

The designated centre comprised of a large bungalow, located on the outskirts of a small town in Co. Kilkenny. The house comprised of four bedrooms, a kitchen-dining room, a sitting room, sunroom, utility room and two bathrooms. There was an outdoor seating area to the rear of the house, which residents enjoyed when the weather allowed. Some areas of the house had been identified as requiring upgrades and this will be discussed under Regulation 17: Premises.

The inspection was facilitated by the centre's person in charge and the centre's staff team. On the day of the inspection, the centre was home to four residents. On arrival to the centre, all residents were at home and at various stages of starting their day. The inspector met all residents, for various amounts of time, while respecting their wishes. The inspector completed a walk around of the centre, which was facilitated by one of the residents and a staff member.

During the morning of the inspection, two residents left the centre to attend a therapeutic gathering, which they went to on a weekly basis. This therapy was tailored to meet the assessed needs of the residents and staff spoke with the inspector about how this was something the residents seemed to enjoy.

The inspector joined two of the residents at the kitchen table for a cup of tea. Most of the residents in the centre communicated in their own unique style. The inspector was unable to receive verbal feedback from them about their lives in the centre and the care and support they received however, they could all indicate whether they were relaxed and happy or not.

Over the course of the inspection, the inspectors observed staff supporting the residents in a professional, person-centred and caring manner at all times. Residents appeared to be relaxed and content in the company of staff and the person in charge. Two residents spent time playing cards with a staff member and this was something they clearly enjoyed. Residents were heard laughing and joking with the staff member throughout the game.

The inspector spoke with three staff members during the inspection. Staff were very knowledgeable of the residents' needs and the supports in place to meet those needs. Some of the staff had worked with the residents for a long time. The

inspector reviewed feedback received from family members of residents and this feedback was very positive. For example, one family member stated that staff members care for their relative went "above and beyond".

Residents spent their days engaged in activities in line with their interests. Some of the residents preferred to engage in more physical activities, for example, going to the gym, bowling and swimming. Two of the residents spent the afternoon of the inspection social farming and the inspector heard one resident engaging very excitedly to the person in charge about their afternoon on their return to the centre. Other residents preferred more sensory activities such as visiting sensory gardens, listening to music and poetry and sound therapy. A difficulty identified in supporting residents to engage with their interests outside their home was that the centre had one vehicle for the residents to use.

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 management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care.

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 another centre operated by the provider. There were suitable arrangements in place to facilitate this.

The person in charge was clearly a presence in the centre and residents were observed to be very relaxed around them. Staff spoken with felt very supported by the person in charge. There was evidence of the person in charge advocating for the residents.

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 of 1.8 Whole Time Equivalent (WTE) on the staff team. A review of the rosters for the months of February, March and April 2026 showed that the majority of gaps in the staff schedule due to these vacancies were being filled by the staff team themselves and two relief staff that were attached to this centre. For those three months, three different agency staff completed six shifts in the centre. This demonstrated that, overall, residents were being supported by a consistent staff team who they were familiar with.

The staffing arrangements in the centre included two to three staff during the day and one waking night staff member at night. There were planned and actual rosters in place.

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, medication errors, training and complaints.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training. There was a staff training matrix in place in the centre, which the person in charge used to monitor when staff were required to complete refresher training in each area.

The inspector reviewed the training matrix and found that all staff had completed and were up-to-date with the training deemed mandatory for staff to support residents with their assessed needs in this centre. This included training in safeguarding, managing feeding, eating, drinking and swallowing and safe and responsible medication management.

Staff had also completed training in supporting the residents to exercise their rights which included training in the fundamentals of advocacy and human rights.

The person in charge had responsibility for completing supervision meetings with the staff team. A review of the supervision schedule demonstrated that all staff were up to date with their supervision meetings, which were occurring each quarter. The inspector reviewed the last two supervision records for three staff members. These

records showed that there was a set format supervision and also that staff were using the opportunity of their supervision meetings to advocate for residents, for example, a staff member advocated for residents to secure transport to ensure that they could attend events in line with their interests.

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 had responsibility for another designated centre and there were arrangements in place for this.

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 report for the centres under their remit, which they submitted to a member of the provider's senior management team. This report highlighted important issues in the centre, such as, safeguarding, incidents and/or accidents and training and team development. The senior manager then reverted to the person in charge with any actions required, a completion date and person responsible identified.

The person in charge was also completing on-the-job mentoring which was a hands on method of teaching the skills, knowledge and competencies needed for a staff member to perform a specific part of their job. The aim of this mentoring was for staff members to learn within an environment where they practice the knowledge and skills. An example of one such mentoring with a staff member was how to recognise seizures.

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.

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 17: Premises 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.

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 person was assisted and supported to communicate in accordance with their assessed needs and wishes.

The inspector reviewed the support plans in place for two residents, which the provider called their "Communication Toolbox". These support plans contained guidance on different elements of the resident's communication style, such as "my voice", "my facial expressions" and "my objects of reference". These plans were in date. The inspector observed residents communicating in line with their support plans and staff responding to residents, also in line with the plans.

Where residents had additional needs due to the nature of their disability, there was additional guidance in place for staff, which had been created by a senior speech and language therapist.

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 while working to update their policies, procedures and practices 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 €170 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. This had an impact on residents as the inspector found that there was an instance where a resident could not engage in two activities of their choice as there was no money left on their bank card. This occurred on Monday in March 2026, during the above mentioned office hours. However, the card was not topped up to allow the resident to spend their money how they wished. The resident did have the finances to facilitate this spending but due to the measures in place, they could not access their money at the time which they wished to.

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.

Residents regularly spent time with their families and this was something that was clearly very important to residents.

Residents had a wide range of interests and pursuits which they engaged in. One resident had a job which they attended each week. Sport was important to one resident and they enjoyed engaging in sporting activities themselves and also attending matches and they had recently attended one of the Hurling League matches. Two residents enjoyed being outdoors and enjoyed social farming weekly.

Staff supported one resident with their assessed needs and worked to find activities that engaged all their senses. For example, they attended sound therapy and staff were working on planting different smelling herbs in a small herb garden in the centre.

Judgment: Compliant

Regulation 17: Premises

While the centre was found to be clean, warm and welcoming on the day of the inspection, the provider had identified a number of areas of the house that needed upgrading. These works included:

- floors throughout the building to be assessed to avoid trips, slips and falls to ensure level access with particular concern for the floor from the hallway to kitchen entrance

- kitchen floor and units require replacement
- tiles in one bathroom require replacement
- floor and chipped tiles in main bathroom require replacement

The inspector reviewed an email from the end of March 2026 where it was agreed that the works needed to be completed. At the time of the inspection, the owner of the home was attempting to get quotations in respect of all the works. However, no start date had been identified.

One of the facilities that the residents had access to in the centre was a single vehicle. This was identified as an issue by staff as it limited the residents abilities to access events of their choice. The various accessibility needs of the residents was difficult to facilitate with one vehicle. A review of the daily notes in the centre identified that there was an occasion where a resident could not attend an event they would have liked to due to the centre vehicle being otherwise engaged.

The design and layout of the centre was in line with the statement of purpose. Each resident had their own bedroom and these contained their personal items. There were multiple communal areas in the house for residents to relax in and during the inspection, some residents spent time in the sitting room listening to music and other residents spent time in the kitchen with staff.

Judgment: Substantially 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. Staff had completed training to meet the healthcare needs of residents and the inspector spoke with a staff member who described the specific supports staff provided to one of the residents to assist them with this healthcare need.

One resident had experienced a significant change in their assessed needs the previous year. The person in charge and staff team had supported the resident to have medical investigations undertaken to determine if there was an underlying condition leading to their changing needs. When these investigations met an impasse, the person in charge contacted a human rights representative to advocate for the resident, in line with their will and preference. Following this, a new avenue is being explored to meet the healthcare needs of the resident.

Residents had access to a range of health and social care professionals which included psychiatrists, chiropodists, dentists, opticians and speech and language therapists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were being supported with their positive behavioural support needs. The inspector reviewed the support plan to support one resident with their identified need in this area. This plan had been reviewed by a relevant health and social care professional and provided guidance to staff to support the resident.

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 in the centre which had been reviewed in January 2026. The provider's restrictive practice review committee had met in February 2026 and reviewed all of the restrictive practices in place in the centre. This committee examined the rationale for each restriction and the impact on the residents due to each restriction. There was evidence of the committee reducing restrictive practices where it deemed it to be appropriate. For example, the hourly checks in place for one resident at night was reduced to two hourly checks following the last committee meeting.

There was a restrictive practice management plan in place for each resident, which was reviewed every four months. This plan looked at the purpose of using this restrictive practice and has a risk assessment and/or a behaviour support plan been completed for this restrictive practice.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Ardeevin OSV-0005777

Inspection ID: MON-0045140

Date of inspection: 22/Apr/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 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 person supported, can request a review of weekly SOLDO financial top up through a circle of support at any time. Review of the persons finances is completed as per annual review and visioning meeting, as part of the annual spending plan. 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.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The provider is continuously engaging with the housing body, who will be completing necessary works on the premises.

The housing body has updated the provider on the 22.5.2026 with following action plan update:

1. Repair/replacement of flooring and chipped tiles in bathroom 1.
2. Replacement of tiles in bathroom 2.
3. Floors throughout the building to be assessed to avoid trips, slips and falls and to ensure level access. Particular concern with floor from hallway to Kitchen entrance.
4. Kitchen Floor repairs/replacement as necessary.
5. Bracket on One gutter to the front/side to be replaced and gutters cleaned.

Awaiting final quotations for all above works identified. Once the quotation is to hand the housing body will ensure works to be completed within 20 working days.

The housing body has added the replacement of kitchen on the action plan for their assets division, and budget for same will be revisited for completion in 2027.

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/Jun/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/Jul/2026
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped,	Substantially Compliant	Yellow	20/Jul/2026

	where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.			
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