



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

## Issued by the Chief Inspector

Name of designated centre:	Country Lodge
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:	12 February 2026
Centre ID:	OSV-0005827
Fieldwork ID:	MON-0048924

## About the designated centre

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

Country Lodge is a designated centre operated by Saint Patrick's Centre (Kilkenny). It provides a community residential service for up to four adults with a disability and complex needs. The designated centre is a detached bungalow which comprises of four individual resident bedrooms, an office, a visitors room, a large open planned kitchen/dining/living room and a number of shared bathrooms. The designated centre is located close to an urban area in County Kilkenny near to local amenities and facilities. The staff team consists of staff nurses, social care workers and health care assistants. The core staff team is supported by the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
--	---

I

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
Thursday 12 February 2026	08:30hrs to 15:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This announced risk-based inspection was completed by one inspector of social services over one day. It was carried out to ensure residents were in receipt of a good quality and safe service as the Chief Inspector had received information of concern relating to the centre. The findings of this inspection were positive, with the majority of regulations reviewed found to be compliant. Some improvements were required to medicines management and this will be discussed later in the report.

Country Lodge is a designated centre based on the outskirts of Kilkenny City. The centre comprises one house with four registered beds. Residential care is provided for residents over the age of 18 with an intellectual disability and high-support needs. At the time of the inspection, there were three residents using the service and the inspector had an opportunity to meet each of them. The inspector also met and spoke with the person in charge, the wellness, culture and integration (WCI) manager and three staff. In addition, they reviewed documentation throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitoring in this centre.

Within the house there is four residents' bedrooms, one of which was vacant at the time of the inspection. Each residents' bedrooms is decorated and furnished in line with their wishes and preferences. There is a large kitchen/dining room, a sitting room, an office and a number of shared bathrooms. There is parking to the front and to the side of the house and there is an enclosed back garden. The house was found to be very clean and well maintained throughout during this unannounced inspection. Pictures and soft furnishings contributed to how homely the house appeared.

Residents had a variety of communication support needs and used vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences. Some residents were observed to smile and maintain eye contact with members of the staff team and one resident was observed to reach out for the arm of staff for reassurance and when they required their support. Each resident was observed to appear relaxed and comfortable in the house, and in the company of staff. The inspector was informed by staff that residents could choose to attend day services on a sessional basis in line with their interests. For example, one resident was choosing to attend for drumming regularly.

When the inspector arrived the three residents were in bed. Over the course of the day the inspector had an opportunity to spend some time in the company of each resident. During the inspection residents were observed to have the opportunity to spend time in the house or to leave the house with the support of staff. They were observed to spend time in their favourite parts of their home, listening to music, having a massage, taking part in sound therapy, using sensory equipment, watching

television, observing staff prepare meals and snacks and scrolling through websites with staff to choose what they wanted to buy.

There were two vehicles to support residents to access their community, one of which was in the garage for repairs on the day of the inspection. Despite this residents had an opportunity to leave the centre in line with their wishes and preferences. For example, one resident spent the morning getting ready to spend some time with a family member for their birthday. They had gone out shopping during the week and bought a present for their family member and the inspector observed them directing staff on which card they would like to give them. In the afternoon they left with a staff member to meet their family member. Another resident was supported by staff to go to the pharmacy to collect their medicines.

Each staff who spoke with the inspector spoke about residents' strengths and talents. They spoke about their interests and the types of activities they find meaningful. They spoke about their goals and some of the holidays they had enjoyed such as hotel breaks. One resident had recently went to a concert and got a picture with the headliner. They were planning to go to the races at the weekend and had bought a new outfit for the occasion. Another resident was a member of a local bingo group. There was a clear focus in this centre on ensuring residents were aware of and exercising their rights. This will be discussed further under Regulation 9: Residents Rights.

On arrival and throughout the day, the inspector observed a calm, relaxed atmosphere in the house. The pace of the day was observed to be led by residents. They were observed to get up and ready for their day at different times, to go out and about and to have meals and snacks at a time that suited them.

In summary, the house was warm, clean and homely. Residents appeared comfortable and content in the house and with the supports offered by the staff team.

The next two sections of this report will 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 provided.

## Capacity and capability

The findings of this unannounced inspection were that residents were in receipt of a good quality of care and support. Overall, the provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. This included areas for improvements in line with the findings of this

inspection, particularly relating to medicines management which will be discussed later in the report.

In late 2025, the Chief Inspector of Social Services had received information in the form of a concern, about this designated centre. The information received correlated to solicited information received from the provider in the form of notifications. A provider assurance report was issued to the provider at that time. The provider's response and action plan was verified during this inspection and demonstrated that there were effective systems for oversight and monitoring and to safeguard residents.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge provided supervision and support to the staff team and they received supervision and support from the WCI manager. There was an on-call service available out-of-hours.

The centre was not fully staffed in line with the statement of purpose but this was not found to impacting on continuity of care and support for residents.

#### Regulation 14: Persons in charge

The provider has notified the Chief Inspector that a new person in charge commenced in post in January 2026. The inspector reviewed the Schedule 2 information submitted for them in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and had sole responsibility for the day-to-day running of this centre. During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

They had worked as team leader in this centre since 2023 and residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector were also complimentary towards the support they provided to them. The inspector found that they were focused on implementing a human-rights based approach to care and support for residents and on ensuring that each resident was happy and safe in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

As previously mentioned, the centre was not fully staffed in line with the statement of purpose at the time of the inspection.

Based on discussions with staff and a review of a sample of three months of rosters, the 52.25 hour per week vacancy was being covered by regular relief and agency staff. There were planned and actual rosters in place and they were well maintained.

The provider had submitted a business case to the funder for additional support for one resident in line with their assessed needs. While waiting for the outcome of this the registered provider was providing an additional 15 hours 1:1 staffing supports in place per week for this resident.

Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector found that staff had access to training and refresher training to ensure they had the required knowledge and skills appropriate to their roles. They received support and supervision to ensure good practice in the centre.

The inspector reviewed the staff training matrix and found that each staff member had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, the safe administration of medicines, manual handling, and infection prevention and control (IPC). The staff team had also completed areas specific and training in line with residents' assessed needs such as food safety, epilepsy and rescue medicines training and managing feeding, eating and drinking.

The inspector was informed that a number of changes had been made to the staff team since the last inspection leading to new team members who required mentoring. Significant supports had been put in place for the entire team to ensure they were aware of their roles and responsibilities and aware of who to raise any concerns they may have about residents' care or support or the day-to-day management of the centre to.

There was a supervision schedule in place for 2026 to ensure each staff receives formal supervision in line with the provider's policy. The inspector reviewed probation and supervision records for three staff. Discussions were held in relation to areas such as staff strengths, areas for further development, their roles and responsibilities, training and development, safeguarding, risk management, and fire safety. Where areas for improvement were identified action plans were developed with clear actions, person(s) responsible and timeframes for completion of actions.

The inspector also reviewed on the job mentoring which was completed in addition to formal staff supervision. Examples of areas covered included, safeguarding residents' finances, medicines management and the role of a keyworker.

Two staff who spoke with the inspector said they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of the centre or residents' care and support. They spoke about the provider's on-call system and the availability of the person in charge or WCI manager if they required support.

Judgment: Compliant

## Regulation 23: Governance and management

Overall, the provider's systems to monitor the quality and safety of service provided for residents were proving effective. In line with the findings of this inspection they had identified that improvements were required in relation to medicines management in this centre.

The management structure were in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge was present in the centre on a regular basis and demonstrated good monitoring and oversight of the centre. For example, they were following up on of the actions from audits and reviews that were being completed in the centre.

The inspector reviewed the last six-monthly and annual review by the provider. The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre. Through a review of documentation and discussions with staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection.

A sample of four weekly person in charge reports to the WCI manager, and the supervision records of the person in charge by the WCI manager were reviewed. These were resident focused and comprehensive in nature. They covered a wide variety of topics such as staffing, fire safety, complaints and compliments, fire safety, incidents, restrictive practices, budgets and resources, staff training, notifications to the Chief Inspector. They were identifying trends of incidents and resulting in actions relating to supporting a resident to access health and social care professionals in line with their identified needs and implementing a number of additional controls following a trend of medication errors.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to be part of their local community. They were spending time with their families and friends. They were supported to develop and achieve their goals and to make decisions and choices in the day-to-day lives. As previously mentioned, improvements were required to medicines management and this will be discussed further under Regulation 29: Medicines and pharmaceutical services.

The inspector reviewed residents' assessments and plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs. There were a number of restrictive practices in place and these were being regularly reviewed to ensure they were the least restrictive for the shortest duration.

Residents, staff and visitors were protected by the safeguarding policies, procedures and practices in the centre. There was a system for reporting and responding to adverse events, and in ensuring that learning from these events was shared with the team.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

## Regulation 29: Medicines and pharmaceutical services

The inspector found that residents were not fully protected by the medicines management policies, procedures and practices in this centre.

While there were effective systems for ordering, storage, receipt and disposal of medicines, improvements were required to administration, particularly relating to documentation to demonstrate that medicines were administered, as prescribed.

In line with the findings of the provider's audits and reviews, there had been trends of medication errors, near misses and omissions in the centre in 2025. The inspector reviewed incidents on the provider's online system and found that 46% of incidents occurring in the centre in 2025 related to medicines management. These included discrepancies in stock found during stock checks, errors reaching the person, documentation errors and dropped medicines.

A number of responsive actions had been taken by the provider to reduce the risk of recurrence. This included, changes to the medicines storage presses and administration area, the introduction of colour coded keys, labels added to presses, additional staff training, action learning analysis, an emergency staff meeting to discuss the errors and near misses, staff supervision and additional competency assessments. These had contributed to a reduction in errors; however, they were not proving fully effective at the time of this inspection. For example, the inspector found a discrepancy in stock for one residents' PRN (as required) medicine. There were two doses of the medicine not accounted for. In addition, the inspector reviewed a sample of medication administration records for 2025 and 2026 and found discrepancies in each residents' records reviewed. For example, for one day the inspector found that a resident was prescribed 6 medicines at 22:00; however, only 2 medicines were signed as administered. For another resident, on two dates over a two week period two doses of prescribed medicines were not signed as administered on the medication administration record. It could not be demonstrated that these medicines were administered as prescribed. The inspector acknowledges there no documentation to show additional stocks found or returned the pharmacy.

Judgment: Not compliant

## Regulation 8: Protection

Based on observations, discussions with staff and a review of documentation the provider's systems to safeguard residents were proving effective at the time of this inspection.

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge and the two staff on duty and found that they were all found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. There were had been a number of safeguarding concerns notified to the Chief Inspector since the last inspection. The inspector reviewed documentation relating to these had been followed up on in line with the provider's and national policy. Safeguarding plans were developed and reviewed as required.

In response to a trend of safeguarding concerns relating to safeguarding residents' finances, the provider had responded and strengthened their systems for oversight of residents' finances in this centre. This included additional training for the staff team, topic specific conversations with each staff between 2024 and 2025 about safeguarding residents' finances and the completion of monthly finance audits. Weekly statements of account were printed for each residents and reconciled against their spending and receipts, the personal possessions lists were checked

monthly against their belongings. Each resident had a risk assessment in place relating to their vulnerabilities to financial abuse.

The inspector reviewed a sample of six monthly finance audits, a sample of six residents' account statements and a sample of daily balance sheets and receipts for each resident. In addition, they reviewed the assets lists for each resident and completed a check to verify that assets were in place as listed for two residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre. Menu and activity planning was discussed at residents' meetings. The inspector observed staff treat residents with dignity and respect throughout the inspection. They were observed offering residents choices and affording them adequate time to make these choices.

Picture rosters were on display in the house and there were posters and easy-to-read documents including social stories available about areas such as, safeguarding, complaints, buying clothes using your card, restrictive practices in place specific to the person, voting and upcoming elections, resident' rights and how to access advocacy services.

One resident had been called for jury duty and an easy-to-read document was used to support them to understand the letter they received. In addition, significant efforts had been made to support one resident to attend a meeting that related to them, but which they had not been invited to. Arrangements were made for them to attend the meeting virtually.

Staff had completed a number of additional trainings in areas such supporting decision making and four modules on applying a human-rights based approach to health and social care. As previously mentioned, staff who spoke with the inspector discussed residents' strengths, talents and goals. They described how important it was to them that each resident was happy, safe and engaging in activities they find meaningful.

Overall, the inspector found that significant efforts were being made to ensure that residents were supported to understand and exercise their rights.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Country Lodge OSV-0005827

Inspection ID: MON-0048924

Date of inspection: 12/02/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The provider has taken the below actions to ensure compliance in regulation 29 :</p> <p>The provider has continued daily counts for loose medication; this is to remain ongoing and will be reviewed by PIC &amp; WCIM by 24.4.2026. This requirement for daily count has also been added to shift planner as a daily task.</p> <p>The provider will introduce a monthly medication audit, this will commence on 31.03.2026.</p> <p>PIC to have oversight of medication recording sheets. Same to be reviewed daily. This has also been added to daily shift planners.</p> <p>Additional training to be completed by staff nurses to members of the staff team, core staff, relief staff and agency workers- On the job mentoring around weekly medication stock checks to be completed by 31.03.2026 with all staff team.</p> <p>Medication action plan remains in place due to previous medication errors. On first error occurrence, action learning analysis to be completed, on second error on the job mentoring completed, on third error staff are required to attend re-training in medication management with medication management co-ordinator and complete a further three assessments.</p> <p>Medication management focused (mandatory) team meeting to be scheduled and completed by 31.03.2026, all staff team to attend, WCIM, PIC and medication management co-ordinator/ community liaison nurse.</p>	

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	03/04/2026