



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

Issued by the Chief Inspector

Name of designated centre:	Lunula
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:	17 June 2026
Centre ID:	OSV-0007900
Fieldwork ID:	MON-0042196

About the designated centre

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

Lunula is a residential service operated by Aurora. The centre provides a community residential service to a maximum of three adults with a disability. The designated centre is a detached bungalow located in a rural area in Co. Kilkenny within a short drive to a town with access to facilities and amenities. The house comprises of three individual resident bedrooms, a sitting room, kitchen/dining room, utility room and a visitors room. To the rear of the house there is a enclosed garden. The designated centre is staffed by, social care workers and health care assistants. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 17 June 2026	09:40hrs to 16:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to review levels of compliance with the regulations and inform a decision regarding renewal of the registration for the designated centre. The inspector found that the staff and management teams were working to provide the residents with a good quality of life. The inspector found that night time staffing supports were not adequate and this is addressed further in the report.

The three residents living in the designated centre were met with during the inspection. They did not interact directly with the inspector but were seen to be comfortable in the company of staff and were heard being offered choices throughout the day. Two of the residents were observed leaving for a swimming session and they spent most of the day at this.

The premises was well maintained and clean on the day of the inspection. Residents had an adequate number of bathrooms which had accessibility equipment available in them, including an accessible bath. The equipment available to residents appeared to be well maintained like hoists for transferring from one place to another. There were personal pictures of the residents on display throughout the home. The home was in the process of being painted and new flooring was due to be laid in the days following the inspection.

The residents' bedrooms were well decorated and contained adequate storage space for the residents' personal items. The residents had access to a laundry area and some of the residents assisted with their laundry.

The outdoor area was large and well maintained. There were different areas available for residents to relax. The outdoor area was well maintained with the residents having a swing chair to use, for example.

The members of the staff team spoken with during the inspection knew the residents well and this was evident when observing staff interacting with the residents.

As this inspection was announced, residents were given the opportunity to complete resident surveys which had been sent out in advance. Three residents' surveys were completed by the residents with the support of a staff member. The responses to these surveys were positive overall and the residents reported that they were content with their living arrangements.

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.

Capacity and capability

The registered provider had in place an appropriate management structure in the designated centre. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided.

There was a staff team in place to support the residents. Concerns were identified on the inspection regarding the staffing support for the residents at night, this is discussed under regulation 15. The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

Documentation associated with the designated centre such as the registration documentation and the statement of purpose met the requirements of the regulations and were subject to review.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received in advance of the inspection and contained all information as required by the regulations, including the statement of purpose and proof of insurance. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels were assessed by the provider as suitable for the needs of the residents and the size and layout of the designated centre. The staffing levels were found to match what was outlined in the centre's statement of purpose.

The inspector found however, that arrangements for staff support at night required review. One of the resident's needs had recently changed and they now needed two staff to undertake personal care. One staff member had demonstrated that they could complete a night time evacuation in an adequate time, but support may be needed following the residents leaving the house. The staff and management said

the system was to call the night manager who would then decide what was to occur. There was no clear plan in place for the lone working staff in the event of an emergency or if personal care for the resident requiring two staff was needed.

The person in charge ensured there was a planned and actual staff rota available, which showed the levels of staff available to residents on any given day. The inspector reviewed the rota and found that it was well maintained and reflected the staffing arrangements in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training to support the residents in the designated centre such as fire safety, safeguarding and manual handling. Staff had completed all training identified as mandatory and had completed some training specific to the needs of residents. Staff completed refresher training in these areas when required.

The person in charge was undertaking formal quality conversations with staff throughout the year in line with the provider's policy. Staff and management were able to discuss any concerns they may have at this time.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory of residents was made available to the inspector on the day of the inspection. The information required under Schedule 3 of the regulations was included in the directory, for example, the name and address of the resident and their representative.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured there was an appropriate contract of insurance in place. Evidence of this was provided by the registered provider in documents

submitted for the renewal of the registration of the designated centre. This was reviewed by the inspector prior to the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clearly defined management structure in the designated centre. The registered provider had sufficient resources in place on the day to support the residents. Although the level of staff support at night-time in the designated centre required review to ensure that the residents were supported safely at all times.

The registered provider had undertaken an annual review of the quality and safety of care and support in the designated centre for 2025. This review contained the views of the residents and their family representatives. The six monthly unannounced visits to the designated centre were being undertaken by the registered provider. There were two of these visits that were completed in October 2025 and May 2026. The person in charge was undertaking other local audits and completed a schedule of these for the year in such areas as medication management and finances.

The person in charge was facilitating staff team meetings on a monthly basis where items such as incidents, safeguarding and training were being discussed. Staff had an opportunity to discuss the quality of service in their formal quarterly meetings with the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been reviewed in the last 12 months. The statement of purpose contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with. Residents had goals for the year created and these goals were realistic and reviewed.

The information guide about the designated centre was available to the residents and had been reviewed in the last 12 months.

The premises was well maintained and provided residents with sufficient communal and private space. The fire safety equipment in the designated centre was serviced and was in good working order.

Regulation 10: Communication

The registered provider and the person in charge had ensured the communication needs of the residents were well met.

Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with. The personal plans of the residents also contained a communication passport to further inform staff of the individual communication needs of the residents.

Staff were seen to understand residents' communicating their needs or wishes with residents clearly indicating what they required using gestures and/or leading the staff by the hand. There was easy-to-read information available to the residents such as the safeguarding and communication policy.

Residents had access to Internet, televisions in their homes and had access to electronic tablet devices.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had access to activities and residents were seen heading out on the day of the inspection to go swimming for example.

The personal plans of the residents showed how they were involved in their communities and how they attended sports, such as horse racing, and musical events. It was evident that residents were undertaking activities they enjoyed with pictures of these events throughout the home.

The residents were encouraged and facilitated to maintain contact and communications with their families.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was laid out to meet the aims and needs of the residents. The premises was in good repair, was clean and suitably decorated. Further painting and replacement of floors was scheduled for the days following the inspection.

The registered provider had in place the assistive equipment required by the residents such as hoisting equipment. This equipment was well maintained, serviced and in good order.

There was a large, well furnished outdoor area for residents to use. The premises met all the requirements of Schedule 6 of the regulations with adequate private and communal space, suitable storage and areas to undertake laundry being provided.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had an information document about the designated centre which was available to the residents. This guide contained the information required by the regulations such as a summary of the services and facilities provided and the terms and conditions relating to the residency.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers were checked and serviced in a timely manner.

The person in charge was ensuring that staff were completing fire safety checks in the designated centre in line with registered provider's policy. Fire doors checked during the inspection by the inspector were operating correctly.

All residents had personal emergency evacuation plans in place which were reviewed in the last 12 months or as required. The residents were participating in the fire safety drills in the centre on a regular basis and if action was required following these it was documented.

The emergency plan in the event of a fire was displayed throughout the centre. There was fire safety overview guidance document for staff and a fire evacuation procedure, which explained what would happen if the designated centre needed to be evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had completed a comprehensive assessment of need which identified the health, personal and social care needs of the residents. The personal plans also contained guidance on the intimate care and positive behaviour support needs of the residents.

The person in charge had reviewed the individual assessments and personal plans within the last 12 months and had ensured that residents' changing needs were reflected in these personal plans. For example, a resident's personal plan and assessments had been reviewed following a change in mobility and personal care needs.

The person in charge had ensured the designated centre was suitable for the residents. The residents were planning activities for the year such as improving areas in their bedrooms, having more social occasions in their home with their friends and going to concerts.

Judgment: Compliant

Regulation 6: Health care

The registered provider provided appropriate healthcare support for each resident. Residents had access to a general practitioner and were also receiving support from

other healthcare professionals such as a psychiatrist, an occupational therapist, a speech and language therapist and a physiotherapist.

Assessments had been completed for residents' healthcare needs that had been reviewed in the last 12 months. It was evident that residents were being supported to attend medical appointments. The residents had annual medical reviews completed. The residents were provided with easy-to-read documents in relation to their healthcare.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Lunula OSV-0007900

Inspection ID: MON-0042196

Date of inspection: 17/Jun/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A Standard Operating Procedure was developed on 3.7.2026 outlining procedures in place for employees to access supports in the event of an emergency at night time and was discussed with the team at the team meeting on 30.7.26. This SOP was circulated also across Aurora service to all designated centers. All relevant support plans for person supported requiring support at night were reviewed and updated. A log was implemented for responding at night time, which will be reviewed by Team Leader and PIC, to be reviewed by WCI in two months 23.9.2026.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/Jul/2026