



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:	Unannounced
Date of inspection:	31 March 2025
Centre ID:	OSV-0007900
Fieldwork ID:	MON-0045613

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
Monday 31 March 2025	09:30hrs to 17:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and empowered to make decisions about their care and support.

Overall, the inspector of social services found good practices in relation to safeguarding. Residents were kept safe at all times and were well settled living in their home. A stable staff team and person in charge ensured that residents' needs, preferences, likes and dislikes were well identified allowing care and support to be delivered in a person-centered manner.

The inspection occurred across a one day period and was completed by one inspector. The designated centre had capacity to accommodate three residents and there were no vacancies on the day of inspection. The inspector used observations, conversations with staff, interaction with residents and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The centre comprises of a detached bungalow building in a rural area in Co. Kilkenny. The home is located off a busy road. There is parking for cars to the front of the building. The designated centre presented as a very well kept home, which was tastefully decorated, bright, warm and very clean. As part of the inspection process the inspector completed a walk around of all aspects of the home. All residents had their own individual bedrooms. One bedroom had ensuite facilities. There was a large accessible main bathroom. Residents also had access to a sitting room and a kitchen come dining area. There was a room allocated as a staff office and off the kitchen area was a utility room. The garden to the back of the home was very well kept with brightly coloured fences and seating areas for residents to enjoy.

Across the day of inspection the inspector met with the three residents that lived in the home. The residents had varying needs in terms of their communication. Some residents used verbal means to communicate whereas, other residents predominately used non-verbal means to communicate what they wanted and needed.

In the morning, the inspector met one resident while they were relaxing in the sitting room. There was music playing gently in the background and the resident was up and ready for the day. They appeared comfortable and although they choose not to speak with the inspector they smiled when spoken with. The other two residents were in the kitchen. One resident was being supported with their breakfast and the other resident was lying on a couch and relaxing. There were three staff present at this time to support the residents. The staff present discussed the plans for the day, one resident had an appointment and the other two residents were going out and about in the community to spend some time out of the home.

The inspector reviewed resident meeting notes from December 2024 until March 2025 to gather a sense of what activities the residents' liked to engage in. The notes indicated that residents' enjoyed shopping, having lunch out, attending reflexology, music lessons, social farming, cycling, going for walks and drives and having hot drinks in the local cafe. Visits from family and friends was also documented. Overall, it was documented that residents were encouraged to go out and about in their community as much as possible.

In the afternoon, two residents were present in the home and the third resident went out to an appointment with staff support. One resident relaxed in their room. The other resident liked to move around their home and approach staff for help and support to get their preferred drink. Staff were seen to appropriately support the resident and understand their non-verbal cues.

Residents in the home, although were not to seen to interact with each other, seemed content and comfortable in each others presence. Staff reported that residents got on well and there were sufficient staff in place to ensure residents were supported to enjoy activities together or separately as needed.

Overall, good quality and safe care was provided in the centre with positive outcomes noted for residents. There was full compliance with the regulations reviewed.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in the centre which was ensuring that safeguarding concerns were reported and managed when they arose in the centre.

The centre was well-resourced and managed by a full-time person in charge. They had responsibility for two designated centres operated by the registered provider. The person in charge had been appointed to the centre in December 2022 and had excellent knowledge of residents' needs and good levels of local oversight to ensure that the centre was operating in lines with the requirements of regulation at all times. Recently, they had become supernumerary to the staff team which further enhanced the governance structure within the designated centre.

There was a consistent staff team employed and the numbers and skills mix of staff were appropriate to meet the needs of residents. Staff had been provided with appropriate training in respect of safeguarding. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in

place should a safeguarding concern arise in the centre.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

The skill-mix comprised the person in charge, social care worker and health care assistants. Nursing care was available when required. For example, the wellness and cultural integration manager was a registered nurse. The person in charge directly reported to this manager and they also visited the centre on a regular basis. There were two full-time vacancies at the time of inspection. Regular relief and agency staff were sought where possible to support consistency of care for residents.

The inspector reviewed the planned and actual staff rotas for February, March, and April 2025. There was very little agency staff utilised during this period. For example, for a two week period in March only one agency staff member was utilised to cover one shift. Over a four week period earlier in the month no agency staff were utilised. Ensuring regular staff meant that residents were supported in line with their assessed needs at all times.

Additionally, the inspector viewed a minutes of staff meetings that occurred in January, February and March 2025. In these notes there was evidence that safeguarding was discussed with the staff team. For example, in the January 2025 notes a presentation was given to the staff team on Adult Safeguarding Practice Guidance.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had systems in place to ensure that staff were in receipt of regular training and refresher training across areas of care and support. The inspector reviewed the training records of eight staff members and found that they were provided with the required training to ensure that had the necessary skills to respond to the needs of the residents and to promote their safety and well being.

For example, all staff had completed training in Safeguarding of Vulnerable Adults, Children's First, Medication Management, Management of Epilepsy, management of Feeding Eating Drinking and Swallowing Difficulties (FEDS), Manual handling and First Aid.

Staff had also undertaken other training so as to ensure a safe living environment

for the residents. For example, this training included Fire Safety Training, Infection Prevention and Control (IPC), Hand Hygiene, Donning and Doffing of Personal Protective Equipment.

The inspector reviewed the supervision arrangements that were in place to supervise staff. The inspector saw that a supervision schedule was in place for 2025. Staff were scheduled to complete four supervisions across the next 12 months which was in line with the requirements of the provider's policy. The inspector reviewed three staff supervision meeting notes that had recently occurred. Each supervision meeting was tailored to ensure that staff were aware of their delegated duties. An action plan was generated and also discussed at team meetings to ensure staff were aware of their relevant responsibilities. The systems in place were effective in ensuring staff were equipped with the relevant knowledge and skills to complete their role effectively.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by an experienced and knowledgeable person in charge. They were supported in their role by the wellness and cultural integration manager. The manager visited the centre on a regular basis. In addition, there were systems in place, such as person in charge monthly status report and a weekly work plan which were oversight tools utilised to ensure local oversight of the centre was taking place in an effective manner. For example, in the weekly work plan the person in charge had to review safeguarding actions, incidents, roster reviews and complete a walk around of the premises.

In addition, provider-level oversight was occurring on a regular basis. The provider had completed six-monthly unannounced audits and an annual review in line with the requirements of the regulations. The inspector reviewed the six-monthly audit that had been completed in November 2024. 137 actions had been identified and only 10 actions remained outstanding and were in the process of being completed at the time of inspection. Actions completed included actions in relation to safeguarding, restrictive practices, incidents, finances, fire safety and IPC and premises maintenance.

In terms of oversight of safeguarding, the person in charge maintained a log of any open safeguarding concerns. The inspector found that the log was up-to-date and all actions had been reviewed by the person in charge in January 2025.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were striving to provide person centred care to the residents in this centre. This meant that residents were kept safe, promoted to engage in activities in line with their preferences and wishes and encouraged to make decisions and have input around their care and support needs. In terms of safeguarding, the measures in place were ensuring that residents safety was paramount at all times. Full compliance with the relevant regulations was found to be in place.

Safeguarding concerns were being identified, reported to the relevant authorities and managed in the centre. Each resident had a personal plan which included an assessment of need and support plans were in place to guide staff practice. Residents were supported with their communication needs and easy to read information was provided where necessary.

The premises was homely and well maintained and each resident had their own bedroom where they could spend time on their own, in private, if they wished.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes.

Each resident has a communication tool box which outlined their requirements in terms of their specific communication needs. The inspector reviewed two residents communication tool box and found they outlined their specific needs. For example, one resident was assessed as needing objects of reference to aid their communication. This was accounted for in their communication tool box.

Assessments, such as pain management tools were utilised to ensure staff could identify when a resident was in pain. This was essential as some residents predominately used non-verbal means to communicate.

In the home pictures were on display, such as staffing pictures, meal choices and daily activities to allow residents have the information in a suitable format. In addition, talking tiles were in place across the home to allow a visually impaired resident navigate their environment independently.

Residents also had access to telephones and other such media as Internet, televisions, radios and personal computers.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and were generally kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents.

Each resident had their own bedroom which were decorated to their individual style and preference. Their rooms provided a safe and private space for them to relax in and spend some time by themselves, when they so wished. On the day of inspection, the inspector observed a resident choosing to spend some time in their room to relax.

The garden areas to the front and rear of the property were well maintained and also available to residents to utilise in times of good weather. The back garden had a patio area with garden furniture for residents to relax in whenever they so wished. On the day of inspection one resident enjoyed a walk in their garden space with the assistance of staff.

The provider had identified the need to future proof the home in line with changing needs of residents. There was a large accessible bathroom in place and the provider had recently begun the process of identifying the funding requirements of installing further accessibility equipment.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the safety of residents in the centre was promoted through risk assessment, learning from incidents and accidents, and the implementation of control measures.

There was a range of risk assessments in place that were regularly reviewed and updated as required. The inspector reviewed the risk assessments in place for two separate residents. The inspector found that identified risks had comprehensive control measures in place. The inspector reviewed risk assessments in relation to falls, healthcare needs, fire safety, burns and scalds and absconson. Control measures included, stable staffing supports, staff training, environmental modifications and input from health and social care professionals as required.

The inspector found that there were good arrangements for the recording and review of incidents and accidents. For example, staff recorded incidents on the provider's electronic information system. The incidents were then reviewed and signed off by the management team. Incidents were also discussed at staff meetings to identify learning. The inspector also found that actions were taken to

reduce the risk of incidents reoccurring. For example, after it was identified that a resident was leaning on the cooking hob at times which posed a significant risk in terms of burns and scalds. Following the second recorded incident of this behaviour, it was identified that a new type of hob was required to reduce this risk. This had been installed and found effective in reducing the presenting risk.

In terms of safeguarding, suitable risk assessments were in place as required. For example, the inspector reviewed a risk assessment in relation to the potential impact of behaviours of concern on other residents within the home. Overall the risk was low due to the effectiveness of the relevant control measures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place. Different assessments were utilised to inform the care plans such as healthcare assessments and independent living skills assessments. An annual vision meeting took place to ensure appropriate goal were chosen with the residents' input.

The inspector reviewed two residents' personal plans and saw care plans in place in relation to mobility needs, epilepsy, eating drinking and swallowing needs, communication, and managing self-injurious behaviours to name a few. Each plan was detailed and kept up-to-date. For example, the inspector reviewed a healthy eating care plan that had been developed in January 2025.

In terms of safeguarding, relevant plans and risk assessments were in place to keep residents safe if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the measures in place around utilising positive behaviour support strategies and plans. Residents that required input in relation to this need had an up-to-date behaviour support plan in place. The inspector reviewed a plan for one resident which had been updated in September 2024. It stated very clear measures on how the behaviour was to be addressed and when additional measures, such as the use of prescribed as necessary (PRN) was to be considered.

There were some restrictive practices in place to promote residents' safety. Each restrictive practice had been identified, assessed with a clear rationale for it's use. For example, the utility room was locked. The inspector saw the assessment in place for this restrictive practice which outlined why it was in place. Although efforts had

been made to reduce the restriction these had be unsuccessful. It was evident that the provider and person in charge were considering a least restrictive approach to care and support.

As previously mentioned, the risks associated with behaviours that challenge and residents living or spending time in the same environment had been considered. Two of the control measures in place to reduce this risk included the use of a positive behaviour support plan and consistent staffing were in place to mitigate this risk.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents, which were underpinned by a written policy. The policy was available in the centre for staff to refer to. Staff had also completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedure for responding to and reporting safeguarding concerns.

The inspector found that safeguarding concerns had been appropriately reported and notified to the relevant parties. Safeguarding plans had also been prepared, as required, which outlined the measures to protect residents from abuse. The plans and other safeguarding measures were discussed at staff team meetings to remind staff of the measures to be in place. For example, in the team meeting in February 2025 the staff were informed that a recent safeguarding incident had been closed and the staff team were reminded of the importance of being vigilant and reporting safeguarding concerns in a timely manner.

Intimate care plans had also been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector reviewed two intimate and personal care plans, both plans had been recently updated and clearly outlined on how to communicate with the resident when delivering the specific care needs.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector was assured that a rights based approach to care and support had been adopted in the centre. A number of staff had completed training in a Human Right's based approach to care and support. The language used by staff to

describe residents' needs likes and dislikes was done in a professional and respectful manner. All care plans were written in a person-centered manner and clearly described the measures in place to support the residents effectively.

Residents' rights were respected at all times. For example, a resident had a specific preference in relation to their night time routine. This had the potential to compromise their privacy and dignity if not supported in an appropriate manner. The staff team had identified this preference and put in suitable plans and control measures to ensure their resident's privacy and dignity were upheld at all times while respecting the resident's choice.

A sample of resident meeting notes were reviewed by the inspector. There was a focus on providing choice around their care and support needs in terms of choosing activities, meals and other aspects of care and support. Items such as safeguarding were discussed with residents to ensure they were aware of their rights and what measures were put in place to keep them safe. For example, on a meeting dated the 7th of March 2025 the safeguarding policy was discussed with residents using the easy read format.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant