Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Blossom Hill
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:	23 June 2026
Centre ID:	OSV-0007921
Fieldwork ID:	MON-0042344

About the designated centre

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

Blossom Hill is a designated centre operated by Saint Patrick's Centre (Kilkenny) trading as Aurora-Enriching Lives, Enriching Communities. It provides a residential service to a maximum of four adults with a disability. The designated centre is located near Kilkenny City and close to all local amenities. The designated centre comprises of a single detached bungalow located on its own grounds. The house consisted of four individual resident bedrooms, kitchen/dining room, sitting room, bathroom, office and utility room. There was a large garden to the rear of the house which contained an activity room for residents to use if they wish. The designated centre is staffed by staff nurse, social care worker 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

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
Tuesday 23 June 2026	09:40hrs to 16:40hrs	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 designated centre's registration. The outcome of the inspection was that the staff and management teams were working to provide the residents with a good quality of life. The designated centre was registered for four residents and there were three residents there on the day. The reporting of incidents to the Chief Inspector of Social Services was one area found during the inspection to require improvement and is discussed further in the report.

Three residents were met during the inspection and one resident was in hospital. Staff were seen leaving the centre to provide support to the resident in hospital and to assist in providing care for them. One resident was being introduced to the designated centre and was due to move in shortly after the inspection. This resident was met with briefly when they returned to the designated centre after their day service. They were going out with staff to an activity on their own in the centre transport. One resident met the inspector at the door when they arrived and the resident was going swimming with staff support. The inspector was told this was an important activity for the resident. One resident was seen relaxing with a staff member outside in a room in the garden which could be used as a multi-sensory room or activity room.

The inspector completed a walk around of the designated centre with members of the management team. 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 for instance hoists used for transferring from one place to another. There were personal pictures of the residents on display throughout the home. The residents had access to a large outdoor room which was used for various activities such as music therapy. The outdoor area was well maintained with a large space available to sit out in.

The resident bedrooms were spacious, had adequate storage for their personal possessions and were decorated in a homely manner. The home consisted of four bedrooms, kitchen/dining room, sitting room, bathrooms, utility room and the separate activity room. The residents' home was well decorated and met the residents' needs such as wide corridors to aid the residents' mobility.

The staff members spoken with during the inspection knew the residents' needs well and were seen to interact with the residents in a kind and respectful manner. While the inspector met with the residents there was little direct interaction with inspector who was not as familiar to the residents.

As this inspection was announced, residents were given the opportunity to complete resident surveys which had been sent out in advance. Four residents' surveys were completed by the residents with the support of a staff member. The resident that had yet to complete their move to the centre was given the opportunity to also complete a residents' survey. 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 which was familiar to the staff team. 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. The levels of staffing were suitable for the residents. The staff team had received appropriate training for their roles.

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

Complaints were well managed but reporting of incidents required attention. This is discussed further in the report.

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 registered 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 staffing team was consistent in supporting the residents and staff knew the residents and their needs well.

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: 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 next of kin.

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.

The registered provider had undertaken an annual review of the quality and safety of care and support in the designated centre which was completed in October 2025. This review contained actions for improvement of the service and contained personalised information regarding the residents. The residents and their representatives had completed surveys to contribute to this and give their views on the service provided.

Six monthly unannounced provider visits were being completed and two of these took place in the previous 12 months in May 2026 and October 2025. Actions around training and policy information for staff had been identified and were completed by the management team in the designated centre.

The person in charge was scheduling staff team meetings where such topics as resident person centred planning and training needs were discussed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place for the designated centre and this was made available to residents. The statement of purpose had been reviewed in the last 12 months. The statement of purpose contained the information as set out in Schedule 1 of the regulations including the arrangements made for dealing with reviews and development of a resident's personal plan and the organisational structure of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

While the person in charge had submitted notifications for the designated centre including the quarterly reported incidents, an incident occurred in the designated centre where a resident was given the wrong person's medication in April 2026. This was not identified by the provider as an allegation, suspected or confirmed, of abuse of any resident. This incident was not submitted as an notification to the Chief Inspector at the time. This incident was discussed with the management team in the

designated centre on the day of the inspection and was submitted retrospectively following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had a suitable complaints policy in place. This was available to the residents in an easy-to-read format.

A complaint had been submitted in 2026; the registered provider had investigated this complaint. The complainant was informed of the outcome of the investigation and the measures for improvement being put in place following the complaint.

The satisfaction level of the complainant was also recorded following the measures being implemented.

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 appropriate plans in place to support them with more positive behaviour.

The premises was well maintained and was meeting the needs of the residents with adequate bathrooms and private and communal space for residents.

Documentation in relation to the residents' guide and risk management in the designated centre were well maintained. The residents has suitable risk assessments in place in the designated centre.

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. Residents had single message button devices that could be used for communication also.

Staff were seen and heard to communicate with residents on the day of the inspection appropriately. 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 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.

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 along with a separate outdoor room. 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 26: Risk management procedures

The registered provider had a suitable risk management policy in place which contained the measures and actions in relation to specified risks in the regulation.

There was a risk registered in place for the centre and the residents had risks assessments completed for the risks they may have. This documentation had been reviewed in the last 12 months.

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 healthcare needs of the residents.

The person in charge had reviewed the individual assessments and personal plans within the last 12 months. This ensured the residents' personal plans remained up to date to support the residents and provide appropriate information for staff supporting them.

The person in charge had ensured the designated centre was suitable for the residents. The residents were planning activities for the year such as attending sports events and using a sensory library.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that restrictive practices used in the designated centre were kept under review and were removed where possible.

The person in charge ensured that all staff were provided with training in the area of positive behaviour support including de-escalation and intervention techniques. The person in charge had ensured that behaviour support plans were in place, which gave staff detailed information on how to support residents in this area. These plans explained to staff what proactive and reactive strategies could be used with residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems available to safeguard residents. There was an up-to-date safeguarding policy available to staff to guide them on possible safeguarding concerns that may arise for residents. All staff had completed safeguarding training and information was also available to residents on this topic.

The provider was ensuring residents were being protected from abuse for example; there was a discrepancy in a resident's finances and their online transactions. This was noticed by the staff team and the management team in the centre were able to get the discrepancy amount refunded.

The person in charge had created intimate care plans for the residents which described the support the residents required in this area. These plans had been reviewed in the last 12 months.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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

Compliance Plan for Blossom Hill OSV-0007921

Inspection ID: MON-0042344

Date of inspection: 23/06/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC reviewed notification of incidents for designated centre and outstanding notifications were completed retrospectively. Future notifications will be completed by PIC within requested timelines- same discussed by PIC and WCIM at their Governance meeting.	

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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	11/08/2026