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:	Park View
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:	13 August 2025
Centre ID:	OSV-0005828
Fieldwork ID:	MON-0038920

About the designated centre

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

Park View is a residential service located in Kilkenny close to a range of local amenities. The service provides supports for up to four individuals with an intellectual disability, over the age of eighteen years. The service operates on a 24 hour, 7 day a week, basis ensuring residents are supported by staff members at all times, with effective governance systems in place. As set out by the provider, Park View "aims to develop services that are individualised, rights based and empowering, that are person centred, flexible and accountable". The accommodation currently consists of two apartments within a two storey house, each comprising of two bedrooms, living room, kitchen and bathroom. The staff team comprises a person in charge, nursing, social care workers and healthcare assistants.

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
Wednesday 13 August 2025	09:00hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, it was evident that residents were in receipt of a good quality of care and support in this centre.

This announced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. This inspection had positive findings, with the majority of regulations reviewed found compliant. Improvement was required to ensure that residents' received the required supports to access and manage their finances' and to the submission of notifications to the Chief Inspector of Social Services in line with the requirements of the regulations.

In Park View, residential care can be provided for up to four adults with an intellectual disability. There were three residents living in the centre at the time of the inspection. The designated centre comprises two apartments within one building in a housing estate in Kilkenny city. One resident lives in the downstairs apartment and two residents live in the upstairs apartment.

Each apartment is designed and laid out to meet the needs and preferences of the residents living there. They both appeared homely and comfortable and residents possessions, art work, photos and favorite items were on display throughout their apartments. Each apartment had access to its own garden area and works had been completed to them since the last inspection. They were colourful and had areas for relaxation and recreation. They featured seating areas, swing chairs, potted plants raised beds, garden ornaments and colourful fence panels. They were well maintained and each contained a bee friendly section.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting the three residents, four staff, the person in charge, and two persons participating in the management of the designated centre (PPIM). Documentation was also reviewed throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

On arrival, one resident welcomed the inspector and showed the inspector their favourite parts of their apartment and garden accompanied by a staff member. A little while later they invited the inspector and staff to sit with them to have a drink and a snack.

Following this the inspector visited the second apartment and met one of the residents living there. They showed the inspector around their home and spoke about their favourite activities and about the important people in their life. All three residents had planned to go out together on the day of the inspection. The inspector

had an opportunity to briefly meet the third resident just before lunch as they got ready to go with their peers and staff for a coastal drive and a picnic.

Each resident had an activity planner with pictures which showed that they could choose to engage in activities in their home and in their local community. One resident was attending day services regularly and the other two residents had individualised wrap around services. Examples of activities residents were engaging in included, attending a local men's shed, making bird boxes, doing projects in their work shed, going out for meals and snacks, taking part in the upkeep of their home, shopping and arts and crafts. One resident had recently gone on holiday and stayed in a hotel for two nights. The other residents were in the process of planning a holiday at the time of the inspection.

Throughout the morning of the inspection, staff were observed to be aware of residents' communication preferences. Warm, kind, and caring interactions were observed between residents and staff. Residents were observed seeking out staff support when they required it, and to spend time alone.

Residents opinions on the quality of care and support in the centre were sought by the provider in a number of ways. It was captured in the provider's annual and six-monthly reviews. For example, in the latest annual review resident feedback was positive in relation to care and support. One resident indicated a preference to live alone and this was being explored with them at the time of the inspection. There was limited evidence of specific examples of feedback, but the provider was aware of this and had added a section to their audits to capture this moving forward.

One resident completed a survey on "what it is like to live in your home" which had been sent in advance of the inspection. They indicated they were happy in their home, with what they do everyday and with the staff supporting them. However, they raised concerns about thie access to transport. They detailed how the second vehicle had recently been removed from the centre by the provider and this was impacting their ability to choose to use the car, at times, specifically if the other two residents were using it. The inspector also reviewed a complaint raised by a residents' family member about the removal of the second car. The residents' concern and this complaint were reviewed by the inspector during the inspection. The person in charge and PPIM described the other transport options available to residents such as local public transport links and the availability of additional vehicles from a number of other local designated centres, should they be required. The person in charge and PPIM informed the inspector they were keeping the situation under review and should there be an impact observed or reported, they would review the transport arrangements in place.

In summary, residents were being supported to a engage in a variety of activities at home and in their local community. They were supported by a staff team who they were familiar with and who were familiar with their needs, wishes and preferences. They were in receipt of a service which promoted and upheld their rights.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

Overall, this announced inspection found that this was a well run centre where the provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. Areas where further improvements were required related to residents' finances and the submission of notifications to the Chief Inspector.

The provider had effective governance and management arrangements. There were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge receives support and supervision from a PPIM. There was an on-call manager available out of hours.

The centre was not fully staffed in line with the statement of purpose; however, this was not found to be impacting on continuity of care and support for residents. Staff were supported to carry out their roles and responsibilities through probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application to renew the registration of the centre. They had submitted all of the required information in line with the required timeframes.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 3 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were also identified as person in charge of another designated centre operated by the provider close to this one. They had effective systems for oversight and monitoring and were present in this centre regularly.

They were self-identifying areas for improvement in line with the findings of this inspection and had plans to implement the required actions in a timely manner, to bring about these improvements.

The inspectors observed that residents' were familiar with the person in charge and appeared comfortable and content in their presence. Warm and caring interactions were observed between them during the inspection. Staff were complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruitment policies and procedures. A review of a sample of three staff files was completed. They each contained the information required under Schedule 2.

The centre was not fully staffed in line with the statement of purpose. There were two whole time equivalent vacancies at the time of the inspection. However, this was not found to be impacting on continuity of care and support for residents. The inspector reviewed a sample of rosters and found that they were well maintained. They demonstrated that continuity of care and support was in place. Planned and unplanned leave was covered by regular staff completing additional hours and relief and agency staff covering the remainder.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and a sample of certificates of training in three staff files. These demonstrated that staff had completed training listed as mandatory in the provider's policy.

The inspector reviewed a sample of supervision records for four staff. The agenda was focused on resident's care and support needs and staff's roles and responsibilities.

Each staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the resident's care and support, or the day-to-day running of the centre. They spoke about the the availability of the person in charge and PPIM should they require support. They also spoke about the provider's out-of-hours on-call system.

A sample of staff meeting minutes from February to July 2025 were reviewed. At these meetings agenda items included areas such as, resident's care and support needs, staffing matters, complaints and compliments, audits, safeguarding, health and safety and staff delegated duties.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available and reviewed in the centre. A copy was also submitted and reviewed as part of the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which was detailed in the provider's statement of purpose. The person in charge reported to and received supervision and support from a PPIM. There was an on-call roster in place to ensure that support was available for residents and staff out-of-hours. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities.

The provider's systems for oversight and monitoring included a number of audits and reviews. The inspector reviewed a sample of audits completed in the centre in 2025. This included the provider's latest six-monthly unannounced visit and annual review, and weekly governance reports between the person in charge and PPIM. They also audits on medicines management, positive behaviour support, restrictive practices, infection control audits, finances and health and safety. From a review of these, there was a lot of crossover and repetition; however there was evidence that actions were developed, reviewed and leading to improvements in relation to residents' care and support and their apartments. As mentioned earlier, there was limited evidence of specific feedback from residents and their representatives in the annual review. The person in charge and PPIM were aware of this and had plans to ensure this was improved moving forward.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of this designated centre and it was reviewed prior to the the inspection. It required editing, particularly relating to the layout of the centre and resident numbers. The provider resubmitted the statement of purpose and this version was reviewed during the inspection. It now contained the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that the Chief Inspector of Social Services was notified of some of the required incidents in the centre in line with the requirement of the regulations. For example, five allegations of abuse notified to the Chief Inspector had not been notified in line with the required timeframes. For these safeguarding concerns safeguarding plans had been developed and the required control measures were implemented.

In addition, the Chief Inspector had not been notified of an injury requiring medical treatment in line with the required timeframe.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life in this centre. They were taking part in activities they enjoyed on a regular basis, supported to keep in contact with and spend time with their family and friends and supported to make decisions about their care and support. As previously mentioned some improvements were required to ensure that residents received the required supports to access and manage their finances.

Records of residents' possessions and income and expenditure were maintained. The records of residents' monies spent were transparently kept in line with the provider's policies and procedures. Regular financial audits were being completed and there was evidence of oversight of these by the person in charge and PPIM. There was secure storage available for resident's valuables if they wished to use it. However, based on a review of documentation and discussions with staff, it was not evident that restrictions relating to residents' accessing their finances were the least restrictive and this is discussed further under Regulation 12: Personal possessions.

Residents were protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training to ensure they were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. Based on what they read and were told, residents were supported to develop and maintain relationships. They were visiting and spending time with their family and friends on a regular basis. There were a number of private and communal spaces available in each of the apartments for residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

It was not demonstrated during the inspection that some residents had easy access to their personal finances.

There were easy-to-read documents available and documentation to show when these were reviewed with residents were available. In addition, circle of support meetings were held with the resident and other members of the multi-disciplinary team when purchasing larger or more expensive items. However, in line with the findings of the previous inspection in this centre, residents did not have assessments or plans to describe their understanding of their finances, any supports they may require or how they make decisions on managing their money. There were a number of documents such as residents' profiles and individual risk assessments; however, these did not contain sufficient detail.

Overall the inspector found that two residents did not have consistent access to their finances. This related to difficulties encountered by residents in engaging with financial institutions and were also due to the systems in place within the organisation. The provider had introduced a card system to support residents to have more regular access to their money which was held centrally in the provider's finance department; however, some residents had limited access to money, at times. For example, one resident had €100 added to this card per week and if they required more this had to be applied for during the work hours of the provider's finance department. In addition, the card for this residents' savings account was stored in the provider's central finance department and the resident had to request that the finance department withdraw money from this account should they require it. These arrangements were recorded and regularly reviewed as restrictive

practices. The inspector reviewed a risk assessment relating to one residents' finances which was orange risk rated due to these restrictions in place. In addition, the minutes of the latest restrictive practice review indicated limitations relating to the provider's finance policy and pathways which were impacting on residents' access to their money. In addition, the minutes indicated that the arrangements in place for them to access the card for their savings account required review with the finance department.

Judgment: Not compliant

Regulation 17: Premises

The inspector completed a walk around the apartments and garden. Both apartments was clean throughout and designed and laid out to meet the number and needs of residents.

There were good indoor and outdoor recreational facilities. There were a number of private and communal spaces to ensure residents. Their bedrooms were personalised to suit their tastes and they had space to store their personal possessions. Overall, the premises and gardens were well maintained.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it required review to ensure it reflected the number of registered beds in the centre. The provider reviewed and resubmitted it. It was also available and reviewed in the centre during the inspection. It now contained all of the information required by the regulations including information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding policy which was available for review in the centre. From a review of the staff training matrix, 100% of staff had completed

safeguarding training. The inspector also reviewed a sample of three staff files and their certificates of training.

Staff who spoke with the inspector were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There had been a number of safeguarding concerns since the last inspection and the documentation relating to these was reviewed by the inspector. The provider's and national policy were followed and safeguarding plans were developed and reviewed as required. However, the inspector found that five allegations of abuse that had not been reported to the Chief Inspector within the required three day timeframe. This was captured under Regulation 31: Notification of Incidents. Although they had not been notified, risk assessments and safeguarding plans had been developed and the required controls implemented to ensure resident's safety.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Park View OSV-0005828

Inspection ID: MON-0038920

Date of inspection: 13/08/2025

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 Person In Charge has oversight of incidents through daily review of NIMS. Person In Charge is reviewing NIMS on daily basis and ensures that required HIQA notifications are submitted; PIC has ensured that notifications are submitted in line with regulation. Person in Charge submits weekly report to Wellness, Culture and Integration Manager. This report includes any incidents that have occurred in the previous week. This ensures that PICs line manager oversight of incidents that occurred in the center and supports with further actions if required. This will also include reassurance that required HIQA notification are submitted and necessary actions taken.

Following review of Safeguarding process, all safeguarding allegations in the Centre are now assigned to the Person In Charge (PIC) in the center. PIC is a Designated Officer (DO) for preliminary screening. This ensures that PIC has oversight of every allegation made and will ensure that monitoring notifications in relation to an alleged abuse are submitted, depending on the nature of allegation.

Following review of safeguarding process, a meeting took place between DOS, WCI managers and Social Worker with agreed actions to update Aurora Safeguarding Pathway by 30.09.2025 to include requirement for HIQA notification submission. This pathway will be shared with all staff across the service and will also be discussed at October Team Meeting.

HIQA report and findings have been discussed at the team meeting on 1st September.

The Person In Charge will ensure that all incidents that require notification will be submitted in line with HIQA timeframes.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
HIQA report and findings have been discussed at the team meeting on 01.09.2025. An additional Team Meeting took place on 09.09.2025 to discuss person possessions and management of same within the center. This Team Meeting was facilitated by the Wellness, Culture and Integration Manager and provided an opportunity for the team to discuss Person Supported understanding of their monies, any supports they may require with management of same and how do they make decisions around their finances. Team Meeting was successful and learning for all gained. Following on from this meeting, team will update following documents (please include a date for completion here) with each person supported to reflect person supported understanding, the support required for decision-making around their finances by 30.09.2025:
• My Profile- What is important to me and what is important for me? How I say "yes/no" & my communications tool box
• Biography- Making Choices and Decisions and Home Living Supports and maximising Independence
• Risk Assessments

1 person supported in the center has full access to their finances and they are not restricted in any way.

A Circle of Support has been held for a person supported in relation to decision making and planning for accessing their own bank card. PIC and Provider are currently implementing the necessary safeguards and plans for same.

The Finance Department will review the Person Supported Personal Property, Finances & Possessions policy by 31.10.2025.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/10/2025
Regulation 31(1)(d)	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 serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	30/09/2025
Regulation 31(1)(f)	The person in charge shall give	Not Compliant	Orange	30/09/2025

	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.			
Regulation 31(1)(g)	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 of misconduct by the registered provider or by staff.	Not Compliant	Orange	30/09/2025