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:	Cumas
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:	07 October 2025
Centre ID:	OSV-0007775
Fieldwork ID:	MON-0039395

About the designated centre

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

Cumas is a designated centre located in Co. Kilkenny. It provides residential supports for five individual residents over the age of 18 years with an intellectual disability. An appointed person in charge oversees the day to day operations of the centre. The centre is comprised of 3 single occupancy apartments and one apartment with two resident bedrooms which have been decorated and adapted to meet the needs of the residents. Staffing support is afforded 24 hours a day 7 days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 7 October 2025	08:30hrs to 18:00hrs	Marie Byrne	Lead
Tuesday 7 October 2025	08:30hrs to 18:00hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision regarding the renewal of registration for this designated centre. Three other inspections were also carried out at this time in other centres operated by the registered provider. Some overarching findings in relation to the provider's oversight and governance and management arrangements were identified in all four centres inspected. In addition, improvements were required in financial oversight to ensure a comprehensive approach to managing residents' finances was in place. This report will outline the findings against this centre.

The inspection in this centre was completed by two inspectors of social services over one day. It found that residents were in receipt of a good quality of care and support in the centre. However, some improvements were required in relation to staffing, the provider's annual review, residents' contracts of care and the systems for supporting residents to access and manage their finances.

Cumus is a designated centre based near the centre of Kilkenny City. The centre comprises four apartments in an apartment block. Residential care is provided for up to five residents over the age of 18 with an intellectual disability. Within each apartment there is a kitchen come dining room, a bathroom, an office and resident bedrooms. Three apartments are single occupancy and the fourth is home to two residents.

At the time of the inspection, there were five residents using the service and inspectors had an opportunity to meet each of them. In addition, inspectors met and spoke with the person in charge, three staff, a student on practice placement and the wellness, culture and integration manager. Inspectors also reviewed documentation throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitoring in this centre.

Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences. Residents appeared very comfortable in the presence of staff. While some residents were observed spending time chatting to staff, others were observed smiling, vocalising and using gestures and body movements to communicate with staff.

Two residents had recently transitioned from another centre operated by the provider. Based on what inspectors read, were told and observed, they were happy and settling into their new apartment. They were both attending attending day services five days a week and inspectors had an opportunity to meet them both as they got ready to go there. They chatted with staff and inspectors about their new apartment and some of their favourite things to do. For example, they both spoke about how much they had enjoyed a music event they attended the week before. Both residents showed inspectors their bedrooms and one of them showed

inspectors a framed photo and the picture on their mobile phone cover of an important person in their life.

As previously mentioned, two residents went to day services. The other three residents were in receipt of a wrap-around service. Over the course of the inspection, inspectors met these residents as they went about their day. They were observed relaxing in their favourite spaces, watching television, using their tablet computers, listening to music, having meals and snacks and spending time with staff. They also had opportunities to leave the centre supported by staff. Some went out for a drive, others went shopping or to a road safety event that was being held locally. Inspectors met one resident on their return from this road safety event and they had brought back some products from the event such as high visibility vests and a key ring.

Staff spoke with inspectors about resident's interests and the types of activities they find meaningful both at home and in their local community. Examples of home-based activities they were enjoying included, spending time with staff watching television and listening to music, using their tablet computers and using sensory equipment. Examples of community-based activities included, going to local beaches and parks, going out for meals and snacks, social farming, attending the mart, shopping, cinema, local GAA matches, and attending local religious services. Three residents had recently gone on holiday and stayed in a hotel. They had met up with a friend who lived in another designated centre who was also staying in the hotel.

Inspectors found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre. However, they were not reflecting this in their annual review. This will be discussed further under Regulation 23: Governance and Management. Feedback from the five residents and four residents' representatives were reviewed for 2025. Feedback was positive towards care and support in the centre, the location of the centre, residents' bedrooms, communication, the complaints process, and staff supports. However, one form indicated that a residents' representative was concerned about the changing staff. This is discussed further under Regulation 15: Staffing.

In addition, each resident completed, or was assisted to complete a questionnaire which had been sent out prior to the inspection taking place. Feedback in these questionnaires was positive in relation to their apartments, access to activities, safety and security, visiting arrangements, the complaints process and the staff team. One residents' comments in relation to staffing supports will be discussed further under Regulation 15: Staffing.

In summary, each apartment was warm, clean and homely. Residents appeared comfortable and content in their apartments and with the supports offered by the staff team. Some improvements were required in relation to staffing, contracts of care, the provider's annual review and the oversight and supports for residents around managing their finances. These areas will be discussed further later in the report.

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. For the most part, the provider had effective governance and management arrangements. However, areas where further improvements were required in relation to staffing arrangements, the provider's annual review, residents' contracts of care and the systems for supporting residents to manage their finances.

There were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge reports to and receives support and supervision from a wellness, culture and integration manager. There was also an on-call manager available out of hours.

The centre was not fully staffed in line with the statement of purpose. This will be discussed further under Regulation 15: Staffing. 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

Inspectors 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 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and also identified as person in charge of another designated centre close to this one. During the inspection, inspectors reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

Residents were observed to be very familiar with them and appeared very comfortable and content in their presence. They were focused on quality improvement initiatives and implementing a human-rights based approach to care and support for residents and on ensuring that each resident was happy and safe in the centre. They were also focused on ensuring that residents had regular opportunities to be part of their local community and engaging in activities they find meaningful.

Judgment: Compliant

Regulation 15: Staffing

The centre was not fully staffed in line with the centre's statement of purpose. The provider had filled staff vacancies since the last inspection; however, four staff had recently moved to another designated centre to support a resident to transition to their new home. As a result there were now 2.8 whole time equivalent vacancies in this centre.

Inspectors reviewed a sample of three months of rosters and found that they were well maintained. However, they did not demonstrate that continuity of care and support was in place, at times. Inspectors were informed that efforts were being made to ensure the same relief and agency staff were covering shits, where possible. However, this was not always proving possible. For example, over a two week period in September 2025, 13 shifts were covered by 10 different relief or agency staff. One survey form reviewed in the centre for 2025 indicated that a residents' representative was concerned about the changing staff, and one residents' questionnaire completed prior to this inspection referred to the importance of regular staff to them.

A review of a sample of three staff files was completed. They each contained the information required under Schedule 2.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors found that staff had the training, knowledge and skills appropriate to their roles. They received support and supervision to ensure good practice in the centre.

Inspectors reviewed the staff training matrix and a sample of seven certificates of training. Each staff member had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, manual handling, and infection

prevention and control (IPC). In addition staff had completed additional trainings such as, autism awareness, and training on human rights and supporting decision making.

Probation and supervision records for four staff were reviewed. These were being completed in line with the provider's policy. Discussions were held in relation to areas such as staff strengths, areas for further development, their roles and responsibilities, training and development, safeguarding, risk management, and fire safety. In addition learning action analysis were being completed as required and staff were in receipt of on the job mentoring in relation to specific topics such as medicines management and safeguarding.

A sample of five staff meeting minutes were reviewed. These were well attended by staff and agenda items were resident focused. Discussions were being held in relation to safeguarding, complaints, incidents and accidents, health and safety, and policies, procedures and practices.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was 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

Inspectors found that the provider had systems for oversight and monitoring in this centre which were providing effective. However, some improvements were required to ensure that the provider's annual review reflected consultation with residents and their representatives.

The provider's systems for oversight and monitoring included six-monthly unannounced visits, an annual review, and area-specific audits. From a review of the last two six-monthly and annual reviews, there was evidence that actions were developed, reviewed and leading to improvements in relation to residents' care and support and their apartments. For example, in the latest six-monthly review some premises issues were identified and the required works had been completed to make residents' apartments more homely. This included painting and maintenance works.

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspectors were aware of the reporting structures, and of their roles and responsibilities. They stated they

were well supported by the local management team.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had not ensured that each resident had an up-to-date contract of care which was fully reflective of the fees they were paying.

The inspectors reviewed residents' contracts of care and found that they did not reflect the current long-stay changes that residents had been paying since December 2024. In addition, their contracts (including the easy-to-read versions) did not contain sufficient detail in relation to the transport costs that the provider was responsible to pay, and those which residents were responsible to pay.

The provider had an admissions policy and recent admissions to this centre were found to be in line with this policy and the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre. It had been updated in line with the time frame identified in the regulations. It required some minor edits and the provider resubmitted it. Following these edits, it contained the required information.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the staff team were making every effort to ensure that each resident was supported to enjoy a good quality of life in this centre. They were supporting them to develop goals and engage in activities they find meaningful. They were also supported to keep in contact with and spend time with their family and friends. However, as previously mentioned some improvements were required to in relation to the systems for supporting residents to manage their finances.

Residents lived in a warm, clean and comfortable apartments. They each had an

assessment of need and personal plan. These detailed their abilities, goals, and support requirements. They also detailed how they make decision and how they communicate their and wishes and preferences.

Residents were protected by the fire safety and 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 in the event of an emergency and should there be an allegation or suspicion of abuse. Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 12: Personal possessions

It was not demonstrated during the inspection that some residents had easy access to their personal finances. In addition, the provider's systems for oversight and audit of residents' finances were not fully effective.

Residents had client accounts held and managed by the providers' finance department. They were receiving statements from these accounts quarterly from the finance department. Inspectors reviewed records relating two residents' finances and found that there were discrepancies in the records reviewed. For example, on one resident's statement it did not reflect the weekly amount deducted in relation to the top up of their card system. Although there was evidence that the card received the top up amount this was not reflected in their quarterly statements. Therefore there was no clear record in the centre around the resident's full expenditure. No audits or review had identified this issue within the designated centre.

There was a number of documents to record residents' income and expenditure. Daily checks were being completed of residents' balances and monthly cash expenditure sheets were being completed. Residents had detailed assets lists. A sample of ten finance audits were reviewed in the centre. However, the audits did not demonstrate that every receipt was checked or that residents statement of client accounts were reconciled as part of the audits. For example, in one audit reviewed, dated January 2025, a sample of four receipts were reviewed. similar patterns were also identified in the successive months This did not demonstrate comprehensive oversight of residents' finances.

The provider had introduced a card system to support residents to have more regular access to their money. With this card they could make purchases, including online purchases. This card was topped up by the provider's finance department on a weekly basis. Inspectors were informed that the amount topped up was based on residents' average spending weekly. If more money was required this was applied for during the work hours of the finance department on week days. Therefore, it could not be demonstrated that residents could freely access their finances at all times. Inspectors acknowledge that these arrangements were recognised, recorded and regularly reviewed as restrictive practices.

There were easy-to-read documents available to support residents to understand the provider's systems and relating to difficulties encountered supporting them to open accounts in financial institutions. Residents also had an assessment and a support plan on managing their finances.

Judgment: Not compliant

Regulation 17: Premises

Inspectors completed a walk around each of the apartments and found that they were clean, homely and well maintained. They were each laid out and decorated differently to reflect people's needs, preferences and interests. Inspectors observed and staff spoke about the benefits of the premises being designed, laid out and furnished to meet residents' needs and preferences. For example, one resident had a sensory room in their apartment and two residents had ceiling hoists in their living room to support them to access seating .One resident had a pet bird in their apartment and a well-maintained balcony garden with colourful pots, flowers and plants. Overall, the apartments were very well kept and laid out to meet residents' specific assessed needs.

As two residents recently moved in to their apartment they had the opportunity to decorate their apartment to their preference. The inspectors saw that all parts of the apartment had been re-painted, there were new furniture and soft furnishes in place and personal items had been displayed. The residents had a number of greeting cards on display welcoming them to their new home.

Residents bedrooms were personalised and they had room to store and display their personal possessions.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide submitted prior to the inspection was reviewed and it contained all of the information required by the regulations. This included information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors carried out a walk around of each apartment during the inspection. They observed that emergency lighting, smoke alarms, fire- fighting equipment and alarm systems were in place. There were fire doors with swing closers in place, as required. Inspectors reviewed records for 2024 and 2025 to demonstrate that quarterly and annual service and maintenance were completed on fire systems and equipment.

Inspectors reviewed a sample of fourteen fire drill records. Drills were occurring frequently, and records reviewed demonstrated that the the provider was ensuring that evacuations could be completed in a safe manner taking into account each residents' support needs and a range of scenarios. There had been one recent drill which took longer than previous drills. The person in charge discussed their plans to re-do this drill in the next few weeks. Further action would be taken, if needed, following this.

Personal emergency evacuation plans for the five residents were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. Fire evacuation plans were on display and included different routes for evacuations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that residents were supported to access allied health professionals in line with their assessed needs. In addition, the provider was reviewing restrictive practices on a regular basis to ensure they were the least restrictive for the shortest duration.

There were a number of restrictive practices in place. For example, door locks, welfare checks at night in line with residents' healthcare needs, bed rails and bumpers and lap belts on equipment. From a review of the five residents' plans, these restrictions were regularly reviewed. Each resident had a restrictive practice register and restrictive proactive management plan. These were reviewed quarterly by the local management team, and at least annually by the provider's restrictive practice committee. For each restrictive practice, there was a risk assessment in place. The documentation reviewed demonstrated that the provider was reviewing restrictive practices on an ongoing basis to ensure they were the least restrictive for the shortest duration.

One resident was accessing the support of a behaviour specialist and had a positive behaviour support plan in place. This was reviewed by inspectors and it contained proactive strategies, early warning signs, reactive and post incident strategies. This plan was sufficiently detailed to guide staff how to respond while supporting the resident.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. Inspectors spoke with the person in charge and one of the provider's designated officers. They found that they were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed. There were had been one safeguarding concerns notified to the Chief Inspector since the last inspection. Inspectors reviewed the documentation relating to this and found that the provider's and national policy were followed.

Inspectors reviewed a sample of three residents' intimate care plans and found that they were detailed in nature and outlined their abilities, support needs, preferences and any equipment they may require.

Inspectors reviewed the systems in place to ensure that residents finances were safeguarded. Some areas for improvements were identified and these are discussed under Regulation 12: Personal Possessions.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre. 100% of staff had completed four modules on applying a human-rights based approach in health and social care, and an online course on supporting decision making.

Throughout the inspection inspectors observed staff treat residents with dignity and respect. Staff who spoke with inspectors were focused on residents' strengths and the steps they were taking daily to ensure that each resident was happy, safe and engaging in activities they find meaningful. Residents were supported to spend time with their family and friends and to develop and achieve their goals.

Inspectors reviewed a sample of eight resident focus on future meeting which are held weekly. Discussions were held around upcoming events and celebrations, menu and activity planning. For, example in one residents' meeting they met with staff to discuss an upcoming hospital appointment, healthy eating, food shopping, social farming, going to the mart, visiting a farm, attending mass on Sunday and going to

a hurling match.

Each of the residents were registered to vote and had just received their voting cards for the upcoming presidential election. One resident had been supported to apply for a grant to make their bathroom more accessible. They had been successful secured the grant. The required works had been completed resulting in their bathroom meeting their needs.

There were easy-to-read documents available in each residents' plans specific to their healthcare needs and other important aspects of their lives. These covered areas such as safeguarding, complaints, rights, how to access advocacy services, upcoming holidays, upcoming healthcare appointments, residents' finances, renovations in their home, and restrictive practices. On each of these easy-to-read documents a date was recorded for when they were discussed and reviewed with residents.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cumas OSV-0007775

Inspection ID: MON-0039395

Date of inspection: 07/10/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC & WCI Manager have reviewed the roster since the inspection took place and have agreed to complete the following actions by 14.11.2025. - Meet with the agency and agree on two staff who will commit to fill 1 vacancy in the center until such time as vacancy can be filled by relief/employee. - Three relief staff will be appointed to the centre by 12.11.2025 - WCI Manager will priorities Cumas for a new start by 28.11.2025 Aurora HR Department are conducting a robust recruitment programme to fill our current vacancies which stand at 46 to end of October and we are onboarding 8 new employees, going through our compliance process. Recruitment is a challenge given that 36 employees have been recruited to date this year, however, 31 employees have left the organisation and 9 employees have retired in 2025 which means Aurora have recruited 36 employees to date while 40 have left the organisation. Aurora are working collaboratively in a recruitment process outsourcing plan with a recruitment agency to improve our chances in a very competitive market. As this is also a national recruitment issue in this sector, Aurora is working with Federation of Voluntary Bodies and the HSE Portal to advertise our vacancies. Aurora has a significant relief panel to assist with vacancies in our designated centres and work collaboratively with our agencies to ensure, as much as is possible, that familiar and regular staff work throughout the service. Aurora HR Department is also working on the development of our retention strategies.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Quality department have met with the Director of Services on 09.10.2025 and discussed a number of actions required to update audits. The actions include each function reviewing audit questions, to avoid repetitiveness, and cut down on number of questions.
The DOS also agreed on a number of changes to the providers Annual Review Report that included feedback from people supported & their representatives and has actioned these changes to QA department. The QA department will update the system in Q 1 2026 when functions audit questions are updated.

An immediate action for the Auditor will be to document within the annual report the observations made while in the designated centre on how people supported and staff interact.
The findings of this report will be shared at team meeting on 12.11.2025.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
Senior Management Team have met on the 3.11.25 to further review Aurora Service Provision for residential and Day Service to ensure equity and fairness in applying charges and contributions. This will be finalised by 15.12.25 and the policy and service provision documents will be updated accordingly and communicated to employees and people supported.

People supported will receive easy-to-read documents explaining any changes to the policy and how these may affect them.

The updated policy will be discussed at the Team Meeting on 18 December 2025 to ensure all staff are informed and understand the changes.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The provider takes responsibility for the people supported in Aurora to safeguard finances, as most people supported are not in a position to open their own bank account.

Based on this, the provider has implemented the least restrictive finance system and maximised safeguarding over person's finances, by using a smart card system.
The provider has set weekly limits, based on the person's spending patterns; those weekly limits are reviewed regularly and can be increased as required and requested to meet the person's needs.

Since implementing the smart card system and the provider's finance system, the provider is still in the improvement phase to make adjustments, where errors have been identified. The Director of Finances has put controls in place to mitigate and reduce errors due to manual processes. As part of the improvements, a more in-depth review of the Person Supported Finance Policy is ongoing and yet to be finalised to ensure detail and transparency in processes and the policy. Director of Finances, Director of Services and both teams have met on the 29.10.25 to discuss the findings from most recent HIQA inspections and issues identified in provider audits to agree on next actions for improvements. Senior Management Team have met on the 3.11.25 to further review Aurora Service Provision for residential and Day Service to ensure equity and fairness in applying charges and contributions. This will be finalised by 15.12.25 and the policy and service provision documents will be updated accordingly and communicated to employees and people supported. The finance audit will be reviewed and amended in line with updated policy by 16.01.2026

One person supported quarterly statement that did not reflect the weekly amount deducted in relation to the top up amount has been rectified on 14.10.2025 and apology given to person supported on 20.10.2025.

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	15/12/2025
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	01/12/2025
Regulation 15(3)	The registered provider shall	Substantially Compliant	Yellow	01/12/2025

	ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	07/11/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	01/01/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	15/12/2025