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:	Esmonde Gardens
Name of provider:	St Aidans Services
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	08 April 2026
Centre ID:	OSV-0001855
Fieldwork ID:	MON-0043920

About the designated centre

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

Esmonde Gardens is a designated centre which accommodates five adults, both male and female, with mild to moderate intellectual disabilities, mental health, dual diagnosis and behaviors that challenge. The centre comprises of one single storey building and Esmonde Gardens, can accommodate up to five residents. The house is located in a busy town in Co.Wexford. All residents have their own bedrooms which are decorated to suit their preferences. The house has communal kitchen/dining and living areas. It is located close to local shops, pubs, restaurants, sports facilities, boutiques, cafés, beaches and health services. There were a number of day services/workshops allied to the centre. The staff team currently comprises of care assistants, social care workers and nursing staff. Service vehicles are available to residents in this house.

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
Wednesday 8 April 2026	09:50hrs to 18:10hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the ongoing levels of compliance with the regulations. It was conducted by one inspector over the course of one day. Overall, the inspection found full compliance with the regulations inspected, with a dedicated staff team in the centre who were very familiar with the residents' needs. Based on the inspector's observations, conversations with residents and staff, and a review of documentation, it was evident that the residents living in Esmonde Gardens were receiving good quality and safe care.

The centre accommodated a maximum of five residents and had no vacancies on the day. Staff who worked in the day service also provided assistance to residents when they were in the designated centre. Day service staff arrived each morning and supported the staff working in the centre to provide personal care to residents. Once residents were ready, they left with the day service staff to attend their planned activities.

The centre was a large bungalow in Gorey, Wexford. It was within walking distance to local amenities and services, and had easy access to public transport. There was also access to a vehicle for residents to use. The centre consisted of an open plan kitchen-dining room which opened out onto a large garden. Some residents were seen to enjoy sitting at the window looking out onto the garden during the day. There was a large sitting room and a small room where residents could meet with visitors in private. There was also a sensory room which had been decorated to ensure it provided a relaxation space with ambient lights and a large bean bag. The inspector was informed that this room was enjoyed by residents.

Each resident had their own bedroom with a sink. Residents had their own televisions in their bedrooms; each room was personalised and decorated to the residents' own taste. Residents' rooms were filled with photos from different events and activities they had attended to achieve their personal goals. Their rooms were also filled with family photos and items of significance to them. The personal goals that residents were working towards were put into a frame and displayed in their bedrooms too. It was evident that residents' personal goals were part of their everyday life.

On arrival to the centre, two residents had chosen to have a lie in before heading to their day service. The other three residents had already left to attend their different day services. Shortly after the inspector arrived, staff from the day service attended the centre to support the staff working in the centre with residents' morning routine. The inspector spoke briefly with one resident while they were having their breakfast. The inspector was informed that they enjoyed gardening. There were raised flowers beds that the resident and their keyworker had begun working on to grown

vegetables and flowers. Once the resident finished their breakfast they left for their day service.

Another resident spoke in more detail with the inspector once they were dressed and ready to go out. They said they liked living in the centre and had no worries or concerns. The resident was very comfortable with the staff who was supporting them and they had worked together for many years. They were observed to engage in witty banter together. The resident was full of excitement about another resident's birthday party celebrations planned for that evening. The resident spoke about doing their own food shopping and cooking in day service that day, which they enjoyed as they got to chose the food they liked. They were also heading to work and said they thoroughly enjoyed this also.

The inspector spoke with or spent time observing all residents once they returned from their day service activities. Staff interactions were very kind and caring with the residents' and it created a very homely environment. It was evident that staff were very familiar with the residents, their wants and needs and the residents were very comfortable with the staff. Once residents returned, they were supported to take some rest and get ready for the birthday party. Residents and staff spoke in a jovial way about dancing at the party, the party food and what they were planning on wearing. The centre was buzzing with excitement.

Residents' rights were respected in the centre and it was evident that they were consulted with in decisions regarding their care and the running of the centre. There were weekly resident meetings, which they usually attended. Residents spoken with also said they were happy living in the centre. They said they liked living with each other and felt safe. Residents also had the opportunity to input into their service through annual surveys, with two residents reporting being happy with the care and support provided. Residents were living busy lives and spoke about activities they had planned like concerts and trips away.

Some of the residents had a modified diets and required additional assistance with eating or drinking. One resident was supported to have their own fridge in the kitchen. This was full of snacks that were suitable for their modified dietary requirements. They were observed to freely access this and take what they wanted. They needed some additional support with their fluids, and this was supported in a dignified and respectful manner.

Residents could receive visitors within communal areas, or in the privacy of their bedrooms. The inspector spoke with one family and reviewed the most recent family surveys. Overall, families were very happy with the service provided. Families reported residents having a good social life, being encouraged to be independent, being respected and safe. Families felt that there were sufficient staffing levels and residents were supported to have their care needs met. Families described residents as being 'comfortable', 'well looked after' and 'blessed' living in the service. Families also spoke about staff saying how 'connected' they were to each resident in their own way and how supportive they were in what the residents want to do.

The next two sections of the report outline the governance and management arrangements in the centre, and how the arrangements positively impacted on the quality and safety of care and support provided to residents in this centre.

Capacity and capability

Overall, the inspector found that there were effective governance and management systems in place which ensured that residents were in receipt of good quality and safe care. There were clear lines of responsibility and accountability, and the governance structure for this centre enabled consistent managerial oversight of the delivery of care. The provider had also ensured the centre was adequately resourced to meet the needs of all residents, and when additional resources were required, there was a system in place for this to be raised with the provider.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority.There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for an additional service, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

Regulation 15: Staffing

The inspector reviewed the planned and actual staff rosters for February and March 2026, as well as the current roster for April 2026. The person in charge maintained a clearly documented roster, which accurately reflected the staffing levels and skill mix in the centre. Staffing levels were consistent with the centre's statement of purpose and the assessed needs of residents.

Residents benefited from a stable and consistent staff team, with some staff working with the residents for many years, which contributed to continuity of care. On the day of inspection there was one full-time equivalent (FTE) vacant care assistant position, which was covered by a regular relief staff. The team leader was also temporarily in a supernumery position to support oversight within the centre as the person in charge had oversight of two designated centres. Continuity of care was ensured by having regular relief staff covering to ensure minimal use of relief.

Staff spoken with demonstrated a clear understanding of residents' assessed needs and were observed advocating for individuals within the designated centre. Overall, staff reported that they were supported to maintain safe staffing levels, with arrangements in place to access additional support if required. The inspector observed staff interacting with residents in a warm, respectful manner, demonstrating a strong rapport and understanding of each resident's preferences and communication styles.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents. While there had been some recent changes to the management structure of the centre, there were clear lines of accountability. The role of person in charge had recently become vacant, in consultation with the Chief Inspector of Social Services, the provider had placed a person in charge from another centre in the provider group to be person in charge for Esmonde Gardens also. In conjunction with this, the team leader was also working on a supernumery basis to provide support to the person in charge and ensure oversight of the centre. The person in charge divided their time between both centres equally. Recruitment for the role of person in charge was underway on the day of inspection.

An annual review of the quality and safety of care had been completed for 2025, which consulted with residents and their representatives. The inspector reviewed the last two six-monthly provider unannounced visits to the centre completed in December 2025 and June 2025. The inspector found that the audits were detailed and that actions identified during these audits had been completed within the time frame identified.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. The inspector reviewed staff meetings occurring in the centre and found that there was a standing agenda in place with clear actions set out if deemed necessary following the meeting. The agenda included residents' update, fire safety, health and safety, communication and learning.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Chief Inspector of adverse events as required under the regulations.

Judgment: Compliant

Quality and safety

This was a service that was responsive to the assessed needs of the residents, and ensured the arrangements and supports that they required were made available to them.

The inspector found that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. The centre incorporated a multi-disciplinary approach to care and support with members of the multi-disciplinary team working closely with each resident and their support staff.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were encouraged and supported to direct how they lived on a day-to-day basis according to personal values, beliefs and preferences. Residents were supported to maintain and continue to build upon personal relationships with family and friends.

Regulation 10: Communication

Residents could communicate freely and were appropriately assisted and supported to do so in line with their needs and wishes. This resulted in residents being listened to and supported to express their thoughts, feelings, needs and wants in relation to the service and their personal care. Residents communication was supported to ensure they were enabled to actively make informed decisions.

Residents were assisted and supported at all times to communicate in line with their needs and wishes to ensure they were at the centre of the decision-making process. Staff supporting the residents ensured that residents could express themselves in a communication format that they preferred. There were clear communication plans in place to ensure that staff were aware of residents communication style which guided staff practice. Residents had access to and were supported to use communication aids, in line with their assessed needs.

Residents were given information in a timely manner using formats and methods that they could understand. For example, easy-to-read versions of the complaints policy and a residents guide were available.

Judgment: Compliant

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished. Residents regularly visited family members and also visited their them in the family home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with all residents attending a day service.

The inspector observed supports in place to ensure that residents could continue to maintain and develop personal relationships with residents regularly visiting their families. Residents had developed strong links with the wider community, with some volunteering and others working in local shops. The inspector found that the activities residents attended were person-centred and tailored to meet their needs and aspirations. For example, some residents were being supported to go on holidays that met their interests.

The activities planned were meaningful for each resident and staff ensured that residents were consulted about how they wanted to spend their free time. The provider had ensured sufficient staff were on duty each day to bring residents out and about, and had also ensured adequate transport arrangements had been made available for them to do so.

From conversations with staff, as well as information and photographs reviewed during the inspection, it was evident that residents lived meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were consulted with and encouraged to lead on menu planning. They could choose to participate in the preparation, cooking and serving of their meals. Some residents were supported to do their own food shopping each week in their day service and cook their own meals. A resident spoke about having a more limited diet by their choice, however they were being encouraged and supported to expand their diet. They did their own food shopping and preparation and felt like they had control over what they were eating.

The timing of meals and snacks throughout the day were planned to fit around the activities, needs and preferences of the residents. Residents had plenty of time to eat and drink and enjoy meals. The inspector's observations were that meals were not rushed and a pleasant social experience with staff sitting with them.

Ample wholesome and nutritious food and drinks were available for residents to choose from at meal times, with cupboards and fridges full of different food choices. Three residents required a modified diet and required assistance with eating or drinking. One resident had their own fridge stocked with snack foods they enjoyed. This supported their independence as all food in this fridge met their modified dietary requirements so there were no restrictions on the food available to them.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider ensured the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfilling the provider's requirement to be responsive to risk.

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the centre and was updated and reviewed at regular intervals. The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

The person in charge regularly reviewed risks presented in the centre. This had ensured control and mitigation arrangements were in place to manage the risks. Risks were discussed at staff meetings, which ensured that staff were aware of risks in the centre and the mitigating measures in place. Residents had individual risk assessments in place with appropriate control measures to ensure that residents had the opportunity to participate in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to live a healthy lifestyle. The health and wellbeing of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities.

Management and staff were proactive in referring residents to healthcare professionals, as and when required. They had a good working partnership with them and implemented their recommendations. Where residents were assessed with health care needs, the provider had arrangements in place to ensure they received the care and support that they required. This was done in a rights-based approach to ensure person-centred care was delivered where decisions were made with the resident. There were a number of health and social care professionals available to this service to review residents' health care arrangements. For example, speech and language therapy, occupational therapy, physiotherapy, general practitioner, dentist, optometrist and chiropody.

Residents who were eligible were made aware of and supported to access, if they so wished, preventative and national screening services.

Staff who spoke with the inspector were very clear on the specific assessed health care needs that some residents had, and on their role in supporting them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant