

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

Issued by the Chief Inspector

Name of designated centre:	Loyola/Eden
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	04 December 2025
Centre ID:	OSV-0002123
Fieldwork ID:	MON-0040377

About the designated centre

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

Loyola and Eden is a residential service located in Co. Wexford. The service provides full time residential care to eight individuals over the age of eighteen both male and female with an intellectual disability. Supports are provided to residents on a 24 hours a day basis in accordance with the assessed needs of each individual resident. Supports are provided by a staff team made up of a combination of nurses and care staff.

The centre consists of two bungalows which meet the needs of the residents. Each bungalow consists of ample single bedrooms which have been decorated in line with the individual personal tastes and interests. Within the statement of purpose, the provider states that Loyola and Eden's main focus is to provide a high standard of care for all residents while promoting community and social inclusion.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 December 2025	09:30hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

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. The findings of this inspection were positive, with all of the regulations reviewed found to be compliant.

Loyola/Eden is a designated centre based in a large town in County Wexford. The centre comprises two bungalows a short drive from each other. Residential care is provided for up to eight residents over the age of 18 with an intellectual disability. At the time of the inspection, there were seven residents using the service and the inspector had an opportunity to meet five of them. One resident was visiting their family at the time of the inspection and one resident was at day services. The inspector also met and spoke with the person in charge, team leader, two staff and the person participating in the management of the designated centre (PPIM).

Within the houses there are a number of private and communal spaces available to residents. These include kitchens, dining rooms, living rooms, bathrooms, staff sleepover room/offices, and resident bedrooms. There is parking to the front of each house. At the front of one house a new fire assembly point had been created with a seating area for residents. It was a very attractive outdoor space with built in seating and raised beds with plants. In the other house works had been completed to make the laundry room a more usable space and there was a log cabin in the back garden which was being used as an additional communal space for residents. There was a large television and staff reported that residents really enjoyed watching movies there, particularly at weekends. Both houses were found to be very clean and well maintained throughout. Pictures and soft furnishings contributed to how homely the houses appeared. Residents' bedrooms were decorated and furnished in line with their wishes and preferences.

Residents had a variety of communication support needs and used words, vocalisations, gestures, facial expressions and body language to communicate. A number of residents told the inspector their experience of care and support in the centre. The inspector used observations, a review of documentation and discussions with staff to review the experience of other residents.

Over the course of the inspection, the inspector had an opportunity to meet the four resident living in one of the houses and to meet one resident in the other house. When the inspector arrived at the first house two residents answered the door and requested to see their identification which was provided. They welcomed the inspector to their home, showed them around and introduced them to everyone at the dining room table. The inspector had an opportunity to chat with each of the four residents and to hear about their plans for the day. Two residents were planning to go to day services, one resident was retired and planning to work on a craft project and another resident was having a planned day off from day services. A

number of residents spoke about the important people in their lives and events they were looking forward to. For example, two residents spoke about looking forward to an upcoming Christmas party. The inspector heard one resident speak to staff about their plans to have their make up and nails done for the party.

Residents spoke with the inspector and staff about their interests and the types of activities they find meaningful. During the inspection, they were engaging in a number of activities while in the house and in their local community. For example, one resident worked on a knitting project and then went out for a walk with staff to get ingredients to bake in the afternoon. Another resident watched their tablet computer and then went to spend some time relaxing in their bedroom.

One resident sat with the inspector and showed them a photo album of them and their housemates engaging in activities they enjoy. Examples of home-based activities residents were enjoying regularly included, using their mobile phones and tablets, watching television, doing art and craft projects and spending time chatting with their peers. Examples of community-based activities included going to yoga, choir and the gym. Residents were also going to concerts and shows and going out for meals and snacks.

Throughout the inspection, each resident appeared relaxed and comfortable. Staff were observed to be very familiar with residents' communication styles and preferences.

Seven residents completed or were assisted by staff to complete questionnaires which had been sent out prior to the inspection taking place. Feedback in these was positive in relation to the house, access to activities, safety and security, visiting arrangements, the complaints process and the staff team. Two residents referred to not wanting to spend much time with their peers they share their home with. The inspector observed numerous communal spaces where residents living in this house could choose to spend their time.

In summary, the houses were warm, clean and homely. Residents appeared comfortable and content in their homes and with the supports offered by the staff team. They were keeping in contact with their family and friends and spending time engaging in activities they find meaningful.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service provided.

Capacity and capability

The findings of this announced inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good

practice and areas where improvements were required in their own audits and reviews. They had recognised that the shared living environment and staffing arrangements in one house were not fully meeting one residents' changing needs and were supporting them to transition to the house within this designated centre.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge provided supervision and support to the team leader who provided it to staff team. The person in charge received supervision and support from a person participating in the management of the designated centre (PPIM). There was an on-call service available out-of-hours.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider visits every six months, and an annual review. Through a review of documentation and discussions with staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection.

Although there was one staff vacancy at the time of inspection this was not impacting on continuity of care and support for residents. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, 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 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 two other designated centres close to this one. During the inspection, the inspector 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. They were supported with the day-to-day management of this designated centre by a team leader.

The residents were observed to be very familiar with them and appeared very

comfortable and content in their presence. Staff members who spoke with the inspector were also complimentary towards the support they provided to them. They were focused on implementing a human-rights based approach to care and support for residents and on ensuring that each resident was happy and felt safe living in this centre.

Judgment: Compliant

Regulation 15: Staffing

The skill mix of staff in place was appropriate to meet the assessed needs of residents. There was a staff vacancy in one of the houses. Based on a review of rosters and discussions with residents and staff, this was not found to be impacting the continuity of care and support for residents.

The inspector reviewed a sample of rosters for July to November 2025. There were planned and actual rosters in place and they were well maintained. The provider had successfully recruited to fill two vacant staff positions in 2025 and this was found to have a positive impact on continuity of care and support for residents and had decreased the reliance on agency staff to cover shifts in the centre. For example, in July 2025 eight shifts were covered by agency staff, and between August and November one shift was covered by agency staff. In addition, based on the roster review, the same regular relief staff were completing shifts in both houses.

A number of residents were complimentary towards the supports offered by staff in the centre. They described staff as "lovely", "helpful" and one resident said "staff are very good to me". The inspector found that staff who spoke with them were very familiar with residents communication styles and preferences and motivated to ensure they were happy, developing and maintaining their independence, spending time with their family and friends and spending their time doing things they enjoy.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had the training, knowledge and skills appropriate to their roles. They received support and supervision to ensure they were aware of their roles and responsibilities for providing a good quality of care and support for residents.

The inspector reviewed the staff training matrix and found that staff had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, manual handling, and infection prevention and control (IPC). One

staff just returning from extended planned leave was due safeguarding refresher training and arrangements were made for them to complete it on the day of the inspection.

The inspector reviewed probation and supervision records for four staff. It was 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, reflective pieces completed with staff after incidents were reviewed. These offered opportunities to identify what may have contributed to errors or incidents and to identify any learning or additional controls required.

Two staff who spoke with the inspector said they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of the centre or residents' care and support. They spoke about the provider's on-call system and the availability of the person in charge, team leader or PPIM if they required support.

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. It was also available for review in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the management structure were in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge and team leader were present in the centre regularly and demonstrated good monitoring and oversight of this centre. For example, they were following up on of the actions from audits and reviews that were being completed in the centre in a timely manner.

The inspector reviewed the last two six-monthly reviews and annual review by the provider. In addition, four team leader monthly audits, a person in charge themed audit for 2025 and an audit by the provider's finance department were reviewed.

The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre.

The inspector reviewed a sample of minutes of five team meetings for 2025. The discussions were resident focused and agenda items included areas such as staff roles and responsibilities, maintenance, healthcare, safeguarding, health and safety, incidents and accidents and fire safety.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and it was available and reviewed in the centre. It was missing the floor plans for one of the houses but the person in charge arranged for the amended version to be submitted to the Chief Inspector during the inspection. Following this, it contained the required information and had been updated in line with the time frame identified in the regulations. The updated version was available for review in the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to be part of their local community. They were spending time with their family and friends or keeping in regular contact with them via phone or video call. They had opportunities to set and achieve goals. They lived in warm, clean and comfortable homes.

The inspector reviewed each residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs. There were a number of restrictive practices in place and these were being regularly reviewed to ensure they were the least restrictive for the shortest duration.

Residents, staff and visitors were protected by the safeguarding, fire safety and risk management policies, procedures and practices in the centre. There was a system for responding to emergencies. The provider had good systems in place to manage and review risks. There was a system for reporting and responding to adverse

events, and in ensuring that learning from these events was shared with the team.

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 11: Visits

The provider had appropriate arrangements in place for residents to receive visitors in line with their wishes. These arrangements were detailed in the residents' guide and the statement of purpose for this centre. In addition, the provider had a visitors policy.

There were a number of communal and private spaces available in both houses for residents to receive visitors. Visiting was unrestricted unless it poses a risk to residents or the visitor and if the resident requests the restriction.

In the questionnaires completed by resident in advance of the inspection they included comments relating to visits such as "my family come to see me", "I go to my sisters house and she comes to visit me in my house too". During the inspection one resident rang their sister. Another resident was regularly ringing and video calling their family members who live abroad.

Judgment: Compliant

Regulation 17: Premises

The inspector carried out a walk around both houses with the person in charge and team leader. In addition, residents showed the inspector around their homes, including their bedrooms.

The houses were found to have a warm and homely atmosphere. The provider had ensured that the premises and garden areas were designed and laid out to specifically meet the needs of each of the residents. For example, there were accessible front, side and back garden areas. In addition, the centre was accessible throughout. They were recognising one residents' changing needs and had just received funding to source the required equipment.

A number of works had been completed in the centre since previous inspections including widening corridors, fire safety works, the replacement/refurbishment of kitchens/sheds and works to the grounds and gardens. These had all contributed to how homely the houses appeared and to how attractive the outdoor spaces appeared.

Each resident had their own bedroom, which was decorated in line with their

preferences. They had access to storage for their personal items. They also had access to a number of communal spaces. There were pictures on the walls and art work on display. Overall, the houses were well presented and well-maintained.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it was also available and reviewed in the centre. 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 25: Temporary absence, transition and discharge of residents

As previously mentioned, the provider was recognising that one residents' needs could be better supported in a different house within the designated centre. This related to both their changing needs relating to their mobility and the staffing supports they required. In the interim, they were implementing a number of additional control measures to reduce presenting risks. For example, there was a waking night staff on duty in their current home.

A number of meetings had occurred with the resident, their representatives and members of the management and staffing teams. The inspector reviewed the residents' transition plan which detailed their opportunities to visit and spend time in the other house. They had visited, had tea, spent time with the residents living there, had a meal, spent the day in the house and picked their new room and the paint colour for it.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was reviewed and found to meet regulatory requirements. There was a detailed emergency plan in place which was regularly reviewed.

The risk register and a sample of 15 individual risk assessments for three residents

were reviewed. These were found to be reflective of the presenting risks in the centre. They were also up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed the electronic systems for reviewing and tracking incidents. A sample of 19 incidents for 2025 were reviewed. This review demonstrated that effective control measures were in place for identified risks, as based on the risk register and the number of risk assessments for some residents there were a low number of incidents relating to the identified risks.

There were systems to respond to emergencies and to ensure the vehicle in the centre was roadworthy and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk around of both house 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. One residents' bedroom door was not closing fully and during the inspection the provider arranged for it to be reviewed. It required a new spring which was ordered and the inspector was given written assurances from the provider that it was installed after the inspection.

The inspector reviewed records for 2024 and 2025 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment.

The inspector reviewed a sample of five fire drill records for 2025. Drills were occurring frequently. The records reviewed demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios.

Personal emergency evacuation plans for four residents were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. The fire evacuation plan was on display in both houses and included different routes for evacuations. One resident showed the inspector where they would go in the front garden if there was an emergency evacuation.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. Their health and wellbeing was being supported through diet, nutrition and recreation.

From a review of the four residents' plans, it was evident that, as required, they had access to a general practitioner (GP) and the relevant health and social care professionals. For example, they were supported to access dietician, speech and language therapist and consultants in line with their assessed needs. Where treatment and recommendations were made, these were being implemented.

Residents were cared for by trained staff who engage in continuous professional development, enabling them to support residents in line with their specific healthcare needs. For example, staff were trained in first aid and the safe administration of medicines, including epilepsy rescue medicines.

Each resident had an assessment of need and health actions plans were developed and reviewed as required. A log and record was maintained of each appointment they attended. They had hospital passports and were supported to have an annual health check up with their GP. Residents could choose to access national screening programmes in line with their age, health conditions and their preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents were supported to access supports 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, press, door and gate locks. From a review of four residents' plans, there were risk assessments in place and the rationale for restrictive practices were documented in residents' plans. 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.

A number of residents were accessing the support of a behaviour specialist and had positive behaviour support plans in place. Five of these were reviewed by the inspector and found to contain proactive, reactive and post incident strategies. These plans were sufficiently detailed to guide staff how to respond while supporting residents.

Judgment: Compliant

Regulation 8: Protection

The inspector spoke with the person in charge, team leader and the two staff on duty and found that they were all found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. All staff had completed training in relation to safeguarding.

The provider had a safeguarding policy which was available and reviewed in the centre. There were had been a number safeguarding concerns notified to the Chief Inspector since the last inspection. The inspector reviewed the systems in place to ensure that safeguarding plans were developed and reviewed, as required. The records from safeguarding concerns in 2025 were reviewed and it was evident that the control measures were being reviewed regularly to ensure they were effective. For example, the control measure in one open safeguarding plan was that staff supervision was in place when residents are in communal areas. Due to staffing levels in one house, at times this was proving difficult. In line with this identified risk and a residents' changing needs the provider was in the process of supporting a resident to transition from this house. A number of residents had risk assessments completed in relation to any vulnerabilities to abuse they may have.

A sample of four residents' personal and intimate care plans were reviewed. These detailed their abilities, preferences and support needs.

The inspector reviewed the systems in place to ensure that residents' finances were safeguarded in the centre. The inspector reviewed four residents' money management plans, daily logs of money in and out and financial audits. Residents' account statements from financial institutions were also available and being reconciled against their income and expenditure on a regular basis. In addition, the provider's finance manager had just completed an audits of residents' finances. Residents also had an inventory of their valuables which was being kept up-to-date.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre.

The inspector observed staff treat residents with dignity and respect. For example, they were observed and heard knocking on residents' doors and waiting for a response prior to entering. Staff who spoke with the inspector used person first language and discussed residents' abilities, strengths, talents and goals. They described how important it was to them that each resident was making choices, developing and maintaining their independence and engaging in activities they find meaningful on a regular basis. For example, in response to one resident indicating they were not enjoying their day service, they arranged for them to try a different day service. While the inspector was visiting their home, staff asked them if they

were enjoying the new day service. They replied that they were and indicated they did not wish to go back to the other day service.

Picture rosters were on display and there were easy-to-read documents including social stories available about areas such as safeguarding, complaints, fire safety and evacuations, resident' rights and how to access advocacy services. The inspector reviewed one residents' easy-to-read folder which was developed to meet their communication support needs and preferences.

In the sample of residents' plans reviewed there was a section containing their life story and sections on their strengths and capabilities, their likes and dislikes, what is important to them, their circle of support and their wishes and their aspirations and goals.

One resident was being supported to access an independent advocate. They had completed a referral and received a reply for the independent advocate and were in the process of making arrangements to meet. People using services operated by the provider were facilitated to organise and attend advocacy meetings with their peers. The minutes of three of these meetings were reviewed and discussions were held on areas such as vehicles, fire safety, respite, upcoming events and elections such as the presidential election.

The inspector reviewed four compliments from residents' representatives about care and support in the centre. They were complimentary towards how happy and confident residents were, their opportunities to develop and maintain relationships and about how well supported they were by the staff team.

The inspector reviewed a sample of five residents' meetings held in 2025. This demonstrated that residents had an opportunity to meet weekly and discuss their plans for the week, menu planning, their plans to maintain relationships and friendships and any maintenance or repairs required in their homes. In addition, they discussed a topic of the week such as rights, fire safety, healthcare, safeguarding, complaints, finances, voting, IPC and health and wellness.

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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant