



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

Issued by the Chief Inspector

Name of designated centre:	Esker Gardens
Name of provider:	Orchard Community Care Limited
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	06 May 2025
Centre ID:	OSV-0008293
Fieldwork ID:	MON-0038147

About the designated centre

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

Esker Gardens is a community facility designed for up to four residents and provides extended /long term care to residents over 18 years of age with varying conditions, abilities and disabilities. These include residents with a cognitive impairment, residents with physical, neurological and sensory impairments and residents with mental health needs. Esker Gardens operates on integrated model of care that meets both social and medical needs. Esker Gardens provides long stay residential care for female and male residents. Esker Gardens is a bungalow in a rural setting located near a large town. Esker Gardens provides an accessible, homelike, and safe environment that provides maximum privacy and autonomy for the resident. Facilities include four resident bedrooms, two living rooms, a kitchen/dining room area, utility area and a large front and rear garden. There is transport available for group outings or individual outings. Esker Gardens provides 24-hour care 7 days a week. Esker gardens is staffed by social care workers and healthcare assistants under the management of a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 6 May 2025	10:40hrs to 18:00hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, observing staff interacting with residents, and speaking to the person in charge and staff members, it was evident that residents were well supported in the centre, and there was person-centred approach to care and support.

The centre was located on a large site, in a rural setting that was within driving distances of a number of towns. Four residents lived in the centre, and the premises comprised of a five bedroom bungalow, with four bedrooms for residents' use.

The inspector met all the residents living in the centre, and spoke to one resident about what it was like to live in the centre, and about how they were supported. The resident told the inspector that they had developed an interest in art since moving into the centre, and a number of their paintings were on display throughout the centre. The resident told the inspector about the art class they attended in the community, and that they had plenty of space in the centre to paint and to store their work. It was evident that this was an important aspect of the resident's day to day life, and later in the day, staff were heard to respectfully talk to the resident when they requested to go shopping for art supplies.

On arrival to the centre, the inspector met another resident and they told the inspector they had recently got highlights in their hair and this was a personal goal for this resident. Staff supported the resident with a community activity in the afternoon. The person in charge told the inspector this resident really enjoyed going out for tea, to the beauticians and hairdresser, and going shopping, and from reviewing reports and finance records, it was evident that these interests were regularly facilitated.

The inspector briefly spoke to another resident in the afternoon, after they returned from a shopping trip. The resident told the inspector about the two kittens they had, and staff later told the inspector how important these animals were to the resident. To support their interest, staff were helping the resident to pursue further goals in caring for the kittens, as well as sourcing pet therapy for the resident.

The inspector spoke to a family member and they told the inspector the positive impacts of their sibling moving into the centre. The family member described how their loved ones health has significantly improved, as well as their happiness and wellbeing. The family member said their sibling was always out and about, they were safe in the centre, and that they got on well with the people they lived with.

Four resident questionnaires were received on the day of inspection, and staff provided support to residents to complete these. Positive feedback was provided by all residents. Similarly, positive feedback was provided by a family member to the provider as part of the annual review process.

At all times staff were observed to interact with residents in a kind and sensitive manner, and they responded respectfully to residents' interactions and requests. Staff were also knowledgeable on residents' needs and on how best to support them, as per their preferences, and professional recommendations. For example, one staff member described how it was important for a resident to be rested before any big events such as concerts or shows, and they also described how residents consented to care and verbalised their choices.

Residents were supported to visit their families, and families were welcome in the centre. There was plenty of room in the centre to facilitate visitors, and a new area in the garden had been developed to facilitate gardening activities, as well as barbeques, and get togethers in the summer.

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

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre. High levels of compliance were found, with 18 regulations found to be compliant. The service demonstrated a commitment to continually improve the experiences of residents, while respecting their individuality and personal preferences.

There were sufficient levels of staff, and staff had been provided with the necessary training to effectively and safely support residents.

The provider had ensured the arrangements and resources were in place to meet residents needs and included a well maintained premises, transport, auditing the services provided, and responsive reporting and actions taken to incidents, risks, and the outcomes of reviews.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Office of the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre, staffing levels were based on the needs of residents, and were in line with the statement of purpose.

There were no staff vacancies in the centre at the time of this inspection, and the centre was staffed by the person in charge, a social care leader and healthcare assistants. There were three staff on duty during the day, and two staff on duty at night, one in a waking capacity, and one in a sleepover capacity. This meant that where residents had been identified as requiring specific levels of support, for example with manual handling, or with evacuation plans, this was provided. The team knew the residents well, and the person in charge, and two staff members spoke with the inspector about residents' needs and support interventions, as well as procedures in place to ensure residents were protected.

The inspector reviewed a sample of three rosters for the three months of February, April, and May 2025 and found that consistent staff had been provided. This meant residents were provided with continuity of care and support. Ongoing nursing support was not required; however, residents could access community public health nurses if needed.

Planned and actual rosters were available and were appropriately maintained. The inspector reviewed three staff files with the person in charge, and all records as per schedule 2 of the regulations were available. This meant the provider had effective staff vetting and recruitment procedures in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with the necessary training, which meant they had the skills and knowledge to meet the needs of residents.

The inspector reviewed staff training records and all staff had up-to-date training in the following:

- Fire safety
- Managing behaviour that is challenging
- Safeguarding
- Children first
- Percutaneous endoscopic gastrostomy (PEG) feeding
- Medicine management and the administration of rescue medicines, subcutaneous injections, and suppositories
- Manual handling
- First aid

- Most staff had completed a four module online training in human rights.

The person in charge and team lead supervised the daily care and support provided to residents, and quarterly supervision meetings were provided to staff. Staff supervision records were not reviewed as part of this inspection.

Overall the inspector found staff had the necessary skills and knowledge to support residents, and staff were appropriately supervised.

Judgment: Compliant

Regulation 22: Insurance

There was up-to-date insurance in the centre, and a certificate of insurance was submitted to the Chief Inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place, which meant that the provider had the systems, arrangements and resources in place to meet the needs of residents, and ensure their rights were protected.

There were suitable resources provided in the centre including a skilled staff team, staff training, a well-maintained premises, assistive equipment, and transport. This meant as well as safely meeting the needs of residents, the choices and preferred lifestyle of residents were planned for and accommodated, with positive impacts on residents' wellbeing.

There was a clearly defined management structure and staff reported to the person in charge. When the person in charge was not in the centre, the social care leader took responsibility for managing the centre. The person in charge reported to the director of care and onwards to the Chief Executive Officer. The service was governed by a board of management who met every quarter. The person in charge met regularly with the director of care.

There were systems in place to ensure the service provided was safe and effective, for example, effective incident and risk management processes, implementing suitable control measures, comprehensive personal planning processes, implementation of health, social and personal plans, ongoing engagement for

residents with their families and with the community, and preventative safeguarding procedures.

There was continuous monitoring of the services provided to residents. An annual review of the quality and safety of care and support had been completed in October 2024, and included consultation with residents and their representatives. Actions were found to be complete on the day of inspection, for example, providing training in positive behavioural support for one staff and refresher training in fire safety for seven staff, all staff vacancies have been filled, and residents' support plans had been signed as read by staff. The inspector reviewed the most recent six monthly unannounced visit in April 2025, and the auditor had met three residents during the visit. Actions were also found to be complete.

A range of audits were completed in the centre, including governance and oversight, medicines management, and infection prevention and control audits. Actions relating to staff training were complete on the day of inspection, and one action regarding a minor maintenance requirement was to be completed.

Staff meetings were held every month, and staff shared information on residents' needs and goals, as well as reviewing any developing needs or referrals for residents. This meant that all staff were made aware of plans and how to support residents with their choices and goals. Safeguarding, fire safety complaints and the outcomes of audits were also discussed. There was evidence that adverse incidents and any learnings were also discussed. This meant that improvements or changes of practice, that may be needed following incidents or highlighted in audits, were effectively communicated to all staff.

A staff member told the inspector they can raise concerns with the person in charge or management team about the care and support provided to residents

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose, that contained all of the required information as per schedule 1 of the regulations. On the day of inspection, one minor amendment was required relating to the staffing in whole time equivalents, and this was rectified, and a revised copy submitted to the Chief Inspector.

The statement of purpose outlined a range of information about the centre, for example, the facilities and services in the centre, the organisational structure, as well as the arrangement for consultation and participation of residents in the organisation of the centre.

Judgment: Compliant

Quality and safety

Residents in this centre were receiving good quality care and support, and the team employed a person-centred approach that focused on residents' rights as individuals, supported their diverse interests, and sensitively supported their care needs.

Residents' needs had been assessed, and personal planning was led by the choices of residents in how they wished to lead their life. Personal plans were in place which comprehensively guided practice in the provision of care, as well as specifying goals residents wanted to pursue, the choices of residents in managing their own money, and how best to support residents' communication. Plans were implemented and regularly reviewed and updated. This meant that where changes were recommended, or where residents wished to further pursue goals or interests, these were supported.

There were safe and appropriate systems in place for the management of risks and incidents, fire safety, medicines management, and the protection of residents, and where issues had arisen, these were effectively responded to, to reduce risks.

Regulation 10: Communication

Residents were supported with their communication, and there were clear guides on how best to communicate with residents in each residents' personal plan.

Communication profiles had been completed for all residents, and clearly outlined how residents express themselves and their receptive language skills. All residents communicated verbally, and one resident had started to use an iPad recently. The person in charge outlined that a speech and language therapist would commence in the service shortly, and a resident would be referred to further develop their communication skills, possibly using assistive technology. In the meantime, the inspector found staff communicated effectively with residents, and were kind and sensitive in their interactions with residents.

Accessible information was provided, for example, an accessible complaints policy, activity planners, and meal plans, and regular communication was facilitated with residents and their keyworkers to review their plans and goals. Overall the inspector found responsive communication with residents had supported residents to let their preferences be known, thereby ensuring residents were living a life of their choosing.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control over their own possessions, and where needed, support was provided to manage their finances.

Residents kept their personal belongings either in their rooms, or for some activities in the sittingroom, and there was plenty of storage for their possessions. Some residents also liked to buy their own food, and had their own kitchen presses to store and easily access their food items. There were suitable arrangements for residents to launder their own clothes.

Some residents managed their own finances, and where residents required assistance, there were robust arrangements in place to keep account of and protect residents' finances. This is discussed further in regulation 8. Residents chose what they wanted to spend their money on, and regular shopping trips were arranged to buy their own food, art supplies or for community activities. Overall, the inspector found residents' right to retain control over their own money and possessions was respected and supported.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support, that included supporting residents to pursue their goals and interests through community and centre based activities.

Residents had varied and individualised interests, and they planned their days according to their preferences. The inspector reviewed two residents' personal plans, and spoke to a staff member about another residents preferences. Each resident had a keyworker assigned, and they met every month to develop and review personal goals. For example, one resident had achieved a number of goals recently including a pampering overnight stay in a hotel, and also showed the inspector highlights they had done in their hair recently as part of their goals. This resident was planning to go to a music festival and to have day at the races in the coming weeks. Another resident had been to two music concerts recently and a football match in a nearby stadium. A staff member described how one resident had a specific interest in cats, and was pursuing goals to source a vet for their pets, and to avail of pet therapy in the centre.

One resident showed the inspector their large collection of art, and said they had developed this skill since they moved into the centre. The resident had a large space

within the centre to complete and store their art work, and it was evident this was an important aspect of their life in the centre.

As well as activities to achieve goals, residents availed of a range of community amenities and events. For example, a resident attended a day service during the week, another resident went to two community clubs. Residents had been on trips, for example, drives, picnics, to a waterfall, the cinema, and to mass if they wished. Four vehicles were available in the centre, and the overall the inspector found the support offered was tailored to the individual interests and wishes of residents.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the specific needs of residents, and a range of assistive equipment was provided.

The premises comprised a five-bedroom bungalow, in a rural location. The inspector was shown around the premises by the person in charge.

Each resident had their own bedroom, and these were decorated in the style residents preferred. Residents displayed photos, posters, and art both in their rooms and throughout the centre. Residents were provided with assistive equipment to meet their needs, for example, profile beds, transfer standers, hoists, handrails, wheelchairs and shower chairs. The fifth bedroom was used as a staff office and sleepover room. There was a main bathroom with an accessible shower, and two residents' rooms also had ensuite facilities.

The centre was fully accessible internally and externally, with a ramp to the front of the property, and level flooring with the back garden exit. In the back garden, the provider had recently installed an accessible walled patio area, with work spaces lowered, for residents to pursue gardening, planting or outdoor cooking.

There was a large kitchen with suitable cooking and food storage facilities, and the kitchen island had been adapted to a height suitable for residents to use when they prepared their food. An adjoining utility had laundry facilities for residents' use. There was a large dining room beside the kitchen, and plenty of seating for residents or visitors.

There was a large sittingroom, that residents used for art activities and to watch television. Residents also used a second sittingroom beside the dining room.

The premises was homely, comfortable and observed to be clean and well maintained throughout. There were suitable arrangements for the disposal of waste, as well as appropriate hand washing and hand sanitising facilities available. The layout and facilities in the centre meant that residents could freely choose where

and how to spend their time in the centre, including receiving visitors, spending time together or alone, and pursuing their interests.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy their own food, and their nutritional preferences and needs were supported by practices in the centre.

As mentioned, some residents liked to buy their own food, and facilities had been adapted to facilitate residents to prepare food if they wished. The inspector observed there was a varied and nutritious choice of meals and snacks available in the centre, and all food preparation and storage areas were hygienically maintained.

Residents could choose what they wanted to eat, and when, and residents prepared a meal plan at weekly residents' meetings. Alternative meal options were available if a resident chose not to have specific meal on any given day. Residents had been assessed by healthcare professionals where needed, and guidelines were in place to support residents with their dietary needs. Staff had received training in PEG management, and records of all PEG feeds provided were available in personal plans.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available that contained all of the required information. This included for example, the arrangements for visits, the services and facilities provided, and the arrangement for the involvement of residents in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks and adverse incidents were appropriately managed, and the safety and welfare of residents was therefore promoted in the centre.

The centre had an up-to-date safety statement and included the risks of self-harm, accidental injury to residents, visitors and staff, aggression and violence and

unexplained absence of a resident. The person in charge maintained a risk register that identified 13 risks, three of which were identified as medium level risks, and the remaining as low level risks. The inspector reviewed the control measures for the three medium risks and found control measures were implemented in practice. These included for example, implementing a transfer procedure for a resident to prevent injury, providing physiotherapy and occupational therapy, as well as pressure relieving cushions and mattresses for residents where a risk of pressure sores had been identified.

Similarly, individual risks for residents had been assessed, and control measures implemented, including providing specific care for a resident's PEG site, using prescribed manual handling equipment for safe transfers, and providing a modified diet where a risk of choking was identified. The inspector spoke to a staff member, and they described a number of control measures in place, for example, to reduce the likelihood of pressure sores, and to safely evacuate residents at night time.

The inspector reviewed records of adverse incidents in the centre since the last inspection in November 2024, and where needed, follow-up actions had been taken. Some incidents related to medicine anomalies or errors, for example, spilled medicine, incorrect pharmacy order, an administration sheet not signed, and these incidents had been identified at the time, and had no impact on residents. Where a medicine error had occurred, this was reviewed with all staff. Actions were also taken where resident had been either injured or had a near miss.

There were four vehicles provided for residents' use, and the inspector reviewed documents for three of the vehicles, and all had up-to-date insurances and certificates of road worthiness.

The effective identification and management of risks and incidents in the centre, meant that the potential impact on residents had been reduced, and every effort was made to ensure residents were safe in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector followed up on the action from the previous inspection, and a night-time fire drill had been completed within a satisfactory evacuation time. This provided assurances that staff support at night-time was appropriate to safely evacuate residents, and was in line with residents' personal emergency evacuation plans.

On the day of inspection, the inspector observed all exits were marked, and clear from obstruction. The fire evacuation plan was displayed in the hall, emergency lighting was installed in final exit routes, and fire extinguishers and a fire blanket were provided.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector followed up on the actions from the previous inspection. All staff had been provided with training in the administration of subcutaneous injections, epilepsy, medicines management and the administration of rescue medicines, and in PEG feeding. This meant that staff had the clinical skills to provide appropriate care to residents, as per their identified needs.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through ongoing monitoring and care interventions, and through timely reviews with the relevant healthcare professionals.

The inspector reviewed two residents' files. Residents' healthcare needs had been assessed, and healthcare plans were developed in line with recommendations made by healthcare professionals. Interventions outlined in healthcare plans were implemented, and recorded on daily records, for example, physiotherapy exercises, PEG feed administration and oral fluid intake. Residents were supported with regular healthcare reviews, for example, visits to their general practitioner, and reviews with a dietician, occupational therapist, speech and language therapist, physiotherapist, and dentist, as well as reviews with hospital consultants where required.

All residents had been offered annual flu vaccinations and had declined. Overall the inspector found timely and appropriate healthcare was provided to residents, and they were supported to enjoy the best possible health.

Judgment: Compliant

Regulation 8: Protection

Suitable arrangements were in place to protect residents, and safeguarding procedures had been appropriately implemented in response to one concern.

The Chief Inspector had been notified of one allegation of abuse since the last inspection, and the inspector observed this incident had also been reported to the safeguarding and protection team. Safeguarding measures were implemented in response to the incident, and continued to be part of day-to-day interventions to

ensure a resident's safety. Safeguarding was reported on every day in residents' progress notes, and was also reviewed as part of team meetings every month.

The inspector spoke to a resident who said they felt safe in the centre, and a staff member outlined the procedure to follow in the event a safeguarding issue arose. All staff had up-to-date training in safeguarding and in children first.

The inspector reviewed the procedures for safekeeping of residents' finances with another staff member. Some residents managed their own finances. Where residents required support with finances, detailed records of their transactions and balances were maintained. All money spent by or on behalf of residents was recorded, and corresponding receipts were available. Balances of money held were checked daily by two staff, and the person in charge audited finance records against bank statements.

The intimate care needs and preferences of residents had been assessed, and plans outlined how best to support residents, while ensuring their privacy and dignity was maintained.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to make decisions about their preferred lifestyle, as well their care and support was actively promoted in the centre, and informed how the centre was run on a day-to-day basis.

The facilities and layout of the centre complemented the choices residents made, at the time they made choices, for example, pursuing art interests, taking care of pets, or going out to buy preferred food items. For example, four vehicles were provided in the centre, and this meant that when residents wanted to go out in the community this was facilitated at the time. The inspector observed that a resident wanted to go to a nearby town to buy art supplies, and this was facilitated at the time. Similarly, a staff member described how a resident liked food from their own home country, and had been shopping in the morning to pick up preferred meals.

There was a focus on ensuring an individualised approach for each resident, and residents' diverse interests were supported both in the centre and in the community. In addition, staff supported residents to gradually increase their independence skills and community activities, through goal setting and accessing a range of events and amenities. These included for example, a local chess club, attending a local football team match, going to concerts, attending a local knitting group and going to a local bingo session. Residents also enjoyed the cinema, going to the pub or out for coffee, music therapy in a local centre, going to the library, as well as visiting their families.

Residents' meetings were held every week, and meal choices, activities plans, shopping needs, and complaints procedures had been discussed with residents. Where residents had declined a vaccination programme, this choice had been respected. There was a residents' committee in the service, and a resident was nominated as a representative and attended meetings every quarter. Residents' personal information was observed to be stored securely.

Overall, the individualised approach in the centre, demonstrated a service that was focused on supporting the rights of residents to choose the way they wanted to live their lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant