



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

Issued by the Chief Inspector

Name of designated centre:	The Beeches
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 May 2026
Centre ID:	OSV-0003322
Fieldwork ID:	MON-0050212

About the designated centre

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

The Beeches is a designated centre operated by Sunbeam House Services Company Limited by Guarantee located in a town in County Wicklow. This designated centre provides community residential care for up to four adults (male or female) who are over the age 18 years. The designated centre supports people who have severe and profound learning disabilities and may also have physical disabilities. The designated centre is a detached bungalow which consists of four individual resident bedrooms, kitchen, living room, conservatory, shared bathrooms and a staff office. Residents are supported to participate in their local town by using the local shops, barbers, and restaurants. The centre is staffed by a person in charge, a deputy client service manager, social care workers, care assistants and a household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 27 May 2026	09:45hrs to 16:15hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection carried out to assess ongoing compliance with the regulations and standards.

Previous inspections of the centre found premises and compatibility issues between residents were impacting their safety and wellbeing. The purpose of this inspection was to assess the actions being taken by the provider to address these concerns and to assess if the provider had implemented their compliance plan response from the last previous inspection of this centre.

The inspector noted that some improvements had been made since the previous inspection, such as staff training and development and a reduction in safeguarding incidents. There had also been a number of upgrades completed to the premises, including a new kitchen and flooring. However, no further progress had been made regarding the transition of the residents to more suitable accommodation to meet their assessed needs.

To assess the quality of life for the residents, the inspector relied on a combination of observations, discussions with residents, a review of relevant documentation, and conversations with key staff members.

On arrival to the designated centre, the inspector was greeted by the person in charge who then facilitated the inspection.

The centre consisted of a large single-storey house on a large site in the countryside of County Wicklow. It had the capacity for a maximum of four residents, at the time of the inspection there were three residents living in the centre full-time. The provider had resourced the centre with its own transport vehicle. The inspector observed residents using the vehicle for trips and outings throughout the day. Two residents took a trip for a picnic in the afternoon, the other resident chose to stay home and have lunch in the conservatory instead.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. The kitchen had been upgraded since the last inspection and staff informed the inspector they were very happy with the space now.

There was a communal living room come dining space adjacent which lead to a conservatory at the back of the house. While residents had access to the garden area from here, the house itself was on a steep incline and not suitable for residents with mobility issues.

At the front of the house was another sitting room, where one resident was watching TV. The inspector spent some time chatting with them about their plans for the day.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspectors observed the rooms to include family photographs, and memorabilia that was important to each resident.

The premises did not suit residents' assessed needs and required further attention. While there was a plan in place to move residents to another property progress was slow, this will be discussed further under Regulation 17: Premises.

Residents were observed to be supported by staff who knew them and their individual needs well. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. They were observed to interact with residents in a manner which supported their assessed needs.

Most residents living in the centre used a non-verbal form of communication. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff interpreted what was being communicated. Staff members supported the conversation by communicating some of the non-verbal cues presented by the resident. Staff supported residents to meet and engage with the inspector and residents were observed smiling and making eye contact with staff. The inspector met one resident who was listening to music on their tablet while waiting to go out for the day, They expressed to the inspector that they were looking forward to having some cake while out.

The inspection determined that, overall, residents received high-quality care provided by a familiar staff team who delivered care and support with kindness and respect. However, there were areas that required improvement in relation to the premises and the progress made by the provider on the move to more suitable accommodation. This is discussed further in the main body of the report.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

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. However, there was still a significant delay in relation to moving the residents to the new premises.

The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis.

The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre. Warm, kind and caring interactions were observed between residents and staff and staff were observed to be available to residents should they require any support and to make choices.

A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Office of the Chief Inspector of Social Services (Chief Inspector) within the required time frame.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

Residents were in receipt of support from a stable and consistent staff team. A staff roster was maintained which demonstrated that there were sufficient staff to meet the residents' needs.

The inspector examined the planned and actual staff rosters for April and May 2026. It was found that regular staff were employed, and the rosters accurately

represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control (IPC), manual handling and fire safety.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight. The person in charge worked full time and was supported by a senior service manager.

A series of audits were in place including monthly local audits in the areas of health and safety, medication, finance and infection prevention and control (IPC) and provider-led six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

However, there was still a delay in relation to moving the residents to the new premises. On the day of the inspection, funding for the proposed refurbishment had not been approved and the property remains empty and unavailable for use by the residents. In the interim, to mitigate against compatibility concerns and support residents' mobility needs, one resident has moved to a larger quieter area of the

house and there have been some upgrades to the premises including painting, new flooring and a new kitchen fitted. Notwithstanding the layout of this property is still unsuitable for all three residents' assessed needs.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, such as allegations of abuse and use of restrictive practices, were notified to the Chief Inspector in the manner specified under this regulation.

The inspector reviewed seven incidents recorded in the designated centre's incident log during and found that they corresponded to the notifications received by the Chief Inspector.

Furthermore, all required notifications were submitted within the expected time frame.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that the governance and

management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The designated centre was found to be clean and tidy. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes. However, improvements were required particularly in relation to the layout of the house and the residents' assessed mobility needs. Furthermore the inspector noted the storage facilities in the centre required improvement.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions that residents required. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from abuse.

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents welfare and self development.

Staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. The restrictions were appropriately managed in line with evidence-based practice to ensure that it was monitored, consented to, and assessed as being the least restrictive option.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Some residents' had communication care plans in place which detailed that they required additional support to communicate.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

Throughout the duration of the inspection, residents were observed receiving information and being communicated with in the best way that met their assessed needs.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

Some residents required support to engage in conversations with the inspector. It was evident the staff members clearly understood residents' communications and were able to support conversations.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was not suitable for the number and needs of residents and as a result the registered provider had not made provision for the matters as set out in Schedule 6 of the regulations.

For example, all of the residents in the house had mobility needs and required the use of mobility aids. There was a lack of adequate space and suitable storage throughout the house and the main hallway was narrow and not conducive to ease of navigation for wheelchair users.

Both issues had been already been identified prior to the inspection through the provider's own audits and the provider had secured a new property in 2024 and residents and their representatives have seen the new house. The person in charge told the inspector that both residents and staff are happy with the new house. However, the proposed plan to move residents to a new home has been delayed. The provider has said this is due to external factors beyond their control namely planning applications. As a result, these processes have been delayed. The provider

has stated that based on the current timeline, the estimated move-in date for the house is projected for the fourth quarter of 2026.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

The inspector observed that staff had a good knowledge of residents' food preferences and any dietary needs.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, inspectors found that these were all subject to regular checks and servicing with a fire specialist company.

The inspectors reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had endeavoured to ensure that there were arrangements in place to meet the needs of each resident.

It was found that residents had an up-to-date and comprehensive assessment of need on file. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and supported. Support plans included communication needs, social and emotional well being, safety, health and rights.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. They completed a review of restrictive practices in place in the centre and found that all restrictive practices were logged, regularly reviewed and risk assessed in line with the provider's policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

Safeguarding plans had been developed outlining interventions to help protect residents from abuse, in particular peer to peer incompatibility.

Additional support from the multidisciplinary team was provided, and increased staffing resources were allocated to the centre. Staff also implemented the associated behaviour support plans.

As a result, there had been a reduction in safeguarding incidents, with six peer-to-peer safeguarding incidents, pertaining to incompatibility submitted to the Chief Inspector in the last 12 months.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider operated the centre in a manner that respected residents' rights and dignity. Residents were consulted with in the running of the centre, and their choices, will and preferences were supported and upheld.

Residents were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. Staff and management spoke about residents in a person-centred and professional manner.

The residents' overall wellbeing and welfare was provided to a good standard. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. Residents were supported to be active members in their community and to participate in activities meaningful to 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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Beeches OSV-0003322

Inspection ID: MON-0050212

Date of inspection: 27/05/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Monthly steering group meetings have commenced to monitor the funding application, design, actions required and projected relocation timeline. Minutes and action logs will be maintained and reviewed by the provider. Progress will be monitored through the provider's governance structures until the relocation is completed. • The PIC has biweekly meetings with the behaviour support specialists to review the PBSP and safeguarding plans to help mitigate the incompatibility risks.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Monthly steering group meetings have commenced to monitor the funding application, design, actions required and projected relocation timeline. Minutes and action logs will be maintained and reviewed by the provider. Progress will be monitored through the provider's governance structures until the relocation is completed. • The PIC has biweekly meetings with the behaviour support specialists to review the resident's PBSP and safeguarding plans to help mitigate the incompatibility risks between residents. • Storage arrangements have been reviewed and improved within the location. External storage has been upgraded to provide additional space for equipment that is not required for daily use. • A vacant bedroom is currently being used to store equipment. This arrangement supports improved resident access, mobility, and use of communal spaces within the	

centre.

- Residents and their representatives will continue to be kept informed of progress in relation to the proposed move to the new property. Updates will be provided through keyworker contact, in line with each resident's communication needs, preferences, and wishes. The Person in Charge will also ensure that families and representatives receive appropriate communication and updates throughout the process.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2027
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Not Compliant	Orange	30/06/2027

	to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Yellow	30/06/2027
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2027