Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beech Villa
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0007918
Fieldwork ID:	MON-0042837

About the designated centre

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

Beech Villa provided 24 hour residential care to up to four residents who may have a severe to profound intellectual disability and who may require supports with social, medical and mental health needs. The centre was staffed with a skill mix of nursing staff and care assistants, with two care assistants providing waking night cover to support residents with their needs at night. The centre consisted of a detached single storey dwelling located in a rural area and not far from a large town. Each resident had their own personally decorated bedroom, with two bedrooms having en-suite facilities also. All bathroom facilities were level access. Communal areas consisted of a dining-room, sitting room and kitchen area, in addition to a utility area where laundry equipment was located. There was also a large outdoor area, which contained garden furniture for residents to sit outside and enjoy the garden area. The centre had it's own mode of transport to support residents to access the community in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 19 March 2026	10:15hrs to 15:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

On arrival at Beech Villa, the inspector found that this was a residential service focused on residents' care, support needs and was person-centred, ensuring that the resident enjoyed their time in the centre. Residents were supported by a staff team who knew them very well and focused on their plans, activities and goals during their time in the centre.

This inspection was carried out over one day. It was an unannounced inspection conducted in order to monitor on-going compliance with the regulations. Overall, the inspector found that the provider was ensuring that effective systems were in place to promote and enhance the quality of care and support of the resident living in Beech villa designated centre.

During the inspection, the inspector met with staff on duty and the person in charge. A variety of documentation was reviewed, including relevant safeguarding documents, care plans and health assessments, communication assessments, and staff rosters. Residents were observed throughout the inspection engaging in their activities and going out on planned activities with staff.

Following the introductory meeting with the staff team on duty and the person in charge, the inspector completed a 'walkaround' of the centre. The centre was spacious, well-maintained, laid out in accordance with the support needs of the residents. There was suitable private and communal space in the centre to afford the resident time alone for space and relaxation, as well as space to interact. Throughout the inspection, the inspector observed residents enjoying time in the sitting room, relaxing and watching television before leaving to attend their activities that day.

The inspector met with and observed the residents at various times during the inspection. Residents were non-verbal and communicated with in their preferred manner with the inspector and clearly indicated that they did not wish to interact on the day of the inspection. One resident vocalised, and staff were mindful of the inspector's presence and the impact on this resident. It was evident that staff were very familiar with the residents, their current goals and the service in general.

The inspector reviewed the residents' records since the last inspection. This was also provided in an accessible format for the resident. The inspector noted that the person in charge and the staff team were all very familiar with the documentation systems in place. The records reviewed showed the resident was supported in identifying activities that were relevant to them. For example, going for walks in local areas of interest, attending the cinema, shopping and meals out.

The inspector noted that the staff were very responsive, supportive and kind in their interaction. The resident was observed coming and going, and at all times were

observed smiling and interacting with staff in a very positive and respectful manner. Staff were focused on supporting residents to ensure they received a person-centred service, with appropriate activities reflecting their abilities and choices at all times. Furthermore, the staff team were focused on providing resident with a positive and enjoyable time in this centre.

As part of the annual review, the provider sought the views of the residents living in the centre, and support was provided by a staff team who knew the residents' needs well.

Overall, the residents living in Beech Villa had meaningful days, and support was provided by a staff team who knew the residents' needs very well.

The next two sections of this report will outline the findings of this inspection in relation to the governance and management arrangements in the centre and how these impacted on the quality and safety of residents living in this centre.

Capacity and capability

The service was governed effectively and lines of accountability were clearly defined. The provider maintained the quality of the service through routine auditing. Staffing numbers and skill-mix were suited to the needs of residents living in this centre.

The provider had maintained good oversight of the service through a schedule of routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded. Actions to address issues found on audits were shown with clear and appropriate timelines for completion. This ensured that any issues identified were addressed and that the service was continually monitored and improved. The provider had also submitted notifications to the Chief Inspector of Social Services in line with the regulations.

The staffing arrangements in the centre were suited to the needs of the residents. Staff had received training in modules that were relevant to the care of the residents and this training was up to date at the time of the inspection.

Regulation 23: Governance and management

The provider had good governance and oversight arrangements in the centre to monitor the quality and safety of the service.

The inspector reviewed the audits that had been completed in the centre since July 2025. The audits had been completed in line with the provider's schedule. The person in charge had implemented a system whereby any findings from audits could be recorded and addressed within a specific timeline.

The provider had completed an annual report on the quality and safety of care and support in the centre on 30 September 2025. The provider had also completed six-monthly unannounced audits of the service in line with the regulations. The most recent report was completed on 09 July 2025. The inspector reviewed the report and found that it was comprehensive and showed actions identified and dates for completion.

There were clear lines of accountability. Staff knew who to contact should any issues arise. Information was shared with staff at regular team meetings. Team meetings happened every 4-6 weeks, and the inspector reviewed minutes of the meetings from September 2025 onwards. These meetings covered specific topics specific to the residents' care: for example, incidents that had occurred in the centre. Other issues relating to the centre, such as rostering arrangements, were also discussed.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the quarterly audits of incidents that occurred in the centre. These indicated that the provider had submitted relevant notifications to the Chief inspector of Social Services in line with the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of their requirement to submit relevant notifications to the Chief Inspector should the person in charge become absent from the centre. This information was listed in the current Statement of purpose and displayed in the centre.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of their requirement to ensure their was clear procedures and arrangements in place in the centre, should the person in charge become absent for extended periods as specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place at the centre, and the relevant persons identified in the complaints procedure were also clearly displayed in a service-user friendly poster displayed in the centre. This information supported the residents' knowledge on how to raise a concern.

The policy and procedure in place provided clear guidance to staff on complaints management in the centre. There was a log of complaints in place and this was monitored and maintained by the person in charge. This record showed actions taken in response to complaints as required by the regulations. At the time of the inspection, there was no active complaints recorded or in process. The provider had information clearly displayed in the centre, should a resident or representative wish to raise a complaint, or seek feedback on the outcome of a complaint and the nominated complaints person in the centre. Furthermore, the appeals process was also available and further contact persons should the issue not be resolved.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality person centred service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted effectively and information was available to the staff supporting to ensure they were informed at all times.

Residents received a person-centred service in this centre. The residents' health, social and personal needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. This included clear and comprehensive guidance on the residents' communication needs and supports required in the centre.

The safety of the residents was paramount in this service. Staff were aware of the systems in place to protect residents from risk. Risks to the residents and the service

as a whole had been identified and control measures were put in place to mitigate those risks.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. As some of the residents who resided in this centre did not communicate verbally, the person in charge and staff team were very focused on ensuring that they communicated appropriately with residents. Throughout the inspection the inspector saw staff communicating with residents in line with their assessed needs, using verbal prompts, items of reference and pictures where appropriate. The inspector reviewed two communication support plans. The plans provided a range of information to guide staff in their practice. This included resident's likes and dislikes and preferences, picture cues and other relevant communication tools. Social stories were developed to involve residents in activity planning. There was an up-to-date communication policy in place to guide staff.

Judgment: Compliant

Regulation 11: Visits

The provider had a policy and procedure in place for visits in the centre. This ensured that staff were clearly guided in their practice and open to supporting residents to engage in visits from representatives, or relatives to the centre. The inspector noted that there was no limitations or restrictions in place at the time of the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

The residents' were supported to achieve their own personal goals and aspirations through individualised work, training and recreation provided in the centre, based on residents assessed needs.

The inspector reviewed the personal plans for two residents. These showed that residents were supported to engage in activities that were enjoyable and and in line with their interests and preferences. These included social activities; for example going out for meals, shopping and day trips. Within the centre, residents were

supported to engage in activities that they enjoyed; for example table top activities, and baking.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw how choice was being offered to residents.

Residents had weekly meetings with staff at which they planned their main meals for the coming week. The inspector saw that the meal plan was clearly displayed to keep residents updated. Main meals were prepared fresh in the centre each day. Meals were prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were knowledgeable of these requirements.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that appropriate fire precautions were in place in this centre.

The provider had ensured that appropriate fire safety procedures and equipment were in place at the centre and all staff had completed up-to-date fire safety training. Fire drills demonstrated that both residents and staff could safely evacuate, and the provider had ensured that actions identified were completed in a timebound manner.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviours.

Staff had received training in how to support residents to manage their behaviour. The inspector reviewed two personal plans and noted that comprehensive assessments were in place. Records showed that these assessments were monitored

and reviewed by the staff team and person in charge to ensure all information was up-to-date. It was noted that where incidents had occurred, referrals were completed and a review was completed by the multidisciplinary team. This information was shared with the staff team where required.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that residents were protected from abuse in this centre.

Staff had received training in safeguarding. They were knowledgeable on the steps that should be taken if a safeguarding incident occurred. Safeguarding was included as a standing item on all monthly team meetings.

The inspector reviewed the intimate care plan for one resident. This plan was detailed, provided a comprehensive and clear guidance for staff on how to support each resident.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant