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:	Beechhaven
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	03 September 2025
Centre ID:	OSV-0002121
Fieldwork ID:	MON-0039008

About the designated centre

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

This designated centre is a large purpose built, detached bungalow set in an elevated site on the outskirts of a busy town in Co. Wexford. It has seven bedrooms for residents, five of which are en-suite, a large and small living room, large kitchen and dining room as well as well appointed bathrooms and a well maintained outdoor space. Residents can access day services if they wish either on site or in other locations, and residents are also facilitated to stay in the centre if they prefer. Residents are supported at all times by a staff team, comprising of nurses, social care workers and healthcare assistants. This centre provides full-time residential care for residents with varying degrees of intellectual disability and specific high support needs due to changing health and the process of aging.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 3 September 2025	09:30hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, residents living in this designated centre were enjoying as good quality of life and receiving person-centred care and support. It was evident that the provider was aware of residents' changing needs and that every effort was being made to embed a human-rights based approach to care and support. However, some improvements were required in relation to staffing numbers in line with residents' evolving needs and the implementation of control measures to reduce risks relating to safeguarding and protection. In addition, improvements were also required to ensure the provider was in receipt of the required information in relation to healthcare needs. These areas are discussed further in the body of the report.

In Beechaven full-time residential care is provided for up to seven adult residents with an intellectual disability. The house is on the outskirts of a large town in County Wexford, close to good local amenities such as shops, restaurants and local transport links. The bungalow comprises a sitting room, a large kitchen, a separate dining room, seven resident bedrooms five of which were ensuite, two shared bathrooms and another toilet, a staff sleepover room, a therapy room, a snug, a utility room and a staff office. Residents' bedrooms were decorated in line with their preferences. They had their favourite possessions and a number of photos and pictures on display.

Over the course of the inspection, the inspector had an opportunity to meet each of the seven residents living in centre. Residents told the inspector what it was like to live in the centre and additionally, observations, a review of documentation and discussions with staff, were used to capture the lived experience of residents. The inspector also had an opportunity to meet and speak with four staff, the person in charge, the team leader and a person participating in the management of the designated centre (PPIM).

On arrival the inspector had an opportunity to meet two residents who were relaxing in the sitting room waiting for the bus to pick them up to go to day services. They spoke about what it was like to live in the centre, their favorite ways to spend their time and about the important people in their lives. They were very complimentary towards the staff team. They told the inspector who they would go to if they had any worries or concerns. They spoke about some of the ways they were supported to make choices and decisions. For example, they spoke about the weekly residents' meeting they could choose to attend. They also spoke about self-advocacy and one resident said "my choice, my voice". They each spoke about how much they enjoyed going to day services but one resident said that sometimes if they weren't feeling up to it, they would like to stay at home and rest. Both residents told the inspector that there were enough staff on during the week but that they could do with more support at the weekend. They said this would support them to access activities in their local community and to have more 1:1 time with staff.

In the afternoon, the inspector had a opportunity to meet the other five residents, and to again meet the two residents they met in the morning, as they all came back from day services. They were observed helping themselves to meals and snacks, taking part in the upkeep of their home, to move freely around their home and to spend time chatting with staff and each other. The inspector observed that there was a very busy atmosphere in the house when everybody was home from day services. For example, there were seven residents and four staff present. At this time the inspector observed a number of residents going to their rooms or the snug to spend some time alone.

One resident spoke about how much they had enjoyed a recent trip abroad to spend time with their family member. Another residents told the inspector, "I am happy living here, this is our home". A number of residents spoke about how good the food was and spoke about their choices at mealtimes. One resident was observed cleaning the kitchen and packing the dishwasher. Another resident spoke about how much they enjoy doing their laundry and keeping their room clean and tidy.

Throughout the inspection residents appeared very comfortable in the presence of staff, the person in charge and the team leader. They smiled and laughed during their interactions with them. Staff were observed to be very familiar with residents' care and support needs and their communication preferences. Staff who spoke with the inspector spoke about residents' many talents, strengths and skills. They spoke about how hard they were working to support residents to build their confidence to engage in positive risk taking while developing their independence.

There is a well maintained front and back garden. In the back garden there is a large paved area with a pergola, a water feature, a seating area and a fenced off area for the pet dog to safely spend time outdoors. There are mature plants and shrubs and a raised planting area. One resident proudly showed the inspector of social services a memorial garden area they had developed. There were plants and a memorial plaque. They pointed out their favourite plants, including the sunflowers which were getting very tall. They also spoke about a gardening course they were looking forward to doing at weekends.

The provider was capturing the views of residents and their representatives as part of their audits and reviews. The inspector also reviewed the seven residents' questionnaires on "what it is like to live in your home" which had been sent out to the centre prior to the inspection. These questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and meals. Feedback was mostly positive in relation to care and support and their home. However, residents included some areas where they would like to see improvements. For example, one resident indicated they would like more fans and access to a particular television package to view sports events. One resident indicated that how they make their choices and decisions was "not good" and one resident indicated they would "like more trips". These areas will be discussed further under Regulation 15: Staffing. In their questionnaire when asked the question, do you get along with the people you live with, one resident answered

"it could be better". There were a number of open safeguarding plans in the centre and these will be discussed further under Regulation 8: Protection.

In summary, residents in this centre were being well supported in this centre. The house and garden was well maintained and situated close to transport links and amenities. However, a review of staffing numbers was required to ensure that some residents' changing and evolving needs could be met in the centre, and to ensure they could engage in meaningful activities, particularly at weekends. In addition, improvements were required to ensure that effective control measures were in place to managing safeguarding risks in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

Capacity and capability

This inspection was announced, and completed by one inspector over the course of one day. It took place to monitor compliance with the regulations in order to inform a decision on the provider's application to renew the registration of the centre. For the most part, the inspector found that the provider's systems for monitoring the quality and safety of care and support were being utilised effectively. They were self-identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing the majority of the required actions to bring about improvements.

However, as previously mentioned action was required to ensure they had sufficient oversight of some documentation, to ensure that effective control measures were in place to managing safeguarding risks in the centre and to ensure that there were sufficient staffing numbers to meet the number and evolving needs of residents in the centre.

There were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge receives support and supervision from a Person Participating in Management (PPIM). They were supported with the day-to-day management of the centre by a team leader. The person in charge formed part of the provider's out-of-hours on call arrangements.

The inspector found that staff were supported to carry out their roles and responsibilities through 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 for renewal of the registration of this centre. The provider had submitted the required information and made the application in line with the required timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 3 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations.

They were also identified as person in charge of two other designated centres operated by the provider close to this one. The inspector found they had effective systems for oversight and monitoring and were present in this centre regularly. They formed part of the provider's on-call arrangements.

Residents were very familiar with them and appeared very comfortable and content in their presence. Staff were complimentary towards the support they provided to them.

The person in charge was self-identifying areas for improvement in line with the findings of this inspection and had plans to implement the required actions to bring about these improvements.

Judgment: Compliant

Regulation 15: Staffing

The provider failed to ensure that there were sufficient numbers of staff, at times, to meet the number and changing/evolving needs of residents in the centre.

The inspector found that the number of staff on duty at times was not sufficient to meet all residents' current presenting needs. For example, the inspector reviewed records to demonstrate that over the three month period, there were five occasions where the sleepover staff was required to support the waking night staff to support with residents' care and support. This included three occasions where they were required to support a resident who has been assessed as requiring 2:1 support with personal and intimate care. Two of these occasions were between 01:40 and 02:40.

There was 1.5 whole time equivalent (WTE) staff vacancies in the centre. The provider was actively recruiting to fill these vacancies and the inspector was shown

the advertisements for these posts. From a review of rosters for an three month period, it was evident that efforts were being made to ensure continuity of care and support for residents; however, this was not always providing possible. For example, based on a review of incident reports and rosters, there were six occasions over the three months where the staffing quota dropped below the required numbers. The inspector acknowledges that these occasions were due to unplanned leave and that efforts were made to fill these shifts/parts of the shifts. In addition, over the three month period, five waking night shifts were covered by agency staff and 153 shifts were covered by relief staff.

In addition to staff vacancies, as previously mentioned, two residents told the inspector they required the support of additional staff, particularly at the weekends. During the mornings and evenings midweek, there were four staff on duty. At weekends there were three staff on duty. The inspector reviewed incidents reports and behaviour records for residents which demonstrated that approximately 40% of incidents had occurred at weekends when staffing numbers were lower. In addition, one resident required 2:1 staffing supports and the control measures in open safeguarding plans included supervision in communal areas at all times. With seven resident living in the centre, this meant that there were reduced staffing resources available to residents at weekends to engage in meaningful activities, particularly those outside their home.

Each of the seven residents went to day services Monday to Friday. Staffing supports were not allocated to the centre during the hours that residents were attending day services. This meant that there was limited choice to resident to remain in their home if they choose to. This required review as there was a cohort of residents with changing and aging needs that potentially required more options to remain in their home.

This area for improvement was also reflected in the provider's latest six monthly review which identified that as residents' needs change and as they age, they may need more opportunities to stay at home from day services. Although the provider had taken some action in relation to this, such as applications for additional funding, and short-term staffing arrangements, a sustainable and effective staffing arrangement was required to ensure all residents' needs were consistently met.

The provider had recruitment policies and procedures and the three staff files reviewed by the inspector were found to contain the information required under Schedule 2.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and a sample of three staff files. These demonstrated that staff had completed training listed as mandatory

in the provider's policy including, fire safety, managing behaviour that is challenging, safeguarding, manual handling, first aid, the safe administration of medicines, food safety, epilepsy awareness and a number of infection prevention and control (IPC) related trainings.

The inspector also reviewed a sample of probation and supervision records for ten staff. The agenda was focused on staff roles and responsibilities and residents' support needs. Staff had opportunities to discuss their strengths and skills and to identify if they required support relating to their roles and responsibilities. They had an opportunity to discuss training and personal development. In the sample of supervisions reviewed, the inspector found that a number of staff referred to the demands and pressures associated with their roles and responsibilities and referred to how additional staffing numbers would be helpful.

A sample of seven reflections completed with staff following accidents, incidents or near misses was also reviewed. The sample reviewed included reflections following medication errors, reflections relating to documentation errors and reflections on implementing control measures in assessments and plans during incidents.

Each staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the resident's care and support, or the day-to-day running of the centre. They spoke about the provider's out-of-hours on-call system and the availability of the person in charge, team leader and PPIM should they require support.

The inspector reviewed a sample of four staff meetings for 2025. The agenda at these meetings was varied and resident focused. Examples of agenda items included, risk, incidents, health and safety, complaints, staffing, advocacy, resident's rights, IPC, and safeguarding. The actions from previous meetings were reviewed at the start of the meeting and new actions were developed at the end.

Judgment: Compliant

Regulation 22: Insurance

The inspector reviewed the provider's contract of insurance which was submitted as part of their application to renew the registration for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had good governance and management arrangements in place to monitor and oversee residents' care and support. The

provider was self-identifying areas for improvement; however, effective action was required to ensure they could meet residents' support needs. This particularly related to staffing numbers, the oversight of residents' healthcare needs and the implementation of effective control measures relating to safeguarding. These areas will be discussed further under the relevant regulations.

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities.

The provider had completed an annual review and six-monthly unannounced provider visits which met regulatory requirements. Where actions were identified, an action plan was put in place and reviewed regularly to ensure that it progressed. A number of area specific audits and checks were reviewed including three team leader audits, a maintenance audit, a person in charge audit, the incident oversight system implemented by the person in charge and a medicines management audit. These demonstrated good oversight and the implementation of the actions from these audits were found to be bringing about a number of actions to bring about improvements in relation to residents' care and support and their home. For example, a ramp was installed at one of the fire exits to support a resident to safely evacuate in the event of an emergency, and funding was made available to install new flooring just after the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the provider's statement of purpose for the centre. This contained all of the information required in Schedule 1 of the regulations. It was found to accurately reflect the services and facilities observed by the inspector during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector completed a walk around the premises and reviewed a sample of 2025 incidents reports and found that the person in charge had ensured that the Chief Inspector was notified of each of the required incidents in the centre in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found good levels of compliance with regulations relating to quality and safety of the service provided for residents in this centre. Residents were receiving person-centred care which promoted their human rights. They were supported to spend time with their family and friends. There were a number of safeguarding risks and open safeguarding plans, and the inspector found that every effort was being made to support residents to build their knowledge and skills around self-protection. However, the control measures in safeguarding plans were not proving fully effective and this will be discussed further under Regulation 8: Protection.

Residents lived in warm, clean and well maintained home. Residents, staff and visitors were protected by the fire safety policies, procedures and practices in the centre.

Residents had up-to-date assessments of need and personal plans in place. There was evidence to demonstrate that efforts were being made to ensure collaboration with the relevant parties to ensure the delivery of high quality healthcare for one resident,; however, this was not proving fully effective at the time of the inspection and will be discussed further under Regulation 6: Healthcare.

Regulation 11: Visits

The provider had a visitors policy and the information on visiting was also in the statement of purpose and residents' guide for this centre.

Based on discussions with residents and staff and a review of records, residents were visiting and spending time with their family and friends on a regular basis. Where required, risk assessments and protocols were developed and implemented to ensure visits did not pose a risk for the resident, other residents, staff or visitors.

There were a number of private and communal spaces available for residents to receive their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

It was demonstrated during the inspection that residents could freely access their personal finances and that the provider had systems to ensure their finances were safeguarded. Each resident now had access to an account in a financial institution and access to statements of account for these.

Residents had guidelines and protocols in place to demonstrate their understanding of their finances, any supports they may require or how they make decisions on managing their money.

Residents income and expenditure was logged and withdrawals and spending was recorded. Receipts were maintained, or audits were completed to ensure that residents' spending matched the withdrawals or spending in their statements of account. A log of residents personal possessions was also maintained. The inspector reviewed a sample of these and the items listed were present in their rooms.

Twice daily balance checks were being completed. The inspector reviewed a sample of financial audits for the seven residents and checked the balance in one residents' wallet against their financial ledger and the amounts matched.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the house and garden. The premises was designed and laid out to meet the number and needs of residents. For example, one bedroom had a ceiling hoist which extended into their ensuite bathroom. In addition, for one resident with a preference for a bath, a large Jacuzzi bath had been sourced. Overall, there were good indoor and outdoor recreational facilities. There were a number of communal and private spaces to ensure residents could receive visitors.

The provider had ensured that the premises was well maintained. They had recently developed an online maintenance system to log and track maintenance and repairs. They had also implemented a maintenance audit. Following a leak a number of floor coverings had been damaged and funding had been secured and the works were due to be complete just after the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which had been submitted by the provider prior to the inspection. This guide contained information required under this regulation such as information about the services and facilities provided, the terms

and conditions relating to their residency and arrangements for visits and participation in the running of the centre. The resident's guide was also available and reviewed in the centre during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

As previously mentioned, the inspector did a walk around the houses with the person in charge. They found that the house had detection and containment measures in place such as smoke alarms and fire doors.

There was fire-fighting equipment and emergency lighting in place. Fire evacuation procedures were on display and there was evidence that servicing and maintenance were carried out on all equipment. The inspector reviewed records relating to the maintenance of fire extinguishers for 2025, and evidence that the fire alarm panel and emergency lighting had been service and maintained as required in 2025 to date.

The inspector reviewed a sample of residents' personal emergency evacuation plan which clearly outlined procedures for evacuation. Fire drills were taking place, and these drills detailed different possible fire scenarios, and were undertaken with the day and night-time staffing complements.

Judgment: Compliant

Regulation 6: Health care

As previously mentioned, effective action was required to ensure that residents' healthcare needs could be met in the centre.

The inspector reviewed the arrangements in place for one resident around supporting them to have their healthcare needs met and found that improvements were required. The resident was being supported to attend appointments and to access the relevant professionals; however, it could not be evidenced that the provider had access to all of the required information relating to their healthcare needs in order to ensure they were providing the best care and support. The inspector acknowledges efforts were being made by the provider to collaborate with relevant parties. However, access to timely and accurate information in relation to relevant healthcare needs was essential to ensure their healthcare needs could be met and that essential and accurate care plans were in place.

Residents had access to a general practitioner, pharmacist and a range of health and social care professionals such as physiotherapists, occupational therapists, and

speech and language therapists. They also had access to a dentist, opthamologist, chiropodist and medical consultants, as required.

Residents who were eligible for National Screening Programmes such as Bowel Screen, Breast check and Diabetic Retina Screening were supported to access these services in line with their preferences.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the control measures detailed in some open safeguarding plans were not proving fully effective in reducing the risks relating to safeguarding an protection, as incidents continued to occur.

Based on discussions with staff and a review of documentation, some residents were experiencing difficulties sharing their home. There were four open safeguarding plans and two recently closed safeguarding plans in the centre, which were reviewed by the inspector. The inspector found that the provider's and national policy were followed and safeguarding plans were developed and reviewed as required. The majority of incidents of a safeguarding nature, related to negative verbal interactions and the corresponding impact for residents. Although control measures were in place, and the provider was making significant efforts to manage the risk, incidents were still occurring. Additional control measures were required to be identified to ensure the safeguarding risks were appropriately minimised. However, it was noted through documentation reviewed that residents subject to the safeguarding incidents were overall happy in their home.

From a review of the staff training matrix, 100% of staff had completed safeguarding and Children's First training.The inspector spoke with four staff and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available for review in the centre. There was also an intimate care policy and each resident had a detailed intimate care plan in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that efforts were being made by the provider to embed a human rights-based approach to care and support in the centre. For example, significant work had been completed by provider to support and advocate for

residents' rights to make informed decisions and choices in their lives, and this work was ongoing.

A number of supports had been put in place to support residents involved in safeguarding incidents. For example, one resident was supported to access an independent advocate and to meet with members of the provider's management team, their social workers and disability manager and members of the safeguarding and protection to discuss their experiences and to offer solutions and additional control measures. A referral was made for another resident to access an independent advocate.

The inspector was informed that another resident was being supported with a 'decision support arrangement' in line with the Assisted Decision Making (Capacity) Act 2015. A 'decision-making assistant' had been appointed. The role of the decision-making assistant involves gathering information and explaining this information to the resident to support them to make their own decisions.

Staff had access to training on the human rights principles of fairness, respect, equality, dignity and autonomy. Those who spoke with the inspector were motivated to ensure that they were respecting and upholding residents' rights on a daily basis. Residents spoke about their lives, their independence and how their choices were facilitated. They spoke about positive risk taking and how they were achieving their goals. For example, one resident was developing and achieving their goals around becoming more independent. For example, they were now accessing their community independently and in the process of completing bus training to support them to travel on public transport independently to meet their family in another part of the county.

For other residents who had voiced their wishes and preferences to manage their finances, agreements had been reached with them to ensure that the provider could implement a number of controls to safeguard their finances.

Overall, over the course of the inspection, the inspector found that staff were working with residents to ensure that information was presented to them in a format that met their communication needs and preferences. For example, there was an easy-to-read folder with information on accessing independent advocacy services, finances, rights and the Assisted Decision Making (Capacity Act) 2015.

A sample of six residents' meetings were reviewed which demonstrated that they were occurring regularly. There was a clear focus on residents' rights, safeguarding and safety. Agenda items varied and discussions were held around areas such as, advocacy, maintaining relationship's and friendships, menu planning, activity planning and complaints. In addition, the provider had an advocacy group who were meeting monthly and a monthly advocacy meeting was being held in the centre. The inspector reviewed the minutes of four of these meetings which demonstrated that topics such as advocacy, rights and choices, safeguarding, complaints, celebrations and local community events were discussed.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechhaven OSV-0002121

Inspection ID: MON-0039008

Date of inspection: 03/09/2025

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The Person in Charge (PIC) had identified the evolving needs of the designated centre and the corresponding changes required in staffing levels to maintain safe and effective care delivery. In response to these developments, the PIC completed three Disability Services Management Application Tools (DSMATs) and developed a comprehensive business plan. This documentation was submitted to the Health Service Executive (HSE) on 27 August 2025, addressed to both the Disability Manager and the Case Manager. These submissions, along with HIQA compliance matters and the DSMATs, were discussed in detail during the Service Level Agreement (SLA) meeting on 26.09.2025 with HSE representatives and senior management. Following this engagement, the HSE confirmed that it is not in a position to allocate additional funding to the service at this time. However, agreement was reached to decommission one bed within the service.
It is important to note that this decision does not adequately address the current operational pressures or the needs of the individuals supported. In light of this, and to ensure continued compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) the PIC and provider has formally requested that the service be permitted to temporarily operate at a financial deficit. This would allow for the rostering of a fourth staff member during weekends, thereby safeguarding the quality and safety of care until the agreed bed decommissioning is fully implemented.
A business plan and DSMAT has also been submitted to the HSE for a wrap around service to support residents with planned days off. The PIC and provider have looked at the resources within the day service and a staff will be identified to respond and support residents in their home from 09.00-17.00hrs Monday to Friday, if they so choose.
Human resources have ongoing recruitment with the advertisements been published on a weekly basis.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Person in Charge, PPIM and provider have actively engaged with the resident their family, and the assigned HSE social worker to ensure full oversight of the resident's needs within the designated centre. This collaborative approach is in line with the Health Act 2007.
In recognition of the high-risk nature of the resident's current circumstances, the PIC has communicated with the resident's General Practitioner (GP) and relevant consultants, requesting that all pertinent clinical information be shared directly with the service. This is essential to enable the designated centre to provide safe, appropriate, and responsive care. The PIC and provider have clearly stated that if this information cannot be facilitated, the centre may not be in a position to continue providing a service, as doing so would compromise regulatory compliance and resident safety.
Furthermore, the resident and their family have been informed that all appointment letters and clinical correspondence must be sent directly to the resident's home address within the designated centre. This ensures continuity of care, supports effective communication, and aligns with HIQA's standards for governance, communication, and risk management. A staff member now attends all appointments with the resident to ensure full oversight.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Person in Charge and provider have actively engaged with the resident, their family, and the assigned HSE social worker to ensure full oversight of the resident's needs within the designated centre. This collaborative approach is in line with the Health Act 2007.
In recognition of the high-risk nature of the resident's current circumstances, the PIC has communicated with the resident's General Practitioner (GP) and relevant consultants, requesting that all pertinent clinical information be shared directly with the service. This is essential to enable the designated centre to provide safe, appropriate, and responsive care. The PIC and provider have clearly stated that if this information cannot be facilitated, the centre may not be in a position to continue providing a service, as doing so would compromise regulatory compliance and resident safety.
Furthermore, the resident and their family have been informed that all appointment letters and clinical correspondence must be sent directly to the resident's home address within the designated centre. This ensures continuity of care, supports effective communication, and aligns with HIQA's standards for governance, communication, and risk management. A staff member now attends all appointments with the resident to ensure full oversight.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Person in Charge and Provider has ensured all required safeguarding documentation has been submitted, and robust support systems are in place. Residents continue to be supported through independent advocacy services. Regular multidisciplinary meetings are ongoing with the safeguarding team, case manager, and social worker to ensure coordinated care and oversight.
A Positive Behaviour Functional Assessment has been completed to better understand and support individual needs.
In response to these developments, the Person in Charge (PIC) completed three Disability Services Management Application Tools (DSMATs) and developed a comprehensive business plan. This documentation was submitted to the Health Service Executive (HSE) on 27 August 2025, addressed to both the Disability Manager and the Case Manager.
These submissions, along with HIQA compliance matters and the DSMATs, were discussed in detail during the Service Level Agreement (SLA) meeting held on 26 September 2025 with HSE representatives and senior management. Following this engagement, the HSE confirmed that it is not in a position to allocate additional funding to the service at this time. However, agreement was reached to decommission one bed within the service.
It is important to note that this decision does not adequately address the current operational pressures or the needs of the individuals supported. In light of this, and to ensure continued compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities), the PIC and provider have formally requested permission for the service to temporarily operate at a financial deficit. This would enable the rostering of a fourth staff member during weekends, thereby safeguarding the quality and safety of care.
A bed will shortly become available in another designated centre within the service. In line with person-centred practice and residents' rights, the two individuals currently sharing accommodation will be invited to meet with the team to explore whether they would like to consider relocating. This discussion will be facilitated respectfully and transparently, ensuring that each resident’s preferences, wellbeing, are fully supported.

Where it is deemed necessary to safeguard the welfare of all residents and to appropriately manage risk, a resident may be relocated to an alternative residence, notwithstanding their expressed preference to remain, and such action will be undertaken with dignity, fairness, and in full accordance with human rights principles.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	10/10/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	06/10/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	24/10/2025

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Not Compliant	Orange	17/10/2025
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	24/10/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	23/12/2025