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:	Beechgrove
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	28 July 2025
Centre ID:	OSV-0004703
Fieldwork ID:	MON-0038752

About the designated centre

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

This designated centre offers residential support for adults with intellectual disabilities, both male and female, who are over the age of eighteen. The centre provides 24-hour care and can currently accommodate up to four adults. It is a bungalow located close to the nearest town and features a spacious, well-designed garden area. Residents have access to transportation as needed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 28 July 2025	10:00hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor compliance with regulations and standards and to help with the decision regarding the ongoing registration of the centre. The inspector reviewed fourteen regulations, which were found to be compliant. This demonstrates that residents were receiving a well-managed quality service that met their needs.

During the inspection, the inspector met with the two residents, the person in charge, the clinical nurse manager, a staff nurse, and two care assistants. The inspector noted a warm and relaxed atmosphere in the residents' home, which was clean and well presented. Residents were seen enjoying the sitting room; one resident was relaxing in their bedroom while the other engaged in kitchen activities, including baking, with staff.

Both residents were advanced in age, and the activities and support provided were tailored to their individual needs and interests. The inspector reviewed their person-centered support plans, which documented the activities that they were engaging in. There was substantial evidence to show that the residents regularly participated in activities both inside and outside their home.

The inspector was introduced to both residents. One resident did not use words to communicate their needs, while the other communicated verbally. The non-verbal resident was assisted by staff members in greeting the inspector. They listened to music and looked through magazines before going on an outing with staff to collect supplies for baking.

The second resident was introduced after returning from a morning outing. They were having their nails painted by the person in charge and appeared relaxed in their environment. This resident briefly chatted with the inspector, discussing the lack of television programme options.

The resident followed a consistent routine, going on excursions each morning. A review of records showed that this resident chose their daily itinerary, often preferring quiet locations for short walks or visits to religious sites. The morning outing was very important to the resident and one that they really enjoyed.

Both residents appeared comfortable in their home. They were supported by a well-established staff team, with some members working in the service for over ten years. The staff members the inspector spoke with demonstrated a good understanding of their needs and the care and support procedures in place to maintain their health and promote positive outcomes.

During the review of information and discussions with staff, it was identified that both residents were supported in maintaining contact with their family and one resident also kept in touch with friends. The inspector found that both residents'

families had submitted feedback regarding the care and support provided to their loved ones. The feedback was positive, with both families expressing that they felt their loved ones were well cared for.

In summary, the review of a large volume of information and observations on the day indicated that the residents were well cared for. Their health and social needs had been assessed, and care plans had been developed to guide staff on how to best promote positive outcomes for both residents.

The next two sections of this report will present the inspection findings related to governance and management in the centre, as well as how these factors affect the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, and the person in charge role. The review of these areas found that they complied with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 14: Persons in charge

As part of the inspector's preparation for the inspection, they reviewed the experience and qualifications of the person in charge. The person in charge was found to possess the required qualifications and experience for the role.

During the inspection, they demonstrated a thorough understanding of the residents' needs, as well as the provider's governance and management arrangements.

Judgment: Compliant

Regulation 15: Staffing

The inspector conducted an assessment to determine whether the provider and the person in charge had sufficiently staffed the service to meet the needs of the residents. The staff team included the person in charge, a clinical nurse manager, staff nurses, and healthcare assistants.

At the time of the inspection, there were only two residents living in the service, which led to adjustments in staffing levels. Each day, three staff members were scheduled, one staff nurse and two healthcare assistants. At night, two staff members were rostered, consisting of one staff nurse and one healthcare assistant. Residents received one-to-one support daily, and one of the residents required two-to-one support during transfers due to mobility needs. Reviews of the rosters and information about the residents confirmed that safe staffing levels were maintained every day.

The inspector reviewed the current roster, along with those from the first week of April and mid-February of this year. By comparing these three rosters, the inspector found a consistent staffing team in place, with minimal changes during that period. Although there were two current vacancies, these were filled by consistent agency staff members.

During the inspection, the inspector spoke with the three staff members on duty. They demonstrated a good understanding of the residents' needs and the support systems in place for them.

In summary, the inspector concluded that the provider had ensured an appropriate skill-mix and staff number to support the residents effectively.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested confirmation that the staff team had access to and had completed the necessary training. They reviewed the training records of the staff members and found that training needs were regularly assessed and that staff attended training as required.

Staff members had completed training in various areas, including:

- Fire safety
- Safeguarding vulnerable adults

- Dysphagia
- Infection prevention and control (IPC)
- A human rights-based approach
- First aid
- Safe administration of medication
- Children first
- Manual handling
- Diabetes
- Communicating with a person with an intellectual disability

The inspector found that the training needs of the residents were under close review by the person in charge and the clinical nurse manager. Previous audits had identified that some staff members had outstanding training, and this had been addressed before the inspection.

The staff team were, therefore being provided with adequate training to ensure they could meet the needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspection process found that there were appropriate governance and management arrangements. The person in charge had strong oversight of the service being provided and was supported in their duties by a clinical nurse manager and a skilled staff team.

The inspector found that the care and support provided to the residents was audited regularly. Monthly audits were being conducted, which included:

- residents' finances
- IPC audits
- intimate care procedures
- medication audits.

The inspector reviewed the audits completed in June and July and found that the audits were identifying small areas that required improvement and that these areas were being addressed promptly.

The provider and the person in charge had also ensured that an annual review of the care and support provided to the residents had been completed, as well as ensuring that the six-monthly unannounced audits had been completed. The inspector reviewed the annual review for 2024 and the two most recent six-monthly audit reports, which were completed in January and June of this year.

The inspector found that the reports and audits were identifying areas which required improvement. The inspector studied the quality improvement plan that had

been established and found that actions were being addressed within the identified timeframes. The person in charge had added actions to the plan regarding the premises, funding had been approved for the works and contractors were now being sourced.

Through the inspection, the inspector found that information was readily available for review. Records were well maintained, and discussions with staff members also identified that they were well informed regarding practices and how to support the residents' best interests. The inspector reviewed the three most recent staff team minutes and found that the meetings were being used to share information and promote improvements in the care being provided to the residents.

In summary, the inspector found that the provider had ensured that there were good management and oversight systems in place. The person in charge and the staff team were ensuring that the residents were receiving a good service.

Judgment: Compliant

Quality and safety

The review of information and observations concluded that residents received a service tailored to their specific needs, provided in a manner that respected their rights.

The provider conducted a comprehensive assessment of the residents' needs, leading to the development of personalised support plans. The inspection revealed that guidance documents had been created to assist staff in providing the best possible support to the residents.

The inspector assessed several areas, including communication, healthcare, fire safety management, safeguarding and positive behaviour support systems. The review found these areas to be compliant with regulations.

The service was found to be well managed and focused on ensuring the well-being and safety of the residents.

Regulation 10: Communication

As mentioned in the opening section of the report, one of the residents did not communicate verbally. Instead, they used facial expressions, eye contact, and vocalizations. The inspector found that a communication passport and a speech and language assessment had been completed for this resident.

Upon reviewing both documents, the inspector noted that they effectively captured the resident's communication strengths, areas in which they required support, and the steps for staff to follow in order to assist the resident in expressing themselves.

During the inspection, the inspector observed staff members effectively communicating with the resident. The resident made choices using non-verbal forms of communication and appeared comfortable during their interactions with the staff.

In summary, the inspector concluded that the provider had ensured that the resident requiring communication support received it and was being assisted by staff members in expressing their wishes and preferences.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that capacity assessments had been completed for both residents regarding their ability to manage their finances. The outcome of these assessments indicated that neither resident was deemed capable of managing their finances.

Instead of personal bank accounts, both residents used patient private property (PPP) accounts. The inspector noted that the person in charge had met with one of the residents on two occasions this year to discuss the PPP accounts. However, the resident declined to fully engage in the conversation on one occasion, stating that it was the staff's responsibility to manage their finances.

Both residents were allowed to store a sum of money not exceeding €200 in their home. The inspector reviewed the systems in place to safeguard the residents' finances. Staff members checked the residents' finances daily, updated debit and credit records each day, and maintained a system where receipts were stored alongside spending records to track expenditures. The inspector reviewed a sample of receipts against the spending records and found that they matched.

The inspector sought clarification on how residents accessed their finances. According to the information reviewed, staff members would request the release of a sum of money from the residents' accounts on Sundays and collect it on Tuesdays. The inspector looked at the residents' finances from the previous four weeks and noted that funds had been withdrawn on five occasions for both residents during that period. The review of records showed that there were no instances where residents did not have access to their funds within the four-week timeframe.

The review of the information found that residents' finances were being appropriately safeguarded.

Judgment: Compliant

Regulation 13: General welfare and development

When reviewing the residents' information, the inspector found that person-centred plans had been developed for the residents. The inspector reviewed both and found that there were planning sessions and a large volume of pictures of residents engaging in activities in both plans.

Person-centred planning meetings had been conducted earlier with residents and family members attending where possible. Activities had been identified, and there was evidence of their achievement. The residents were both active and, from the review of the pictures, enjoying the activities they were engaging in. Residents were going on regular day trips, going shopping, going out for food, afternoon tea and having beauty treatments.

Judgment: Compliant

Regulation 17: Premises

The inspector was shown around the residents' home by the person in charge and the clinical nurse manager. The inspector found the house to be clean and well presented. The person in charge had identified that there were improvements required, such as painting in some areas and replacing flooring in the kitchen and sitting room area. The person in charge also planned to replace wardrobe doors in residents' bedrooms. The provider had approved the funding for these works, and there was a plan in place to address them.

Other aspects of the house had recently been refurbished, such as cabinetry in the kitchen area and the bathrooms.

While some areas required improvement, the inspector was satisfied that there was a plan in place to address them and that there was an ongoing focus by the services management team to ensure that the residents' home was well presented and in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk assessments and the systems implemented for

evaluating and responding to adverse incidents. They found that the provider and the person in charge had ensured that both actual and potential risks were identified and addressed appropriately.

The inspector examined the risk assessments developed for both residents and noted that the identified risks were linked to other relevant documents, including care plans and behavior support plans. The risk-rating levels and the control measures employed to maintain residents' safety were also deemed appropriate.

Additionally, the inspector reviewed records of adverse incidents that occurred in 2025. As previously mentioned, there were challenging incidents within the service, with one resident experiencing aggressive outbursts. There were risk assessments and a behavior support plan in place. Upon reviewing these incidents, the inspector found that the staff team responded in accordance with the provided guidance documents, effectively managing the incidents and reducing risk for both the resident and the staff.

Moreover, the inspector noted that risk assessments were reviewed regularly, and the provider occasionally requested additional multidisciplinary input to support residents and guide staff approaches when necessary.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were fire safety measures in place. There was fire detection, containment, and fighting equipment, and the inspector found evidence that these had been serviced, ensuring they were in good working order if required. A review of staff training records confirmed that staff members had received fire safety training. Eight fire drills had been completed this year. Four simulated night time circumstances and four simulated day-time scenarios, the drills demonstrated that the residents and staff members could safely evacuate the premises and indicates that both residents and staff are well prepared for emergencies.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the social and health needs of the two residents had been thoroughly assessed. Based on these assessments, care and support plans were created to guide staff on how to best care for the residents.

The inspector reviewed a sample of the extensive number of care plans developed for the residents and noted that they were regularly updated, reflected the changing

needs of the residents, and provided clear guidance for the care staff.

In summary, the inspector concluded that the residents' needs had been appropriately assessed and that the care and support plans effectively outlined how to meet the individual needs of both residents.

Judgment: Compliant

Regulation 6: Health care

Following the review of the two residents' information, the inspector was satisfied that the provider had ensured that the residents were receiving appropriate health care. The inspector found that health screenings had been conducted for the residents, that they were accessing health care professionals when required, that health care plans had been developed, that these plans were under regular review and that the plans accurately reflected the needs of the residents.

The service was nurse-led due to the clinical needs of the residents. Nursing assessments had been conducted, and there was evidence of regular reviews completed by advanced nurse practitioners, as well as input from members of the provider's multi-disciplinary team, including a speech and language therapist, an occupational therapist, and a psychiatrist.

Judgment: Compliant

Regulation 7: Positive behavioural support

The house manager informed the inspector that the residents, if required, received support from the providers' Positive Behaviour Support Team. The inspector reviewed the Positive Behaviour Support plans developed for one of the residents. The plan was focused on understanding the residents' behaviours, providing insights into the reasons behind these behaviours, and outlining practical strategies for preventing and responding to incidents when they occur.

The primary aim of the behaviour support plans was to promote more positive experiences and outcomes for the resident. A review of adverse incidents within the service this year indicated that while challenging incidents were occurring that the staff team were responding to them in line with the behaviour support plans, a staff member spoke of how they offer reassurance to the resident, manage their environment and provide the resident with a social outlet each day which was all listed in the residents behaviour support plan.

The inspector reviewed the restrictive practices that were in place in the service. The review identified that the practices had been introduced to maintain the safety

of the residents. These practices were under regular review and, at the time of the inspection, were required.

Judgment: Compliant

Regulation 8: Protection

During the inspection, the inspector reviewed the training records and found that the staff had completed training focused on safeguarding residents. The provider had established systems to identify and respond to safeguarding concerns. The inspector reviewed safeguarding reports and confirmed that investigations had been conducted when necessary, and that safeguarding plans had been developed to maintain resident safety and promote positive outcomes.

In discussions with staff members, the inspector learned that there were currently no safeguarding concerns. However, there had been past instances where residents negatively impacted one another. Two staff members discussed with the inspector how they would respond to safeguarding issues, the reporting process for their concerns, and the support they would provide to residents in the event of incidents.

In the past, there had been incidents between two residents. Following consultation with the person in charge, one of the residents chose to move to another service provided by the organization. It was reported that the resident was enjoying their new home. At the time of the inspection, the person in charge and the provider were reviewing potential new admissions and conducting compatibility assessments to ensure that the new residents would be compatible with the current residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant