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:	Brookvale House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	24 March 2026
Centre ID:	OSV-0004351
Fieldwork ID:	MON-0046017

About the designated centre

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

Brookvale House is a full-time residential service, providing care and support for up to seven adults with an intellectual disability. Residents receive care on a twenty-four hour basis from a team of support workers. Brookvale House is situated near a large town in Co. Monaghan, where residents have access to amenities such as shopping centres, restaurants, bars and cafes. Brookvale House has seven bedrooms, six of which have an en-suite.. There are two living rooms, one kitchen and dining room, a utility room, one communal bathroom and an office.

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
Tuesday 24 March 2026	10:00hrs to 14:10hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Bookvale House were happy in their home and were safe. This was a good quality service where all regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). The provider adopted a human rights-based approach to the provision of this service. While the residents had high support needs, the person in charge and the staff team supported them to make choices and to decide how to live their lives. The inspector found that residents were treated respectfully and with dignity, and their rights were protected. In the main, they liked living with their peers, had good contact with their families and were connected with their local community.

The inspector met, and spent time with three residents during the course of this inspection. The other four residents had left their home and were attending occupational activities that day. It was clear that people living at Brookvale House had a range of support needs, including intellectual and physical disabilities and some required support with expressive behaviours. A tour of the premises found that it was a suitable home which met with assessed needs of residents. It was large in size, accessible throughout and where required, mobility support equipment was provided. This included tracking hoists and adapted assisted living equipment.

The inspector visited the combined kitchen and dining room. It was clean, well-equipped, bright and welcoming. The inspector noted new kitchen units and floor coverings, which staff said were fitted since the last inspection. The inspector met with a resident who was having tea and completing an activity at the kitchen table. They appeared pleased to have a visitor to their home and while they did not hold a verbal conversation, they interacted cheerfully with the inspector. Staff providing support knew this person well, and where required, they supported the conversation. For example, they explained that they had a plan to attend a social farming activity that day, however, this was dependent on the resident's choice. A second person was observed resting in a comfortable chair while observing the interactions around them. They spoke about their birthday. This prompted staff to provide information about birthday celebrations planned for another resident later that evening.

The inspector visited residents' bedrooms and found that they were warm, cheerful and personally decorated. If required, fire evacuation aids such as ski sheets were found under mattresses. Works to the premises since the last inspection meant that each resident now had an en-suite shower room. This provided additional comfort and privacy for residents. At the front of the house there were two sitting rooms. Both were large and suitable for use by wheelchair users. Two residents were observed enjoying these quiet spaces. One was prepared for a day out on transport provided. A second resident was playing their guitar and watching outdoor works

that were taking place nearby. As it was a wet and stormy day, this resident chose not to go to their social farming activity. This was respected. Staff were observed as competent and experienced in their roles. Their interactions with residents were person-centred, kind and professional.

Overall, this was a very pleasant inspection. Residents were supported to live their lives in line with their preferences and with the supports required. The inspector observed that the house was large and spacious. This was important as residents had physical disabilities. However, the inspector also noted that the management and staff team were making every effort to ensure the environment felt homely. There was a challenge in balancing the clinical needs of the residents with creating a homelike atmosphere. The person in charge told the inspector that they continued to work on this at the time of inspection.

The next two sections of this report outlines the findings of this inspection in relation to the governance arrangements in place in the centre and how these impacted on the quality and safety of the service.

Capacity and capability

The inspector found that the effective governance and management arrangements at the centre, coupled with a skilled and dedicated staff team meant that good quality care and support was provided.

Sufficient numbers of staff were employed and the roster arrangements were based on the needs of the residents. Staff were provided with opportunities for training as part of a professional development programme. The person in charge was skilled, experienced and competent. The registered provider had good governance oversight of the service and the documentation systems were clear and comprehensive.

Example of compliance are provided under the regulations below.

Regulation 14: Persons in charge

The person in charge was employed full-time and had the required skills, knowledge and experience to competently fulfil their role and to meet with the requirements of this regulation.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing arrangements at the centre completed by the inspector found that the number, qualifications and skill mix of staff employed was appropriate to the number and assessed needs of residents and size and layout of their home.

The inspector reviewed the roster from 2 March 2026 to 24 March 2026. This review found that the roster was well maintained, with clear indications of who was on duty and what their role might be on that day. It provided an accurate account of the staff on duty on the day of inspection. Where additional staff were required, they were noted as consistent and skilled in the role.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of mandatory and refresher training modules for staff employed, including agency staff. Modules reviewed were fire training, safeguarding training, positive behaviour support and medicines management training.

All modules for the sample reviewed were up to date and if required, additional competency checks were completed by the person in charge and these were clearly documented.

If required, bespoke training was provided. For example, training in the use of specific fire evacuation equipment and training in the management of diabetes.

In addition, the inspector reviewed the supervision schedule for staff and found that regular performance management and support meetings were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found effective governance arrangements at this centre which ensured good oversight of the service. There were clear lines of authority and decisions were communicated, implemented and evaluated as required.

The opening part of this inspection was facilitated by a team leader who had good knowledge of the residents and the service. The person in charge arrived shortly afterwards and later, the provider representative attended the inspection.

The management team spoke with the inspector about changes at the centre. They reflected fondly on a resident who died in July 2025. They acknowledged the impact of this loss on the resident's family members, the other residents at the centre and the staff team as a whole. The inspector found that this awareness at governance level was important as it reflected positively on the quality of the service provided.

A new resident transitioned to the service recently. A review of their transition arrangements found that they were comprehensive and completed on a gently phased basis. This is further outlined under Regulation 24 in this report.

Overall, the quality of the management systems and the competence of the staff team ensured that the service provided was safe and appropriate to residents' needs. Audit systems were in place to ensure that gaps were identified and included on a quality improvement plan. The annual review of care and support was completed on 25 March 2025 with 13 of the 14 actions identified complete. The six monthly provider-led audit was completed on 27 January 2026.

The provision of support to residents was led by a keyworker process. This was working well at the time of inspection. Meetings with residents and with the staff team were taking place on a regular and planned basis. Discussions held were documented and where required, easy to read information was available to support residents' understanding.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A review of documentation and discussion with staff found that admission to the centre was determined on the basis of fair, equitable and transparent criteria and in line with the provider's admission policies and statement of purpose.

As outlined, a new resident came to live in Brookvale House in December 2025. They were reported settle in well. Staff described them as very happy and a joy to be around.

A review of the provider's adult admission policy (18 August 2025) and service user placement compatibility policy (1 December 2025) listed a number of actions to guide any new admission. The inspector found that these were completed in full and in consultation with the new resident and their family. The resident's transition plan took place on a phased basis over a six-week period. It included visits with family, visits with day service staff and visits alone. Meals and activities of the resident's

liking were facilitated at Brookvale House initially, before having short overnight stays.

Overall, the inspector found that the approach used was resident and family centred. Written contracts for the provision of service were available in easy to read format and they included the required information to inform the direction of the service provided. The principles of human rights-based care were embedded in these documents with references to rights to information, fair treatment and confidentiality.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose for the service which was also available in accessible format for residents' use.

It was updated on 28 October 2025 and provided an accurate reflection of the services and facilities at Brookvale House. It met with the requirements of Schedule 2 of this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre from 1 January 2026 to the date of inspection found that if required, matters arising were reported to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy for residents at the centre and found that it was updated on 1 May 2025. It was available in easy to read format for residents' use and a copy was prominently displayed.

There were no open complaints from residents at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review of a sample of written polices from Schedule 5 found that they were stored on an electronic data management system which was available to staff at the centre.

The sample included policies on safeguarding, provision of behaviour support, staff training, risk management and complaints. They were up to date and there was evidence on regular review.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. The property was suitable for their assessed needs and where improvements were required, a plan was put in place to progress them.

Residents support needs were subject to ongoing review to ensure that the standard of care met with changing needs if required. Where required, support plans and guidance for staff was provided. Staff spoken with were familar with residents' communication needs and this had a positive impact on their day to day life at the centre and their ability to make decisions. Easy-to-read information and social stories were provided.

Overall, this was a very pleasant service, which presented as a home for the residents and not a place of employment for staff.

Regulation 10: Communication

From a review of documentation, observations made and conversations with staff, the inspector found that residents were supported to communicate their needs and wishes in formats that best suited their individual communication styles. Staff were observed as knowledgeable with the ability to understand and respect the choices that people made.

For example, a resident was asked what they would like for their lunch with picture-based menus which could be used for reference. They requested fish and chips from the local takeaway restaurant. When staff asked if they would like to go out to get their food, they said that they would think about that. Later, and due to the poor weather, they made it clear to the staff that they wished to remain in their comfort chair and that staff would take the trip on their behalf.

In addition, a review of written documentation found a broad range of easy-to-read information such as visual rosters, how to make complaints and the importance of human rights. Where residents found social stories helpful, they were provided. Futhermore, the inspector saw that each resident had their own tablet which they used to listen to music and compete other activities of their choice. Access to the internet was provided.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a tour of Brookvale House which found that the design and layout of the centre was in line with the statement of purpose and met the assessed needs of the people living there.

The premises was clean and tidy and kept in a good state of repair. Improvements had been made where needed. New kitchen units were fitted since the last inspection and new floor coverings provided. Matters relating to mould identified on the previous inspection were addressed.

If needed, alterations were made to the centre to ensure equal accessibility for all. For example, an additional en-suite facility was provided in a resident's bedroom which meant that all bedrooms were now en-suite. In addition, there was a large bathroom. The person in charge told the inspector of plans to seek approval for an accessible bathing tub for residents to enjoy in the future. This meant that the provider continued to review the premises in line with residents changing needs.

Overall, the residents' home was warm, welcoming and personally decorated. The kitchen was well equipped and the communal spaces were comfortable.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider and the person in charge had good risk management arrangements at this centre.

At service level, the inspector reviewed the risk management policy (28 March 2025) and the risk register. This was subject to regular review and risks identified were relevant to the service provided.

The inspector reviewed three risk assessment and management plans. All were reviewed during the period September to December 2025. Risks were clearly identified, control measures provided good guidance for staff and risk ratings were appropriate.

The inspector cross checked the written guidance on risks relating to feeding, eating and drinking with a relief staff member who was support a resident with such risks. This found that they had a good knowledge of the resident's swallow assessment, they were aware of the recommended food and drink consistency and provided an example of how they would prepare a specific food type to ensure that it complied with recommendations made. In addition, the inspector noted that written information was available to further support staff in the kitchen if required.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector completed a review of fire safety arrangements at this centre which included areas of substantial compliance found on the previous inspection. The review found that the provider had taken action to address gaps in fire safety as previously identified and had returned to compliance.

For example, the provider reviewed evacuation measures for physically disabled residents. Evacuation sleds were provided which was in line with the provider's compliance response plan. More recently, ski sheets were introduced to the service. As outlined, the inspector found that these were provided under residents' mattresses if required. They were reported as closer to the point of need, and instruction on how to use these was included in fire training provided for staff. The centre's fire procedure was updated to include information on staff support ratios and the use of adapted evacuation equipment, as described.

In addition, both day and simulated nighttime fire drills were completed in line with the provider's policy. The most recent night-time drill was completed in December 2025. The inspector reviewed four of seven personal emergency evacuation plans which were updated in October and November 2025. These provided clear guidance for staff. Furthermore, the person in charge told the inspector that they had ongoing consultation with the local fire service to ensure that they were aware of the specific requirements for this service should the need arise.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with healthcare supports in line with their assessed needs and with the requirements of this regulation. Where residents had a decline in their health and wellbeing, this was acknowledged and additional supports were considered to ensure that they could remain at home and age in place.

Each person had access to a general practitioner (GP), pharmacist and allied health professionals, if required. Where medical treatment was recommended, it was facilitated by the person in charge and the staff team.

For example and as outlined, some residents had speech and language therapy assessments with associated feeding, eating and drinking plans. Others had ongoing support from occupational therapy and physiotherapy and there was evidence of joined home visits completed in order to advise on specific needs. In addition, residents attended consultant-led care such as ophthalmic and neurology clinics both locally and in Dublin-based hospitals.

Overall, the inspector found a person-centred approach to a healthcare support which impacted positively on the lived experiences of residents at this centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

A review of behaviour support arrangements found that in the main, residents were content living together. Compatibility assessments were completed for each person and appropriate measures were in place for residents with behaviours of concern or residents who are at risk from their own behaviour or that of others, where required.

Staff had access to positive behaviour support training and those spoken with had a good understanding of residents' behaviour support plans and guidelines. They spoke about the support provided from a psychologist with expertise in behaviour support. In addition, they reflected on times when strategies may not have been effective and were therefore reviewed and discontinued. This meant that there was an ongoing and proactive approach to the supports provided.

The registered provider had a restrictive practice register which was reviewed in March 2026 and every six months in line with the provider's policy. This found eight environmental restrictions which were subject to review by the provider's human rights committee. One restriction relating the to locking of the chemical agents cupboard was reduced recently, and only used when required to keep a resident safe.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that a human rights-based approach was embedded in the service provided to residents, and the management and staff team were aware of the core human rights principles of fairness, respect and equality.

Information on the principles of human rights was displayed on a homemade poster in the kitchen. In addition, people's rights were embedded in the service-level documentation such as contracts of care and support. Staff were provided with training in human rights and this appeared to be effective. Observations made by the inspector found that staff prioritised residents and their requests above other work tasks. If a resident requested assistance, they were attended to promptly. Later, when the provider representative arrived at the designated centre, they were noted to greet residents first and to spend time with them, prior to meeting with the staff team.

In addition, the inspector found that the service made efforts to maximise residents' capacity to exercise personal independence and choice in their daily lives. As outlined earlier in this report, one resident was supported with information about a social farming activity which they were trialling at the time of inspection. This was discussed at breakfast time and a plan was made. However, later that morning, the resident appeared to change their mind. It was a wet day and they seemed to enjoy watching ground works taking place near their home. Their decision to remain at home was respected.

Furthermore, the inspector held a conversation with the team leader about access to advocacy services. They confirmed that a representative from the national advocacy service was scheduled to visit residents at their home during the Easter break.

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
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant