



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

Issued by the Chief Inspector

Name of designated centre:	Abbeyglen
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 May 2026
Centre ID:	OSV-0008022
Fieldwork ID:	MON-0049963

About the designated centre

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

Abbeyglen is a two-storey house which is divided into three self-contained apartments. It is located in a town in Co. Dublin and within walking distance to a range of local amenities and public transport links. Abbeyglen was registered in May 2021. Abbeyglen facilitates 3 residents who have individual self-contained apartments, all with en suite facilities.

The house is divided into three parts for each resident – apartment 1, 2 and 3, each providing the following rooms/facilities to the three residents: The front part of the house (apartment 1) – the resident has full access/use of bedroom/en suite, living room and further kitchen/kitchenette with facilities (i.e. fridge/microwave/toaster/kettle). The middle part of the house (apartment 2 both ground and first floor) – the resident has full use of bedroom/en-suite on 1st floor and sitting room area, large kitchen area and a utility room on ground floor. The apartment towards the rear of the house (apartment 3) comprises of a bedroom with ensuite facilities, a kitchenette and sitting room with access to the back garden. All residents also have full access to a spacious enclosed back garden and patio for recreational use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 May 2026	09:30hrs to 16:15hrs	Karen Leen	Lead
Tuesday 12 May 2026	09:30hrs to 16:15hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

This report presents the findings of an unannounced risk-based inspection undertaken in May 2026. The inspection was initiated as a risk-based response due to the receipt of solicited and unsolicited information to the Office of the Chief Inspector of Social Services (Chief Inspector). The inspection found that while the designated centre was operating at high levels of compliance, improvements were required in relation to Regulation 8: Protection and the providers response to the assessed needs of residents and Regulation 24: Admissions and contracts for the provision of services.

The inspection found that residents received good care and support from a consistent and suitably trained staff team. However, inspectors found that compatibility issues were having an impact on the lived experience of residents in the centre.

Inspectors found that while a number of support plans had been developed for residents in order to support them with environmental noises in the centre resulting from residents' vocalisations or changes in behaviour presentation, these behaviours or vocalisations were at times having a negative impact on peers in the centre.

In addition a number of the supports in place required the use of restrictive practices to be implemented to reduce the noise concerns for residents. This will be discussed further under Regulation 8: Protection later in this report.

The designated centre is registered to accommodate three residents and on the day of the inspection there was no vacancies. The centre is located in a large town in North Dublin and residents have access to a number of public transport routes to the city centre and they also had the use of centre transport. The designated centre is a large dormer bungalow, split into three individualised apartments. Residents had access to a number of local amenities including a large cinema, numerous pubs and restaurants, shopping centre, parks and the location was a close drive to a number of larger parks and beaches.

On arrival to the designated centre, the inspectors were greeted by the person in charge who facilitated the inspection. The person in charge informed the inspectors that one resident might like to give the inspectors a fright as they came through the door of the first apartment. As the inspectors entered the first apartment a resident jumped out from behind a corner in the kitchen. The resident was laughing when they saw that they had made both inspectors jump.

The resident then went on to tell the inspectors that they manage to hide and scare people when they come to their home. The resident was seen laughing with staff and talking about times they had hidden in the garden and scared the staff when they had come back from doing shopping with a peer member. Inspectors found

that there was a fun and relaxed atmosphere in the house for the majority of the inspection.

However, on two occasions during the course of the inspection one resident was requested to be speak quietly as it may upset a fellow resident who had been unwell and lived in the adjoining apartment. The resident spoke gently to staff and commenced getting ready for their day. The inspectors found that the request was spoken to the resident in a soft manner and in a way which highlighted their concern for their peer member. However, inspectors found that noise was an on-going issue of concern for two residents in the centre and that loud noises such as resident vocalisations or the moving of furniture by one resident was negatively impacting peers in the centre.

The person in charge discussed that when staff identified periods where the noise levels in the designated centre increased due to loud vocalisations, shouting or moving of furniture, a documentation aimed at capturing the occurrence of such incidents was completed. Inspectors found that while the document identified the change in noise levels it was not identifying the impact that loud noises had on peers. For example, if a noise became too loud and a resident was required to put on ear phones or increase their television volume in order to reduce the impact of the noise change in their environment.

The inspectors had the opportunity to meet with all three residents, three staff, the person in charge and the director of operations. The inspectors found staff to be knowledgeable of the needs of each resident in the designated centre. Staff spoken to discussed the changing needs and supports of individuals in the centre. Staff discussed the requirement for access to supports tailored to living on the ground floor of the bungalow for one resident. The inspectors reviewed a number of support plans and accessible meetings with the resident which reflected the planned internal move for the resident, however, this move was waiting for the transition of a peer from the designated centre into an alternative living arrangement.

One staff member informed inspectors that for one resident, a number of their daily activities they liked to participate in took place in their home town. The inspectors were informed by support staff and the person in charge that the resident had been identified for a move back to their home town and for this reason their day service support and activities had remained in their local area.

Inspectors reviewed a number of documents for the resident and found that the resident's support plans and keyworking information had identified that the move was due to take place and that a new home had been located for the resident. However, on review of provider lead documentation and an open complaint made on behalf of the resident, inspectors found that the resident's move had been put on hold. Inspectors found that this change had not been discussed with the resident and that their most recent keyworking meeting continued to detail the planned move from the centre.

During the course of the inspection, the inspectors observed residents coming and going from the centre. Residents were attending their day service, lunches out or

appointments. One resident's day service had been cancelled by the day service provider however, staff had formed a plan with the resident and they spent the morning out in a large local park with their support staff, returning to the centre in the evening having enjoyed their day.

The inspector observed the person in charge and found that they were aware the residents individual communication needs and observing their non-verbal cues, vocalisations and body language to interpret that they would only like the inspector to remain in their apartment for a short period. Later in the inspection, the inspector reviewed the resident's communication support plan and found that clear guidance was in place to support residents when meeting new visitors to their home.

Support staff spoken with discussed how family contact was very important to each resident in the centre. Staff promoted family involvement by organising a number of parties and events in the centre such as BBQs, festive parties and birthday parties. Inspectors reviewed a number of complements from families provided as feedback to the provider during their annual review and six monthly unannounced provider visits to the centre.

Overall, the inspection found that, the person in charge and support team were providing residents with a high standard of care and support. However, clear time lines were required by the provider in relation to both internal and external transitions for residents in order to meet residents assessed needs and to reduce compatibility concerns highlighted in this inspection report.

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

Capacity and capability

The purpose of this risk based inspection was to monitor ongoing levels of compliance with the regulations and to review the supports in place for residents in relation to possible impact of compatibility concerns.

The inspectors found that while the person in charge had governance and management systems in place to improve and enhance the quality of care and support for residents, improvements were required at provider level in relation to Regulation 8: Protection.

In addition, the inspection found that improvements were required in relation to the documentation in place to identify, respond and report possible safeguarding concerns for residents in the centre.

The inspection found that residents were supported by a skilled and experienced person in charge and staff team and that this was having a positive impact on residents in a number of areas including advocacy, rights and continuity of care and support.

The provider had ensured that there was a clearly defined management structure which identified lines of authority and accountability. There were systems in place such as staff supervisions and staff meetings to performance manage all staff and ensure that they were informed of their roles and responsibilities.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications. During the inspection, the inspectors reviewed the systems they had in place for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

The inspectors found them to be aware of their legal remit with regard to the regulations, and they were responsive to the inspection process. Furthermore, inspectors found that the person in charge had a clear understanding of each residents' assessed needs, goals and supports required in order to fully enhance their lived experience both in their home and their local community.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit both the needs and number of residents. Staffing levels were in line with the centre's statement of purpose.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspectors reviewed the planned and actual rosters at the centre for March, April and May 2026 and they demonstrated the support of a consistent staff team with minimal requirement of agency or relief staff.

At the time of the inspection there was one whole time equivalent vacancy in the designated centre, the provider had identified a staff member who was in the final stages of recruitment and due to commence the post in the coming weeks. Inspectors found that the vacancy was being filled by permanent staff completing

additional hours or by a core group of relief staff ensuring continuity of care to residents.

The inspectors had the opportunity to speak to three support staff, the person in charge and the head of operations for the designated centre. Inspectors found that staff spoken with had an understanding of the assessed needs of residents and the supports in place which were required to enhance the lived experience of each resident in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The provider and person in charge had systems in place to ensure that the quality of care provided in the centre was routinely monitored and reviewed. The person in charge had implemented a number of audits within the designated centre.

The inspectors reviewed the centre's six-monthly unannounced audits completed on 10 June 2025 and 13 January 2026. The inspectors found that the provider was responding to identified requirements in the environment. However, improvements were required in relation to updates to residents for planned moves both internally and externally within the designated centre. This will be discussed further in Regulation 8: Protection.

Inspectors found that in addition to the six monthly provider audits the person in charge was completing monthly audits of care provided to residents. This was then discussed at monthly senior management meetings and captured at each staff meetings in order to ensure that identified actions were completed in a timely manner.

Inspectors found that concerns in relation to the premises which were highlighted by residents and staff were reported and promptly addressed by the provider.

The inspectors found that the person in charge had systems in place which ensured that pertinent information relating to residents support and care needs were easily accessible by support staff and external personnel or multidisciplinary supports who visited the centre in order to support or provide treatment for residents.

Staff meetings were held on a monthly basis with a standing agenda in place. Staff meetings reviewed from January to May 2026 demonstrated a high level of engagement from frontline staff. Where a staff member could not attend a meeting

inspectors found that they had read and signed the minutes of the meetings accepting that they had identified the actions required to support residents.

In addition, monthly senior management meetings were occurring in the designated centre

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

While there were no recent admissions to the centre, the inspectors reviewed the support plan for one resident admitted in early 2025. The inspectors found that the provider had implemented a number of supports in order to ensure that at the time of the admission the centre was suitable to meet the needs of the resident. The inspectors found that additional environmental supports had been identified to support the resident both in line with changing needs and environmental supports. The supports identified will be discussed further under Regulation 8: Protection.

The provider had identified a number of required transitions for residents both internally and externally in the designated centre. These transitions had been identified based on identified changing needs and a planned transition for one resident to move closer to both family and their local community. At the time of the inspection the transition planned for two residents had been put on hold due to premises concerns outside of the designated centre. While the provider had identified a new premises for one resident there was no time frame in place for the planned move. In addition, inspectors found that for both residents a number of their support plans including on-going personal goals highlighted planned transitions with no dates for commencement or completion. Keyworker meetings held for both residents April 2026 post the providers decision to postpone the move continued to highlight the planned moves and did not provide update to residents in relation to identified delays. This demonstrated that the residents were not kept informed of plan changes and their identified needs in relation to their living arrangements were not being met.

Inspectors reviewed the support plans and keyworker meetings held with residents in the designated centre and found that two residents had identified goals for both internal and external transfers in the centre. For one resident, an internal transfer had been identified to support with assessed needs and all living areas being accessible on ground floor level. However, inspectors found that in order for this move to occur it was waiting for an external transfer of one resident from the centre.

The inspectors had the opportunity to meet with one resident who had transitioned to the centre one year previously. The inspectors found that the resident was happy in the presence of staff. They spoke about their local community and enjoying meeting with family and friends.

The provider had prepared a written policy on the referral, admissions, transition and discharge of residents. The inspectors were provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents.

In addition, the inspectors reviewed three contracts of care for residents in the designated centre and found that they were signed by residents and or their representatives. The contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. The inspectors found that the person in charge was completing weekly reviews of the complaints log in order to ensure that all complaints in the centre were being logged correctly.

The inspectors observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to support of staff when making a complaint or raising a concern.

The inspectors reviewed resident meetings occurring in the centre and found that they had been developed in an accessible manner which clearly outlined the supports in place to resident if they wished to make a complaint.

The inspectors spoke to two residents during the course of the inspection and it was evident that both residents felt comfortable in the presence of staff. One resident spoken with knew who the person in charge was and spoke of senior management regularly visiting the centre.

At the time of the inspection there was one open complaint, the complaint was in line with the providers' policy with all stakeholders updated as to the stage of the complaint in the process. The inspectors were provided with a timeline overview of the complaint and the action taken to date in order to close the complaint made on behalf of one resident.

The inspectors found that there was a number of compliments maintained in the centre which had been submitted by family and external providers.

Examples included a recent compliment from a hospital admission where the clinical team wished to express the dedication of staff team in supporting one resident and their communication style with residents when supporting their care throughout the hospital stay.

One family documented that they are very pleased with the service, stating that everything was going well for their loved one.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who lived in the designated centre. As previously discussed, improvements were required at provider level in order to ensuring that residents living in the centre were not negatively impacted by elements outside of their control such as noise levels associated with peer members identified behaviours or forms of communication.

In addition, the inspectors found that for one resident a clear transition plan was required in order to facilitate their identified move from the designated centre. Inspectors found that while the provider had identified the required move which had been in place since the residents first transitioned to the designated centre, recent external changes and external risk identification not associated with the resident had meant that the move had been put on hold without appropriate consultation with the resident or their representatives. This matter will be discussed further under Regulation 8: Protection.

The inspectors found that the person in charge and support staff were assisting residents in the active running of their home and promoting community inclusion with a focus on reducing support levels and promoting independence in everyday activities.

The designated centre was found to be spacious and decorated in line with residents' personal interests and hobbies. The inspectors found that the providers' maintenance department was responsive to identified concerns with the premises with maintenance logs being met with a rapid responses.

Regulation 10: Communication

The provider had ensured residents had individual plans in place to address communication needs. The inspectors reviewed communication plans in place for

residents and found that they were tailored to their individual needs and were used to guide and support staff working alongside residents.

In addition to residents communication plans, inspectors found that residents had access to multiple accessible documents and social stories in relation to their personal health, wellbeing, social lives and financial systems.

Inspectors reviewed a number of compliments from external stakeholders and residents representatives in relation to communication plans and systems in place. One compliment received from an external speech and language therapist identified the communication systems and tools in place for residents was at a high standard and was utilised for residents in order to promote greater communication for residents in their daily life.

Throughout the course of the inspection, inspectors found that staff were aware of both verbal and body language communication demonstrated by residents throughout the day. For example, while visiting one apartment in the designated centre, one inspector could follow the cues given by staff based on how the resident was demonstrating their non-verbal language skills such as body language and eye contact.

Residents had access to a number of communication devices such as electronic tablets and mobile phones. The provider had WiFi available to residents, one resident discussed that internet connection was important for them as they liked to watch movies and shows online in the evening and at the weekends as they enjoyed watching a number of sporting games.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents and staff, and a review of residents' support plans, it was evident that residents were leading busy and active lives in their community.

The inspectors found that for one resident a planned move had been identified closer to their home town. Inspectors found that in order to support the resident in their future transition the person in charge and support team had developed a number of the residents individual goals in the local community that they were moving to. For example, the resident was attending their day service in the local area and were provided with staff support to visit family on a weekly basis.

The inspectors observed that residents were very independent in their activities of choice and that meetings with keyworkers took place to identify the progression of plans or to revise plans for residents where a resident felt they required a change or new support in an area.

The inspectors found that residents were supported to participate in a number of opportunities for social and recreational engagement. Inspectors found that all residents attended day service Monday to Friday. Inspectors found that if residents chose to take a day off from their day service or wished to participate in an alternative activity then this was supported by the person in charge and support staff.

Residents participated in a number of activities such as bowling, visits to the zoo, festive activities, tennis, cinema, shopping, park and beach walks, and visiting family and friends.

Judgment: Compliant

Regulation 17: Premises

The inspectors completed a walk around of the designated centre. Inspectors found that the designated centre which comprised of a large dormer bungalow had been redesigned into three separate apartments for single occupancy living.

The inspectors found that each of the apartments had been decorated in line with residents individual styles and preferences. For one resident, their bedroom and living space had been decorated with their favourite sports team colours. Another resident's living space had been decorated with a number of collectable items. Staff were in the process of assisting the resident to complete a catalogue of their items and had planned to purchase some additional storage to maintain the items for the resident.

The provider was found to be responsive to repairs and updates as required by residents. On the day of the inspection, inspectors were shown a number of maintenance requisitions which had identified dates. Inspectors found that for a number of requisitions the provider had put the works on hold while residents were preparing to transition within the centre. For example, for one resident they had requested a new form of shower, which staff discussed would provide greater sensory stimulus for the resident. This shower was in the approved work with the resident informed that the works would commence once they had transitioned to a different apartment within the designated centre.

Residents had access to a large enclosed garden to the rear of the property. The person in charge discussed plans in place to further enhance the garden access for residents. Residents and staff spoken with informed the inspectors that the garden has been used in order to hold a number of big events such as birthday parties and summer parties in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that there were safe and suitable practices in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre.

One inspector carried out a review of these procedures with a staff member on duty during the course of the inspection. The staff member discussed the systems in place for safe storage and review of medication.

The staff member discussed the assessment in place in order to determine the level of support required for each resident in order to self-administer medication or if support of staff was required in all aspects of medication management.

The staff member discussed the systems in place for ordering residents medication and the medication management auditing systems in place in the centre.

The provider had appropriate lockable storage in place for all medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

The person in charge completed monthly audits of medication practices in the centre and reviews of medications errors or near misses. The inspector found that the clear practices in place had lead to low levels of medication errors in the designated centre. All staff had training in the safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed three residents' files and found that that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representatives and the multidisciplinary team as appropriate.

The inspectors found that residents assessment of needs were subject to annual review or sooner should an identified need emerge for residents both in relation to areas of healthcare or overall wellbeing.

Inspectors found that residents were being supported with monthly keyworking support meetings. Inspectors reviewed a sample of the meetings from January to April and found that residents were reviewing person centred goals which residents had identified as wishing to achieve throughout the year.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. The inspectors reviewed a number of care plans which reflected individual supports for residents such as:

- building and maintaining friendships during the admission process
- auditory supports
- financial support
- education for medication management
- respiratory supports.

The inspector reviewed three residents' personal plans, which detailed goals that residents were in the process of achieving. Inspectors found that residents were actively enjoying a number of activities. Staff spoken with discussed that two residents share similar interests such as bowling and sports. One resident showed inspectors a video of themselves and a peer member who had gone bowling. The resident discussed that they regularly play bowling together. The inspectors observed the enjoyment of the resident as they discussed the competition between both their peer member and staff when playing bowling.

In addition, the inspectors found that monthly residents meetings were occurring in the centre. These meetings were found to be person centred and had identified how if a resident wished to discuss a goal that they were working towards any barriers or needs would be highlighted.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a multi-disciplinary team that included a behaviour support specialist. When required residents had access to the behaviour support team and a subsequent behaviour support plan was implemented.

The inspectors found that restrictive practices were used in the centre, however, the person in charge maintained a restrictive practice log in the centre as part of their oversight responsibilities. On review of the restrictive practice log inspectors found that the least restrictive measure identified was in place and that the person in charge and staff team were actively reducing restrictions within the house. Restrictions within the house were in place to maintain privacy for residents such as a locked communal door between one of the apartments in the centre.

On the day of inspection, the inspectors reviewed three behaviour support plans and the restrictive practice reviews in place. The inspectors found that there were supports in place to guide staff practices and that the support plans were subject to regular review. In addition, inspectors found that when required the positive

behaviour support plans were linked to other aspects of residents support plans such as medication management plans or wellbeing support plans.

The inspectors found that all staff in the designated centre were in receipt of training in positive behaviour support and that refresher training had been identified when required. The inspectors reviewed staff meetings occurring in the centre and found that residents wellbeing supports were regularly reviewed by the person in charge and staff team.

Judgment: Compliant

Regulation 8: Protection

The person in charge and support team had implemented a number of supports in the centre to support residents during periods where peer members in an adjoining apartment were presenting with increased noise levels such as loud vocalisations, jumping with associated shouting or moving of furniture in their home. The inspectors found that the supports were required in order to support one resident who has a auditory diagnosis which is sensitive to noise stimulus. During periods of high noise intensity, one resident was supported to wear ear phones or increase the volume of their television in order to reduce anxiety from increases in noise.

In addition, the inspectors found that during the six-monthly provider lead unannounced visit to the centre in June 2025 the auditor on behalf of the provider had identified the need for a number of control measures in order to support the resident due to increase in noise levels and residents presenting with vocalisations. These control measures included having the radio on low music effect or on in kitchen or continuous background sounds such as nature sounds, using ear plugs or noise cancellation headphones and adaptations to the home such as rugs or noise absorbing materials.

The inspectors found that while the person in charge and support staff were endeavouring to identify possible impact of noise disruption in the designated centre for all residents through the review of environmental charts, these charts were not highlighting the impact of increased noise levels for each resident in the centre.

On the day of the inspection, the inspectors reviewed recording documentation that demonstrated on number of occasions where additional control measures were used. For example, on 02 February 2026 one resident had to increase the sound of the television due to loud screaming from a peer. As previously stated inspectors found that the documentation in place was not capturing the impact of noise levels for residents in the centre.

On review of a number of documentation including documentation used to capture noise levels in the centre, inspectors found that for one resident measures were offered to mitigate against noise levels in the centre. During times of noise disturbance headphones were offered during periods when staff identified that the

noise level was impacting on the residents quality of life. In addition, inspectors observed periods when the resident would request the headphones or look to increase the noise of their television or electronic tablet during periods of noise disturbance in the centre.

Inspectors completed a walk through of each of the apartments in the designated centre and found that there was one toilet available for staff to use during the course of their working day. All other bathrooms in the centre were en-suite bathrooms for residents in their bedrooms. In order to use the bathroom staff would have to enter one residents home. The inspectors acknowledge that staff work in each of the apartments within the designated centre. However, the inspectors found times when the use of the bathroom had caused distress for the resident who was completing daily routines which were interrupted or which lead to the resident wishing to access other residents living space.

The person in charge informed inspectors that prior to January 2025, the resident would have had access to the second apartment. However, following an admission to the centre the provider made the decision to close the entry door to the middle apartment through an internal lock system. The system had originally been set as a pin code device for entry and exit. On discussion with staff and the person in charge this pin code systems had been deactivated and changed to key lock as it was causing distress to the resident who would hear the auditory sound of the key pad and wish to enter another residents living space. The inspectors found that this locked door was having an impact on both resident in the centre, as review of documentation demonstrated that at times residents would seek to enter peer members adjoining apartment. Inspectors found through review of documentation and discussion with staff that breaks in one residents identified rituals could lead to the residents spending additional time completing tasks and increased anxiety.

Judgment: Not 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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Abbeyglen OSV-0008022

Inspection ID: MON-0049963

Date of inspection: 12/05/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Registered provider will ensure that all potential referrals come through the Internal multidisciplinary team (MDT) admission review committee as per the providers policy. This process will assess the compatibility of prospective residents and the overall suitability of the physical environment. Commenced 23/06/2026 The Registered Provider will ensure that the Person in Charge communicates with residents in a prompt and timely manner regarding any adjustments, modifications, or delays affecting their service and living locations. This will be recorded in individuals key working sessions. Commenced 23/06/2026 The Person In Charge has ensured that both residents have been updated via key working session on the current delays with their perspective delays and will continue to update them regarding this. Completed 23/06/2026 The Person In Charge will ensure that resident's support plans, personal goals, and key working records are reviewed and updated to reflect the current status of all proposed transitions. Commenced 23/06/2026 The Head of Operations will monitor key working, and support plans on an ongoing basis through monthly monitoring visits. Commenced 23/06/2026	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Registered Provider has dis-continued the environmental and noise monitoring charts. All incidents are recorded on the internal quality & governance system. Completed 23/06/2026. The Registered Provider will ensure incidents are screened for safeguarding concern(s) Commenced 23/06/2026	

The Registered Provider will ensure that the Head of Operations will monitor all incidents, ensuring all safeguarding's are reported and reflect considerations on the impact of noise on the individual. Commenced 23/06/2026

The Registered provider will ensure that an external contractor assess the premises, explores available acoustic options, and identify any necessary upgrades required to effectively minimise noise transmission and impact on residents. To be completed by 31/08/2026

The Registered Provider will ensure that any identified works are completed in conjunction with the resident's transition to their identified placements. To be completed by 30/05/2027

The Registered Provider is exploring the available options to ensure that there is an accessible bathroom to staff without having to enter the forementioned apartment. To be completed by 31/01/2027.

The Registered Provider will conduct a review of the impact of the locked interconnecting door on residents. To be completed by 30/08/2026.

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 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	23/06/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/05/2027
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/05/2027