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:	Canal View
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	16 July 2026
Centre ID:	OSV-0008634
Fieldwork ID:	MON-0042476

About the designated centre

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

This is a service providing care and support to adults with disabilities. It is located in a residential area in Co Monaghan in close proximity to a number of towns and villages. The centre comprises of a large two story house with an additional one bedroom apartment within the house. All bedrooms are ensuite. Communal facilities include a large sitting room, a shared kitchen and dining room, a utility facility, communal bathrooms and a staff office. There are gardens to the front and rear of the property with adequate private and on-street parking available. Transport is provided to the residents so as they can attend their various day services and go on community outings. The centre is staffed on a 24/7 basis by a person in charge, team leads and a number of direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 July 2026	12:30hrs to 18:15hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was an unannounced inspection that took place over one day. Its purpose was to monitor compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and to inform a registration renewal application. Overall, this inspection found that the provider had the capacity and capability to provide a good quality service. A review of the statement of purpose, positive behavior support plans and the safety of some aspects of the premises would further strengthen compliance.

On arrival the inspector met with the team leader who told them that the person in charge and the person participating in management were on leave. The inspector saw that the team leader was clear on the reporting structure that day and knew who to contact. They facilitated the inspection competently. This meant that the service operated effectively in the absence of the leadership team and was an indicator of strong governance. A person in charge from another service attended the centre later and remained for the feedback meeting.

The centre consisted of a large bungalow on its own grounds. One part of the property had a self-contained apartment. The centre was located close to a busy town.

Each resident had their own bedroom and those visited by the inspector were very pleasant. All were en-suite. The shared kitchen and dining room was well-equipped with appliances and a good supply of nutritious foods. Residents had a choice of two shared spaces to relax, watch television or listen to music. There were two residents living in the main house and one in the apartment.

One resident was admitted to the main house in February 2025 and since the last inspection. The inspector met with them and they gave them a tour of the house. They did not hold long conversations with the inspector. However, it was clear that they were proud of their home as they pointed and smiled when showing the different rooms and items of interest. Later, they went out for a picnic lunch as it was a warm day.

The remaining two residents arrived home later in the afternoon. The team leader informed the inspector, that due to their assessed needs that they may not wish to engage with people unknown to them. This was confirmed by one resident's parents, who visited during the inspection. When asked, they agreed to meet with the inspector. They agreed that their family member preferred to spend time with people that they knew. They told the inspector that they had moved to Canal View in June 2024 from another community setting. While they were anxious about how they would transition at that time, they said it worked very well. They said that the person had settled in very well and seemed happy and content. They complimented the staff team who were "great" and said that they appreciated that weekend home

visits were supported and facilitated by staff. They felt that their family member liked who they lived with and they enjoyed a very active life in the local community.

The resident living in the flat returned later that afternoon. Their arrival home was observed by the inspector. Staff supported the resident in line with their positive behaviour support plan. Details this will be further described under Regulation 7 in this report.

The inspector met with two staff members in the afternoon. One person commenced work the previous week. The second in November 2025. Both said that they were happy in their work and felt supported by the leadership team. One spoke about the induction process and the training provided. They said that they were getting to know two of the three residents initially and spending time with them individually. Also, they were reviewing their care plans. The second staff member had a good knowledge of the residents' assessed needs. They spoke about their care plans, how to ensure that they were safeguarded from abuse and had a good understanding of fire safety risks.

Overall, Canal View provided a comfortable, well-equipped and nicely decorated home. It provided accessible accommodation for residents with a range of support needs. The provider, person in charge and staff team ensured that these needs were met. Residents were living good lives at home, with their families where suitable and in their community

Capacity and capability

The inspector found good governance and management arrangements at the centre which 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. The person in charge was skilled, experienced and competent. The registered provider had good governance oversight of the service and in the main, the documentation systems were clear and comprehensive. Improvements to the statement of purpose would further enhance compliance under this section of the report. Where required, statutory notifications were submitted for the attention of the Chief Inspector.

Examples are provided under the regulations below.

Registration Regulation 5: Application for registration or renewal of registration

The registered provided made an application to renew the registration of this centre in the form determined by the Chief Inspector of Social Services. Amendments were required to ensure compliance with Schedule 2 of the regulations were submitted as requested.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was new to the service. They were employed full time and at the time of this inspection they had responsibility for this designated centre only.

A compliance assessment was carried out as required by this regulation, and the person was deemed to be fit for the purpose of the role.

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. This included the provision of one-to-one and two-to-one supports.

The inspector reviewed the roster from 1 July to the day of inspection. It was well maintained, with clear indications of who was on duty and their role. A cross check with the staffing levels on the statement of purpose found that while there were some vacancies with support workers, that the provider had taken action to address this with five new staff employed recently. This included a staff member who was completing induction on the day of inspection.

Overall, while there were issues with staff recruitment, the provider was aware of this and had taken action to respond. A minimum staffing protocol was used and a review of the arrangements completed by the inspector found that this was adhered to. Where gaps presented, they were filled by familiar staff. This meant that impact on residents and the smooth running of the service was minimal.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance also covers against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector was assured by the governance and management arrangements at Canal View. The facilities and services provided were based on the individual assessed needs of each resident. The house was designed to meet those needs, with accommodation tailored accordingly.

The provider had considered the compatibility of residents when a new resident was admitted in February 2025. This contributed to a positive living environment where people were happy living together and protected from safeguarding risks.

While the person in charge was new to the service and to the role, they had the support of a team leader who assisted with oversight of the service during both day and nighttime hours. In addition, they had responsibility for this service only at the time of the inspection. As outlined, they were absent on the day of inspection. However, the team leader facilitated this inspection competently. It was clear that they and the other staff, had a good knowledge of the residents and the service. This impacted positively on the quality of care and support provided.

There were some changes to the occupancy of the service since the last inspection as a new resident was admitted in Feb 2025. The inspector found evidence of advance planning which ensured that the transition for this resident was successful.

The provider had an audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. A review of the arrangements for a six-monthly provider-led audit found that a full review was completely monthly via a monitoring visit and last completed on 19 June 2026. The annual review of care and support was completed in April 2026. The provider made good use of information technology systems to support monitoring of the service.

Staff meetings were taking place on a regular basis and the minutes of a recent meeting reviewed. Discussions included a review of the quality improvement plan, safeguarding, and training completion. Staff told the inspector that they were facilitated to raise concerns if required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This centre had a new admission February 2025 and since the last inspection. A review of their admissions process found that it was completed in line with the provider's admissions policy and with the statement of purpose.

An admissions panel meeting took place as recommended with attendance by the funder, the provider and the resident's representatives. A report followed which outlined transition recommendations. This included visits to the facility and opportunities to spend time with the residents living there to assess compatibility.

The resident was provided with a "Move in action plan" and a licence agreement which outlined the terms and conditions of residency.

Overall, the inspector found that the process proceeded in line with the preferences of the resident and their representatives, and was determined based on fair, equitable and transparent criteria. From observations made on the day of inspection, the process worked well as the resident was observed as happy in their home

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose (12 June 2026) for the service which was also available in accessible format for residents' use.

While it provided a good reflection of the facilities provided, it required review to ensure that the actual number of residents residing in the designated centre at the time of inspection was clearly outlined and accurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of incidents arising at the centre found that if required statutory notifications were submitted to the Chief Inspector of Social Services in line with the requirements.

Judgment: Compliant

Quality and safety

The care and support provided at this centre was of good quality and ensured that people were safe. A review of some aspects of the premises provided to ensure that it met with the assessed needs of all residents would further strengthen compliance under this section of the report. In addition, some documentary revisions to behaviour support plans would provide improved guidance for staff.

Overall, residents support needs were subject to ongoing review to ensure that the standard of care met with changing needs if required. Staff spoken with were familiar with residents' communication needs and this had a positive impact on their day to day life at the centre.

Regulation 17: Premises

As outlined, the provider ensured that the premises provided were designed and laid out to meet the aims and objectives of the service and the number and assessed needs of residence. A review of safe access to steps both inside and outside the property would further strengthen compliance with this regulation.

For example;

There was a footpath to the rear of the property which was elevated from ground level. It extended across the back door leading to an annex containing a relaxation area and office to the right and leading to the garden on the left.

Residents stepping forward from the path could be at risk of falling due to its height and the fact that no railing was provided. In addition, the relaxation area was upstairs, and a banister was provided on one wall only. This required review as the person that liked to use these areas had an identified falls risk, was required to take their time on steps and were prescribed glasses which they choose not to wear.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that the fire safety management systems at this centre met with the requirements of this regulation.

The provider had a fire safety policy and staff had completed fire safety training. An external fire safety company reviewed arrangements regularly and evidence of review was provided. There was a centre-specific fire safety plan and each resident had an individual personal emergency evacuation plan. Where additional information

was required for residents to evacuate this was provided. For example, one resident had a social story on how to evacuate in the event of a fire.

A review of the systems to detect, contain and extinguish fires found that they were subject to regular assessment and both day and nighttime simulated fire drills were taking place. A walk around of the building found that escape routes were clear of obstruction with emergency lighting provided at fire exits.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector spent time speaking with or observing residents, completed a tour of the centre and reviewed documentation. They found that the centre met with the assessed needs of residents and good arrangements were in place to support these needs.

The provider used a keyworker support system. This meant that each resident had a person to oversee their assessed needs and ensure that supports were documented, updated and provided as recommended. Staff told the inspector that they worked well. All residents had annual assessments of their health, person and social care needs and two of three reviewed by the inspector were reviewed during the previous 12 months.

The inspector read about a wide range of activities which residents enjoyed. These included shopping for clothing or household items such as garden furniture, meeting with friends, going out for food or ice cream, picnics and recently, attending a summer ball. On the day of inspection, a resident attended the cinema, as they requested to do so.

Judgment: Compliant

Regulation 6: Health care

A review of the healthcare arrangements at Canal View found that comprehensive and holistic supports were provided. The person in charge and the staff team were proactive in monitoring each persons' wellbeing and in seeking onward referral to allied health professionals if required.

The inspector reviewed two of three health profiles. One was updated in May 2026 and contained comprehensive information about the resident's medical support needs. In addition, they had a health passport for use should they transfer to an alternative healthcare location for assessment or support. They had a strong circle of multi-disciplinary support including access to allied health professionals and

consultant-led care if required. Routine appointments included chiropody and one resident was due to attend the dentist the following day.

The inspector found that where enhanced support was required, that this was discussed, planned and provided effectively. For example, a resident that required regular routine blood monitoring had a social story which helped their understanding. They were supported by familiar staff and arrangements were made for the procedure to take place without the resident leaving the bus.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements to support residents with responsive behaviours and behaviours of concern. While behaviour support recommendations were provided and followed, a review of documentation was required to ensure all written information was in date.

The policy on positive behaviour support was available to guide staff and staff were provided with training. Where restrictive practices were used, protocols were in place. Where they were no longer required, they were removed. For example, in March 2026 a restriction relating to locking a cleaning cupboard was removed.

Where required the support of a behaviour support specialist was provided. The inspector reviewed two of three positive behaviour support plans.

One resident had a plan dated July 2025. It provided clear examples of difficult behaviours and what might trigger an occurrence. For example, it documented that the resident found returning home from their day service and entering their home challenging. The inspector observed them as they arrived home in the bus. This observations found behaviours were as described in the plan and support provided by staff was as recommended. This included the support of two staff, maintaining safety of the driveway, allowing the resident to exit the bus in their own time. When the resident engaged in expressive behaviours, staff acted proactively using calm, clear communication. When they asked for a cold drink of their preference, they were assured that this was available for them. The inspector saw that the resident had a complex presentation which required a skilled response. This was provided.

A review of a second plan found that recommendations included using visual schedules, familiar staff and having a day at home. Staff told the inspection that this was because the resident did not always enjoy attending their day service. However, this plan required review to ensure recent changes to their day service location and attendance was updated.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse which were operating effectively at the time of this inspection. As outlined, this was supported by the design of the designated centre.

The provider's safeguarding was up to date, and staff were provided with training. One member of staff was identified as a safeguarding champion. They were not on duty on the day of inspection, but when other staff were asked, they were aware of the types of abuse and of what to do if they were concerned. Pictures of the designated officers were displayed prominently. Where additional safeguarding guidance from the Chief Inspector of Social Services was provided, the inspector found evidence that this was reviewed at a recent team meeting.

There were no open safeguarding concerns at the time of this inspection. A review of an event that took place in March 2026 found that it progressed in line with the local and national policy and in a timely manner. It was closed by the national safeguarding office on 2 April 2026. Where residents had safeguarding plans, they also had risks documented on risk assessments to ensure that all staff were aware of the control measures required to ensure their safety.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was assured by the findings under this regulation. It was clear from observations made, that residents were aware of how to express their likes, dislikes and concerns. In addition, staff team had a rights focused approach to service delivery and residents' wishes were respected.

The inspector noted a human rights poster on the notice board which was completed by a resident at the centre. Residents' meetings were taking place regularly and human rights was a standing agenda item. Minutes reviewed found evidence of service planning with input from residents if they wishes and opportunities to make choices. For example, planning activities for the summer when day services were due to close. In addition, a review of the daily notes for two residents found evidence that residents were afforded choices relating to what they wished to wear, what they liked to eat and where they liked to go.

Where residents required support with medical assessments, the inspector found that this was discussed in advance and additional information provided if required. This supported understanding and supported a successful outcomes. For example, national screening programme such as breast checks. In addition, notes

documented occasions when another resident choose not to participate in an assessment, that this was respected and they were supported to return home.

In addition, staff were observed as a background support. This meant that they were available if required, but that residents had the freedom to made decisions and complete tasks independently. For example, a resident was observed enjoying a salad at the table with staff sitting quietly beside as they ate independently and at their own pace.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Canal View OSV-0008634

Inspection ID: MON-0042476

Date of inspection: 16/07/2026

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Registered Provider has reviewed and updated the Statement of Purpose to ensure that it accurately reflects the actual number of residents residing in the centre. Completed 11/08/2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The Registered Provider arranged for an Occupational Therapist to assess and review safe access to steps both inside and outside the property. Completed 17/08/2026. • The Registered Provider will ensure recommendations from the Occupational Therapist report are completed to ensure residents safety. 31/10/2026	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person In Charge has ensured that the residents Positive Behaviour Support Plan was updated by the Positive Behaviour Support Specialist to reflect current arrangements and needs. Completed 18/08/2026 • The Person in Charge will ensure that going forward all positive behaviour support plans are updated when changes occur. Commenced August 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/10/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/08/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	18/08/2026