



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

## Issued by the Chief Inspector

Name of designated centre:	The Avenue
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	19 May 2025
Centre ID:	OSV-0005634
Fieldwork ID:	MON-0043326

## About the designated centre

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

The Avenue is a detached two story home located in a quiet cul-de-sac near a large town in Co. Louth. It is located close to amenities such as shops, cafes and restaurants. The centre supports two residents over the age of 18 years. The centre comprises of a lounge area, kitchen/dining area, quiet room, utility room and toilet downstairs. Upstairs there is an office, one bathroom and two bedrooms one of which has an en-suite bathroom. Staff support is provided on a 24/7 basis and the staff team consists of team leaders, support workers and a person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Monday 19 May 2025	10:00hrs to 17:25hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, this centre was well-resourced and the residents here were provided with person-centred care based on their assessed needs. Notwithstanding, some improvements were required in three regulations which included risk management, personal plans and communication.

This centre provides residential care to two adults. It was closed to admissions from November 2022 to December 2024 during which time the centre was vacant. Since December 2024 two residents had been admitted. This inspection was unannounced and was conducted to ensure ongoing compliance with the regulations.

On arriving to the centre, the inspector was informed that one of the residents was visiting family and was not present in the centre. The other resident who usually attended a day service Monday to Friday was in bed due to circumstances around a health need. Later in the day, the resident agreed to meet with the inspector to talk about their home and whether they were happy living in the centre. The inspector met the person in charge, the head of operations for this centre and one staff member. The inspector also observed some practices and reviewed a sample of records pertaining to the residents care and support, as well as governance and management records in the centre.

The centre was clean, decorated to a good standard and was spacious enough to support two residents. The bedrooms were spacious and one of them had an en suite bathroom. They were decorated and equipped with things that both residents liked. One of the residents for example, liked music, computers and gaming and had an area in their bedroom to enjoy these activities. The other resident liked arts and crafts, games, foot spas and liked beauty treatments and the inspector observed that the resident had access to these.

The kitchen and dining area was small but comfortable and well equipped to support two residents. There was adequate outside space to the back and front of the property to park cars, and to the back of the property there was a small grassed area and shed. The person in charge informed the inspector that they were seeking resources to improve the layout of this area for the residents to include a sensory garden area and some more outside seating areas.

The centre is located within walking distance to a large town, which meant the residents could walk to local amenities. A car was also available which enabled staff to bring residents to their day services, or on other community outings. The inspector observed resident going for a walk with staff and later shopping to get some groceries. Before going the resident met with the inspector and showed them their bedroom. The resident said they were happy with the service, and said they liked the staff. At the time of meeting the inspector, the resident was listening to music and talked about some of their favourite bands. The staff member also informed the inspector that both residents enjoyed music and had been to some

music events since moving to this centre. The inspector also observed in the residents plans that they liked various other activities, like yoga, walking, bowling and swimming.

The person in charge went through the different communication supports in place for the residents. One of the residents used mainly non-verbal gestures and cues to communicate their wishes and preferences. Both residents had information presented in an easy to read format. As an example; some residents used information presented in social stories to make decisions or become more informed about certain topics. The inspector, however read the communication plan, for one resident and found that it was not detailed enough and needed improvements. This is discussed under regulation 10, communication of this report.

The general welfare and development of the residents was supported and they kept in touch with family. Both of the residents attended a day service Monday to Friday and both of them visited family for overnights stays at the weekends. One of the residents had a mobile phone and liked to keep in contact with family on a daily basis.

Residents had developed some goals they wanted to achieve, which they got to do at weekends (when they were not visiting family) or during holiday periods. As an example; one of the residents wanted to go swimming and another wanted to cycle more often and both residents were being supported with this. The residents also got to enjoy regular activities like going to the zoo, bowling, or just out for a coffee. One resident enjoyed watching television when they returned from their day service most evenings. This resident had a short chat with the inspector about some of the programmes they liked which included all of the soap dramas aired each night on television.

Residents were kept informed about things that were happening in the centre. Both of the residents met with staff on their own to discuss these issues as they did not want to meet together and this was respected. At these meetings with staff, the residents discussed options for activities they might like to do, and what meals they liked. The inspector observed that staff recorded how a resident responded to these options using non-verbal gestures. For example; one resident was provided with two pictures, one of the cinema and another of a swimming pool, and the resident pointed to which activity they wanted to do. This was an example of how the person in charge and staff team were observing and considering the individual communication styles of all residents. It also showed, how residents got to make decisions themselves.

There was also information displayed around the centre about advocacy services that residents could avail of and residents were also provided with education around how to access these services or make a complaint about something. At the time of this inspection there were no complaints made in this centre since December 2024. The inspector observed two compliments from a family member who reported that they were very happy with how a resident was supported to transition to the centre on a phased basis. The family member commented that they were "delighted with

the care and support" being provided.

The interactions observed between the resident and staff were warm and friendly. The inspector observed that staff were aware of the resident's needs and were respectful of their privacy and dignity. As an example, on the morning of the inspection as stated one of the residents had stayed on in bed due to a health concern. The inspector observed that staff made sure that the environment remained quiet so as not to disturb the resident, while also remaining close to the resident's bedroom in case the resident needed support or assistance.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

## Capacity and capability

There was a defined management structure in place led by a person in charge and team leaders. The person in charge demonstrated that they were promoting person centred care in the centre. Some improvements were required to increase positive outcomes for residents under risk management, communication and personal plans.

A review of the rosters indicated that there were sufficient numbers of staff and an appropriate skill mix on duty to meet the needs of the residents. Contingencies were also in place to manage staff vacancies.

A review of the training matrix, found that staff were provided with training to ensure they had the knowledge to respond to the needs of the residents.

The inspector found from a review of incidents that had occurred in the centre over the last six months that the Office of the Chief Inspector had been notified of any adverse incidents occurring in the centre in line with the regulations.

The admissions procedures in the centre, took into account that residents may find this process stressful and so transitions were planned on a phased basis.

## Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They had the necessary qualifications and experience of working in disability services. At

the time of the inspection the person in charge was also responsible for another designated centre under this provider. Team leaders were employed to support the person in charge and ensure effective oversight of the centre. The inspector was satisfied that this arrangement did not impact on the quality of care provided in this centre.

The person in charge was aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings. The staff member spoken with also reported that the person in charge was very supportive to them and they felt comfortable raising any concerns they may have to the person in charge.

Overall, the person in charge was suitably qualified, was responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here.

Judgment: Compliant

### Regulation 15: Staffing

The residents were supported by a team of direct support workers and team leaders. During the day one staff was assigned to work on a one to one basis with each resident and at night time there was one waking night staff on duty. The inspector looked at a sample of rotas for one week in December 2024, January 2025, April 2025 and May 2025 and found that the staffing levels were maintained in line with the needs of the residents. At the time of the inspection, there was one staff vacancy. The provider had employed consistent relief staff to cover this vacancy.

The inspector observed that relief staff were provided with the same mandatory training as permanent staff and also received supervision with the person in charge or team leads. This demonstrated consistency of care to the residents and that relief staff had the skills to support residents.

Where new staff were employed in the centre, the registered provider, provided a week's induction to the centre for these staff which included working alongside regular staff to get to know the needs of the residents in the centre.

An on call manager was on duty 24hours a day to support staff and offer guidance and assistance if required. There was also a clinic nurse available in the wider organisation who gave advice and training to staff where required about residents' healthcare needs as discussed under training.

The inspector reviewed the staff files of two staff members. The files contained all the of the requirements under Schedule 2 of the regulations. For example; all staff had been vetted with An Garda Síochána (police) and evidence of educational

courses they had completed.

Overall, the inspector found that the staffing levels in the centre were in line with the needs of the residents which was contributing to positive outcomes for the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were provided with a suite of training divided into mandatory training, training specific to this designated centre and other training. The training records were maintained on an electronic database. Certificates of these training records were also stored in the centre. The inspector reviewed all of the electronic records and a sample of certificates for staff. All of the staff had completed training. Some of the mandatory training included:

- Children First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- Emergency First Aid
- Moving and Handling (inanimate objects)
- Restrictive Practices
- Managing Residents Personal Finances
- Infection & Prevention Control

Some of the training specific to the designated centre and other training provided included:

- Positive Behaviour Support
- Management of Violence and Aggression
- Medicine Management ( including competency assessments)
- Autism and Communication
- Human Rights Based approach to care
- Values and Attitudes Caring.

The clinic nurse had also provided education to staff around the specific healthcare needs of the residents to ensure that staff could respond to the needs of the residents.

Staff were also provided with supervision on a regular basis which enabled them to discuss their personal development and raise concerns about the quality of care, if they had any. Most of the staff were receiving supervision on a monthly basis at the time of the inspection. A sample of three supervision records reviewed by the

inspector found that staff had not raised any concerns about the quality of care. The person in charge confirmed this also for all staff.

The staff member spoken to said they felt supported by the person in charge and said that they felt there was a good team working in the centre.

Overall, the inspector found that staff had been provided with training to meet the needs of the residents. The interactions observed on the day of the inspection showed that staff were providing care to the resident in a person-centred manner.

Judgment: Compliant

### Regulation 23: Governance and management

At the time of this inspection there were effective governance and management arrangements in place to enhance and promote a human rights based approach to care. The centre was well resourced which meant that a person-centred approach to care could be provided as during the day residents were supported on a one to one basis.

There were defined management structures in place led by a person in charge and team leaders. The person in charge reported to the head of operations who regularly visited the centre and knew the residents well.

The registered provider had arrangements in place to audit and review the care and support being provided. This meant that where improvements were needed, timely actions were taken to address those improvements. Each month the head of operations conducted an audit. The inspector followed up on some of the improvements following this audit and found that they had been completed. As an example; an audit of medicine practices found that one medicine bottle was not labelled correctly, another audit found that a towel dispenser was needed downstairs. Another noted that staff should be mindful of the language used in reports. These improvements had been completed.

Staff meetings were held monthly which were facilitated by the person in charge. A review of sample of minutes showed that various issues were discussed about the service provided like risk management, safeguarding and restrictive practices. As well as this the person in charge had informed staff of the importance of language used when completing reports.

The registered provider had a number of service wide committees and initiatives that focused on improving the lives of residents and ensuring their rights were protected. These included a restrictive practice committee that reviewed all restrictive practices in the centre to ensure that they were necessary, and the least

restrictive option.

Overall, the inspector found that the registered provider was ensuring a safe, quality service to the residents. They were also continually striving to improve the lives of residents and ensure that a human rights based approach to care was being provided.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

As stated earlier, two new residents had been admitted to the centre since December 2024. The inspector found that these admissions had been completed on a phased basis to support the residents during what can be a very stressful time. The residents were supported with short visits first, such as visiting for lunch, followed eventually by an overnight stay, and these overnights then increased over time. As stated earlier, the inspector observed two compliments from a family member who reported that they were very happy with how a resident was supported to transition to the centre on a phased basis.

The registered provider also had contracts of care for each resident which outlined the care and support that would be provided in the centre and any costs incurred by the resident for some of these services. As an example; if a resident wanted to take out additional insurance for specific personal belongings, then the resident would have to pay for this. The inspector observed that the residents had been offered this option during one to one meetings with staff in the centre. Both of the contracts of care had been signed by the resident's family representative.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents that occurred in the centre since December 2020 and found that the Chief inspector had been notified as required by the regulations. For example; some restrictive practices were used in the centre and these had been notified to the chief inspector every quarter as required under the regulations.

Judgment: Compliant

## Quality and safety

At the time of this inspection the residents were receiving a good quality service and staff were observed supporting them in a kind and supportive manner. However, three regulations required minor improvements in risk, personal plans and communication to ensure positive outcomes for residents going forward.

Each resident had an assessment of need completed which included the residents' health, personal and social needs. Support plans were in place to guide staff practice. Two of the support plans reviewed, however required more detail to guide staff practice.

The residents communication needs were supported in the centre, however some improvements were required in the communication plan for one resident.

Residents were supported with their general welfare and development and had access to activities that they liked. Both of the residents attended a day service Monday to Friday.

Systems were in place to safeguard the residents and all staff had completed training in safeguarding vulnerable adults from abuse.

Systems were also in place to manage and mitigate risk. Two improvements, however were required to risk assessments for two residents, one of which related to a bed rail, and the other to a monitoring alarm.

The registered provider had systems in place to manage or prevent an outbreak of fire in the centre.

The house was observed to be generally clean, warm and welcoming on the day of

this inspection.

The registered provider had systems in place to recognise the importance and value of residents' personal possessions. Residents had their own bank accounts and were supported by staff to manage their finances.

## Regulation 10: Communication

The residents communication needs were supported in the centre, however some improvements were required in the communication plan for one resident. As an example; the inspector found that there was really good examples throughout the resident's personal plan indicating their preferred means of communication. There were also aids recommended to support the resident like picture schedules, and it was recorded on another plan that the resident used some phrases. However, this was not written in a comprehensive plan to not only guide practice for all staff, but also to review this plan and see if interventions in place were resulting in positive outcomes for the resident. This required improvements going forward.

Both of the residents used some visual aids to show them what was happening during the day. Easy to read information was also used to inform some residents about important information, such as their rights. This meant that residents were being provided with information in a format they could understand to make decisions.

Residents had access to the Internet, telephones and televisions and one resident had a mobile phone which they used to contact family.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

The registered provider had systems in place to recognise the importance and value of residents' personal possessions. Residents had their own bank accounts and were supported by staff to manage their finances.

Residents were supported to decorate their room the way they wished, had adequate space to store their personal belongings and brought items important to them from home when they had moved into the centre.

The person in charge and staff team maintained records of residents' possessions for safekeeping. As an example, detailed records of all of the residents' personal

possessions were recorded, the cost of same and the date they were purchased.

The inspector also reviewed one residents financial records and found that checks and balances were maintained each day by staff to ensure that residents' finances were correct. For example; each day staff checked the money stored against the money recorded in residents' financial records. The person in charge also checked these periodically to ensure they were accurate.

Judgment: Compliant

### Regulation 13: General welfare and development

The general welfare and development of the residents was supported and they kept in touch with family. Both of the residents attended a day service Monday to Friday and both of them visited family for overnights stays at the weekends. Residents had developed some goals they wanted to do, which they got to do at weekends (when they were not visiting family) or during holiday periods. As an example; one of the residents wanted to go swimming and another wanted to cycle more often and both residents were being supported with this.

The residents also got to enjoy regular activities like going to the zoo, bowling, or just out for a coffee. One resident enjoyed watching television when they returned from their day service most evenings. This resident had a short chat with the inspector about some of the programmes they liked which included all of the soap dramas aired each night on television.

Staff also met with the residents to discuss their goals and provide choices to residents about activities they might like to do.

Judgment: Compliant

### Regulation 17: Premises

The premises were laid out to meet the needs of the residents. As outlined in section one of this report the premises was decorated to a good standard and well maintained. Residents had space to store their personal belongings and their bedrooms were decorated in a way that they liked.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; the boiler had been serviced recently and all electrical equipment stored in the centre had "PAT testing" ( routine inspections of electrical equipment) completed, which showed that all equipment had passed ( meaning no faults were identified).

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had systems in place to manage and mitigate risks and keep residents safe in the centre, however, improvements were required in two risk assessments, one of which related to a bed rail and the other to a monitoring alarm.

There was a health and safety statement that outlined the roles and responsibilities of staff members and the management team. A risk register for overall risks in the centre was also maintained and individual risk assessments were documented for each resident.

The individual risk assessments for residents included control measures in place to manage or reduce the likelihood of injuries or health related issues occurring for residents. However, one of the residents had bed rails in place at night time and there was no risk assessment in place around this to outline the controls in place to keep the resident safe. For example; there was nothing to guide practice on checking when bed rails needed to be serviced, or how risks were mitigated for the resident in terms of potential entrapment because of the bed rails.

It was also observed in another resident's risk assessment that they had a floor mat in place to alert staff about a residents healthcare need. It had recently been recommended to purchase a bed alarm instead, as this floor alarm was not as effective from a risk perspective at night. However, this had not been risk assessed to include the controls in place to mitigate the risk in the interim as the bed alarm had not been delivered up to the time of the inspection. The staff member spoken to said that they had increased checks on the resident at night to mitigate this risk, but this was not written in a risk assessment to assure this practice was consistently implemented.

Incidents in the centre were reviewed at staff meetings to discuss learning from them and the person in charge also conducted a review after each incident occurred in the centre. A risk register was also maintained, which was updated by the person in charge every six months. This register showed that there were no risks rated above yellow or green at the time of this inspection. This meant that there were no risks in the centre that needed to be escalated to senior managers at the time of this inspection.

One vehicle was provided in the centre, and there were records indicating that the vehicle was in a roadworthy condition and insured. The staff in the centre also used their own cars to transport residents. The provider maintained records to ensure that staff cars were also insured and in roadworthy condition.

Overall, the inspector found that the systems in place to manage risks in the centre were for the most part effective with improvements required in two risk assessments

in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. The registered provider had a risk assessment in place which was completed annually outlining the controls in place to mitigate risks. The inspector followed up on a sample of these controls and found they were in place. There was for example, thumb turn locks on all exit doors to assure a timely evacuation of the centre, the boiler was serviced regularly to reduce the risk of fire and all staff had been provided with training in fire safety.

There was a fire evacuation procedure for the centre outlining the steps staff should follow in the event of a fire. Residents had personal emergency evacuation plans in place outlining the supports they required. The staff spoken to were knowledgeable around the supports required in the event of an evacuation of the centre and explained how they would evacuate the residents.

Fire equipment such as emergency lighting, the fire alarm and fire extinguishers were being serviced. Emergency lighting and the fire alarm, for example, had been serviced in January and April 2025.

Fire drills had been conducted to assess whether residents could be safely evacuated from the centre. A sample of drills completed showed that a drill had been completed during the day ( February 2025) and during hours of darkness ( December 2024). Both records indicated that the residents and staff had been evacuated in a timely manner. For example, the hours of darkness drill had been completed in 90 seconds. However, while a fire drill had not been completed at a time when both residents were in the centre at the same time, the person in charge had arrangements to complete this the day after the inspection. The inspector was satisfied therefore that this was being addressed at the time of the inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed outlining their health, emotional and personal needs. Support plans were in place that outlined the care and support needs residents required in line with those needs and the allied health professionals involved in the residents care. As an example; some of those allied health professionals included a speech and language therapist, a general practitioner

and a dentist.

The support plans in place were detailed and guided practice for the most part. Two of the plans viewed by the inspector, however required review. One related to a healthcare plan around epilepsy, which did not describe all of the different types of seizure activity the resident may experience and for staff to be aware of. Another plan around a resident's emotional needs, did not include all of the interventions or observations that staff should check when the resident's emotional needs were dysregulated. As an example; it did not include all of the factors to consider and check when this happened such as pain.

The person in charge and staff team had a system in place to review the care and support being provided. For example, it had been observed that a resident would benefit from a review with a speech and language therapist in terms of their feeding, eating and drinking guidelines and this had been arranged by the person in charge.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Residents were provided with support to manage their emotional needs which sometimes required positive behaviour support strategies, and where required there was a plan outlining the supports the resident required to manage their needs. This plan was developed and reviewed by a behaviour specialist to provide guidance to staff.

All staff had received training in positive behaviour support and restrictive practices. Staff members continually reviewed and observed for any changes in the resident's emotional needs which was having positive outcomes for the resident. As an example; it was noted that when one resident had been prescribed a medicine due to a health related issue, that this had caused side effects which had resulted in some negative behavioural changes. The staff team took timely action and contacted the resident's medical team to advise of this who took appropriate actions.

At the time of this inspection, there were a number of restrictive practices applied in the centre. Some of these restrictive practices were related to healthcare needs or to prevent falls. As an example, one related to an alarm that alerted staff if a resident had stepped out of bed due to a risk of falls. Others related to some behaviours of concern. As an example, one resident sat in the back of the transport due to a potential risk to others. The inspector found that there was a clear rationale for the restrictive practices. In the wider organisation a committee also reviewed restrictive practices to ensure that they were the least restrictive measure, or to assess if they were still needed or could be stopped. The residents were also provided with information about the restrictive practices.

Overall, the inspector found that positive behaviour support strategies were supported in this centre. There was good oversight with the review of restrictive practices to ensure that they were the least restrictive measure.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Staff were aware of what constituted abuse and the reporting procedures to follow in such an event.

Residents were supported by their key workers on a weekly basis to discuss concerns they may have about services provided in the centre. Easy to read information was also provided to the residents where required in relation to their right to feel safe.

The inspector also found that at the time of the inspection there had been no complaints made in the centre and there were no open safeguarding concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were able to exercise choice in their daily lives. At weekly meetings, residents were provided with education about their rights, how to feel safe and fire safety.

All staff had completed human rights training and restrictive practice training to enhance their knowledge and ensure that this knowledge influenced their practices.

There were numerous examples found as evidenced throughout the report where residents were supported to make their own decisions about what they wanted to do. Easy to read information was provided to the residents to support them with this where required.

One resident attended an advocacy group in their day services and residents were provided with information about how to access external advocacy services should they need this.

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
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Avenue OSV-0005634

Inspection ID: MON-0043326

Date of inspection: 19/05/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:  The Person in Charge has developed an individualised communication passport outlining a comprehensive communication plan. The plan will be reviewed regularly to ensure interventions are providing positive outcomes for the resident. Date: 26/05/2025.  The Person in Charge will arrange for a Speech and Language Assessment to be completed with the resident. Date: 30/09/2025  The Person in Charge will ensure that resident's communication needs are discussed in monthly staff meetings. Date: 25/06/2025.  The Head of Operations will review communication in monthly monitoring report to ensure resident's needs are met. Date: 01/06/2025.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The Person in Charge has completed a risk assessment in relation to the use of bedrails for resident. Date: 20/05/2025.  The Person in Charge has updated the residents risk assessment management plan to include a comprehensive risk assessment in relation to epilepsy management and safety controls currently in place. Date: 20/05/2025.  The Head of operations will continually review the effectiveness of procedures and devices in place to mitigate against the risk of harm during epileptic seizures, during	

monthly monitoring visits. Date: 01/06/2025.

The clinical nurse lead has reviewed epilepsy risk assessment management plan and bed rail risk assessment for effective over sight. Date: 22/05/2025

The Person in Charge will ensure staff are aware of updated risk assessment management plans and guidance in monthly staff meetings. Date: 25/06/2025

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge will ensure that personal plans contain comprehensive information regarding epilepsy diagnosis, seizure types and seizure activity for resident. Date: 22/06/2025.

The Person in Charge will ensure that personal plans contain comprehensive information with regard to a residents emotional needs, including interventions or observations to be used by staff. Date: 22/05/2025.

The Person in Charge will ensure that interventions to be used with residents is shared with staff in monthly staff meetings. Date: 25/06/2025.

The Head of Operations will review health needs and personal plans in monthly monitoring visits to ensure effective oversight. Date: 01/06/2025.

The Clinical Nurse Lead has reviewed the Epilepsy Management Plan for one resident to ensure effective guidance for staff. Date: 22/05/2025.

The Person in Charge will continually liaise with clinical nurse lead for any changes/ updates in relation to epilepsy management. Date: 22/05/2025.

## 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/09/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	25/06/2025
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	25/06/2025

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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