



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	09 March 2026
Centre ID:	OSV-0005687
Fieldwork ID:	MON-0044247

About the designated centre

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

Woodlands is a full-time residential service, providing care and support to four male adults. It is situated within a short walking distance to a large town in Co. Monaghan. The property comprises of four bedrooms. There are two living rooms, a kitchen and a dining room, a sun room, a laundry room, a communal bathroom, a storage area and a large garage. Residents have access to amenities such as shopping centres, restaurants, bars and cafes. Residents receive support on a twenty-four hour basis from a person in charge, team leader and a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 9 March 2026	09:30hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that good governance arrangements coupled with a high standard of care and support meant that residents living at Woodlands were happy in their home and felt safe. This was a good quality service where all regulations reviewed were compliant with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

There were four residents living at Woodlands. The inspector spent time with three residents during the course of the inspection. One person was sitting at the table to have their breakfast. Due to their assessed needs, they did not hold a conversation with the inspector they used some signs and smiled from time to time. The inspector noted that a staff member on duty that morning was very familiar with the resident's communication style. They were observed using samples of food to offer choice, asking for further information to ensure that they had the quantity of the item correct, and then following up on the request promptly. The inspector sat with the resident for a while as they enjoyed a cooked breakfast of their preference. The inspector noted a range of communication aids on a notice board and in a folder located close to where the resident was sitting.

Two other residents spoke with the inspector about a range of topics. They were well informed of the work of the Chief Inspector of Social Services and why inspections took place. They spoke warmly about their home, the staff, and said they had the freedom to live their own life. They said that Woodlands was their home now and that they could manage all aspects of their life as long as they let staff know their plans. They were aware that this was so that they could be supported if required, and could be kept safe. Another person spoke about a recent high risk healthcare need relating to their eyesight. It was evident that at that time, they were very anxious about the procedure involved and initially chose not to proceed. However, they spoke about the support they were given and how they could now see clearly without glasses. They smiled broadly and it was evident that the supportive, person-centred and rights based care provided by their keyworker and the staff team had a significant and positive impact on the person's life.

During the course of the day the inspector met with a team leader, a support worker and an agency staff. The team leader facilitated the opening section of the inspection competently. They told the inspector that they had worked at Woodlands for a significant period of time and they provided an overview of each person, their likes, dislikes and support needs. They spoke with patience and professionalism, in a manner that demonstrated resident's rights at the core of their work and of the service. As the person in charge was not present on the day of inspection, a provider representative arrived later in order to support the inspection process.

Overall, this was a very pleasant inspection. The people living here were actively involved in the running of their home and had the autonomy to choose how to live

their lives. Staff were supported to be creative and flexible in their approach to assisting residents, to ensure that risk is assessed and that positive risk-taking by residents is supported.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

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

Sufficient numbers of staff were employed and the roster arrangements were based on the needs of the residents. Staff were provided with opportunities for training as part of a professional development programme. While the team leader was not available on the day inspection, this did not impact on the quality of the service provided as all staff met were aware of what to do. The registered provider had good governance oversight of the service and the documentation systems were clear and comprehensive.

Example of compliance are provided under the regulations below.

Regulation 15: Staffing

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

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

In addition, the registered provider and the staff team were proactive in reviewing resident's support needs and changes were made if required. For example, at the time of inspection, a waking night support was provided in order to support the changing night-time needs of a resident.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of mandatory and refresher training modules for staff employed. This included fire training, safeguarding training, risk assessment training and positive behaviour support.

All modules for the sample reviewed were up to date, apart from one module for an agency staff member. This was a low risk situation and a plan was in place for training in this module to be provided.

If required, bespoke training was provided. For example, the occupational therapist provided staff with training content on the use of an adapted aid which was introduced to the service and to ensure safe use of the equipment.

In addition, the inspector reviewed the supervision schedule for staff employed and found that regular performance management and support meetings were taking place.

Judgment: Compliant

Regulation 23: Governance and management

As outlined, the person in charge was not at the centre on the day of inspection. The team leader assisted the inspector and a provider representative came to the house a little later.

The absence of the person in charge did not impact on the quality of the service as the staff were clear on who to report to if they were not on duty. Overall, the inspector found that the governance arrangements were clear, comprehensive and effective.

The provider had an audit schedule for the service which included a range of weekly, monthly, quarterly and annual reviews. Audits were delegated to different staff members, for example, the person in charge and the team leader had responsibility for different audits. A review of the arrangements for a six monthly provider-led audit found that it was completed on 13 February 2026. Actions documented formed the quality improvement plan for the centre which was updated on a monthly basis. In addition, an external audit of a care plan for one resident was completed each month.

The annual review of care and support was completed on 10 September 2025. This was a comprehensive document, with specific actions which were ticked when

completed. In addition, a note on the audit indicated that it was discussed at the September team meeting which demonstrated good governance.

The provider representative spoke with the inspector about a planned leadership change for the centre. A recruitment plan for a person in charge was ongoing at the time of inspection and a plan was in place for the provider representative to cover the person in charge post in the interim. As they worked as person in charge for this service previously, this ensured consistent leadership would be provided during this

Judgment: Compliant

Regulation 3: Statement of purpose

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

It was updated on 7 July 2025 and provided an accurate reflection of the services and facilities at Woodlands. It met with the requirements of Schedule 2 of this regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

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

There were no open complaints from residents at the time of inspection. The inspector spoke with two residents regarding the complaints process used. They said that they were aware of how to make a complaint and that this was discussed at a

recent residents' meeting. This was evidenced by a review of the meeting minutes where a discussion on complaints was clearly documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

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

Judgment: Compliant

Quality and safety

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

The location of the residents' home close to a busy town, meant that if they wished, people could access the local town independently and in accordance with their wishes. This indicated positive approach to risk taking and respect for individual human rights.

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

Regulation 13: General welfare and development

The residents at this centre were acknowledged as best placed to make decisions on their preferred experiences, needs and wishes. Overall their general welfare and opportunities for personal development was supported through a well governed service.

Residents were empowered and enabled with the information they required in order to make decisions as per examples provided in regulation 6 in this report. Where required, they were supported to connect and spend time with their families, even if this required travel to other areas of the country.

On a daily basis, residents participated in a range of home and community based activities in line with their individual preferences on any given day. If they wished to remain at home, staff were available to support them.

Judgment: Compliant

Regulation 17: Premises

The residents living at Woodlands had a pleasant home, with adequate communal and private accommodation provided. The design and layout of the space provided was in line with the statement of purpose and met with the requirements of the residents and this regulation.

A walk around of the house found that it was clean, tidy and in a good state of repair. Where works were required, this was planned for. For example, the provider had a plan to ensure that all residents had en-suite facilities and some bathroom renovations were due to commence. This was planned and risk assessed.

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

Judgment: Compliant

Regulation 26: Risk management procedures

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

At service level, the inspector reviewed the risk management policy (28 March 2025) and the risk register (12 September 2025). They provided the required information and adequate guidance for staff.

Where required, residents had individual risk assessment and management plans. The inspector reviewed two of these and found that they relative to the risks arising.

For example;

A resident at risk of falls had assessments which documented falls risks in different environments. They had an action plan which documented the control measures

used. The inspector found that those documented were as outlined by staff during discussion and as observed by the inspector during a walk around of the property. In addition, supporting documentation such as the resident's positive support plan and allied health professional guidance were clearly signed posted as additional controls.

Overall, the inspector found that this was a good service which recognised that part of living a meaningful life involves an element of positive risk-taking. Residents were enabled and supported to develop an understanding of risk and have the opportunity to take informed risks, while staff used good practices to provide support and prevent harm.

Judgment: Compliant

Regulation 28: Fire precautions

A review of the fire safety arrangements at this centre which was completed by the inspector, found that effective systems were in place at the time of this inspection. The provider had employed the services of a competent person to oversee the safety of the service and supporting documents were available for review.

Staff were trained in fire safety and they knew what to do if a concern arose. Resident had individual person emergency evacuation plans. The inspector review three of these and found that they were reviewed in August and September 2025 and in line with the changing needs of residents if required. For example, one resident had use of a flashing light to assist their evacuation and a picture based communication card.

Furthermore, residents were aware of what to do if they needed to evacuate. They told the inspector about the fire checks that took place on Mondays and were aware of the importance of fire safety at the centre.

Judgment: Compliant

Regulation 6: Health care

Residents at Woodlands had the support of a general practitioner (GP), pharmacist and allied health professional in line with their assessed needs. A review of the arrangements completed by the inspector found that each person participated actively in healthcare choices and these were respected.

For example; a resident experiencing a decline in the physical mobility had home based assessment completed by their occupational therapist and physiotherapist in September and October 2025. A subsequent falls prevention plan was discussed

with the resident and reviewed by their GP. Another resident had a significant concern with their eyesight. Their keyworker told the inspector that while the resident understood the magnitude of the situation, they declined intervention due to the negative impact of previous medical interventions. The inspector found that the resident's decision was respected. They were given time to consider their options and reassured through the use of easy to read information and a commitment of support from their key communication partner. They then chose to proceed with the medical intervention required. They spoke proudly to the inspector about this and said that they had full vision now and no longer needed to wear glasses.

These examples show that the provider and the staff team provide a holistic and person-centred approach to a healthcare support which impacts positively on the lived experiences of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Through time spent interacting with residents, making observations and reviewing documents, the inspector found a strong and visible person-centred, human rights culture within the service.

Residents spoke about how they valued their independence and the inspector found that people were carefully supported through an effective key working approach. For example, on a recent occasion (January 2026) residents requested that they hold their monthly meeting at a local coffee shop. Three of four residents attended. One choose not to and this was respected. When asked, residents said that they discussed repairs that were to be completed at the house, they planned days out and they talked about how to make a compliant if they wished to do so.

In addition, some residents told the inspector that they were aware of the national advocacy service (NAS). The provider representative told the inspector that a visit from NAS was arranged for April 2026.

Overall, the inspector a rights based culture in this designated centre, where the service was delivered with emphasis on fairness, respect, equality, dignity and autonomy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant