



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

## Issued by the Chief Inspector

Name of designated centre:	Avalon, Navan
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	31 March 2025
Centre ID:	OSV-0008316
Fieldwork ID:	MON-0037847

## About the designated centre

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

Avalon, Navan is located in a large town in County Meath. The centre provides bespoke individualised services to two adults. The centre comprises of two semi-detached houses which share a large garden and driveway. Both of the houses can be accessed through interlinking internal doors which are locked at all times. Each house has a kitchen/ dining room, utility room, a sitting room, staff office and toilet. In one house there are two bedrooms both of which have en-suite bathrooms and the second house has one bedroom which also has an en-suite bathroom. The centre is staffed by a team of direct support workers on a 24/7 basis. The person in charge is responsible for two designated centres under this provider. A team leader is also employed Monday to Friday 9-5. Two vehicles are provided in the centre should residents want to go on trips further afield. Residents have access to a range of allied health professionals including a behaviour support specialist.

**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 31 March 2025	10:00hrs to 18:10hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, this centre was well-resourced and residents here appeared to have a good quality of life. The registered provider, person in charge and the staff team were also continually trying to improve the quality of life for residents even further by introducing new community activities and supporting residents with some of their anxieties. Resources were planned around the need of the residents and over the course of the inspection the staff team were observed providing person-centred care to the residents living here. Two minor improvements were required to health care plans and communication plans.

This centre provides individualised supports to two residents who prior to moving to this centre had presented with complex behaviours of concern when living with other people. Since moving here it was observed in reports and records that moving to this centre had significantly improved the quality of life of the residents and had also resulted in a marked reduction in their anxieties which they sometimes displayed as behaviours of concern.

The inspection was announced and the residents had been informed that the inspection was taking place. The inspector met the two residents, spoke to the person in charge, the head of operations, one staff member (formally) and the other two staff informally. The inspector also observed some practices in the centre and reviewed a sample of records pertaining to the residents care and support, as well as the governance and management of the centre.

On arrival to the centre, one resident was in bed and the other resident was preparing for the day ahead. Both of the residents living here liked routine, were more comfortable with familiar people and some needed time to adjust to new people. The inspector met with the person in charge and the head of operations to discuss an outline of the residents' preferences about the inspector visiting their homes.

Shortly after arriving, a staff member came to tell the inspector that one resident had gotten up and wanted to meet the inspector. The resident showed the inspector around their home and told them about some of the things they liked to do. The residents home was clean homely and decorated with their own personal possessions. They spoke about their plans for the day and some of the things they wanted to do in the future. The interactions between the staff and the resident were observed to be warm and friendly. The resident had a great sense of humour and the inspector observed that the staff and the resident enjoyed the same sense of humour which made for a happy atmosphere in the residents home.

The second resident was preparing for a trip out on the bus when the inspector met them. The resident communicated using gestures, some words and some signs. This resident liked to stick to very rigid routines and also needed to be reassured before leaving their home that for example, certain doors and windows were closed. The

inspector observed the staff patiently supporting the resident to complete these rituals prior to going on their trip. This was a good example of how the staff responded to the needs of the residents in line with the residents' wishes.

The inspector also observed that this resident wore a travel harness while using transport due to an identified risk and observed the resident carrying the magnet to open and close the harness themselves and also put the harness on themselves. This example showed that the resident was included in this decision and was consenting to this practice. The inspector also observed records pertaining to a review of this restrictive practice and found that it had been reviewed to see if it could be removed, however it was found that the resident themselves liked this harness; and it was now a routine that the resident liked to follow when they were using transport. Therefore removing it may cause the resident anxiety.

The centre comprises of two semi detached houses that had interconnecting internal doors upstairs and downstairs. Each of the houses comprised of a sitting room, kitchen/dining room, a utility room, an office, downstairs bathroom and upstairs there were two bedrooms, both of which had en-suite bathrooms. One of the bedrooms in one house had recently been converted to an office space as the office space downstairs was small. Both houses were very clean, comfortable and decorated to a high standard and well maintained.

The décor in each house was based on the preferences of the residents. In one house, for example, the resident liked to have their bedroom decorated with minimal furniture, soft furnishings and personal possessions. While in the other house, the residents bedroom and communal areas were decorated with the residents pictures, photographs and personal possessions. The kitchen/dining areas was modern and well equipped.

Both residents liked to have visual planners that showed the activities they were doing each day. They also had vision boards which showed a 'wish list' for the year of activities they wanted to do.

To the back of the properties there were two large gardens that were shared. There were some plant pots in the garden which residents had planted. The person in charge outlined some plans they had in the coming months to landscape the garden. For example; they were looking at designating an area of the garden as a sensory garden.

Prior to the inspection the residents completed questionnaires with support from staff members about whether they were happy with the services provided. Overall, the feedback was positive and residents said they liked the staff, food provided and were happy with their bedrooms. The inspector also noted that the residents had been supported to go through this questionnaire with staff and had signed the questionnaires themselves.

The registered provider also collected the views of residents in their annual review of the designated centre. One resident said they were very happy with their home and staff keep them safe and they feel safe. Another resident, gave the thumbs up sign (indicating they were happy) when asked if they liked the staff and liked living

there.

The general welfare and development of residents was supported and promoted in this centre. The residents were able to choose activities they wanted to do on a daily basis. One of the residents went for a coffee every day, liked to go fishing and sometimes liked to go to the pub. One of the residents had celebrated their birthday and still had the card that the staff team had given them, displayed in their sitting room. The inspector also saw some photos of this birthday celebration and the resident looked very happy in the photographs.

Residents also had compiled a 'wish list' of goals that they wanted to achieve for the coming year. Some of the activities included a spa day or a plane trip to London. The residents were supported to become involved in their local community and some of them used the local swimming pool.

Both residents used the local shops and went grocery shopping throughout the week. One of the residents had a work placement in a local shop and the resident said they liked this. Recently the residents had also applied to become volunteers in some community initiatives and were awaiting a response at the time of the inspection

Residents were also supported to keep in touch with family and friends in line with their wishes and preferences. The inspector found that the staff team had supported a resident to reconnect with a family member that they had not seen in a very long time. This had resulted in shared visits to each others home. The resident showed the inspector pictures of those visits, one of which included a meet up at Christmas last year. The other resident in the centre also visited their family home for overnight visits on a regular basis. This was a positive example of how staff ensured that family contact was maintained for residents.

Staff were aware of the different communication supports in place for residents. Both of the residents liked visual aids to inform them of what was happening during the day. Easy to read information was also used to inform residents of about important information, such as their rights.

As stated one of the residents communicated their wishes using some non-verbal cues, some signs and some words. The inspector observed some of the visual aids in place to support the resident. The person in charge was also sourcing a communication application that could assist the resident with communicating their needs using electronic pictures.

The inspector also observed that on a daily basis, the staff recorded information that provided evidence of the residents 'individual contribution'. The person in charge informed the inspector that this section of the report was there to gather information about how residents had communicated or made decisions. For example; it was noted in this residents' records that they had used three new words that day. While these were all positive examples, there was no communication plan completed to inform this.

As well as this a speech and language therapist had completed an assessment last

year which recommended introducing a new sign to the resident each week. There was no evidence of how this was being implemented or how effective this was at the time of this inspection.

Residents were able to exercise choice in their daily lives. Key working meetings were held every week. At these meetings residents got to discuss their choices around meals prepared, activities and goals they wanted to achieve.

The next two sections 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 clear management structures outlining who was accountable for areas of care and services provided in the centre. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here. The registered provider also had a number of service wide committees and initiatives that focused on improving the lives of residents and ensuring their rights were protected.

The skill mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. A consistent staff team was employed in the centre which was important to the residents living here.

Training had been provided to staff to ensure they had the necessary skills to support the residents. A clinic nurse was also available to provide additional training where required to support residents healthcare needs.

The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. This meant that residents were provided with a safe quality service.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the chief inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application. Some minor documentation errors were noted in some of the documents submitted, however they were addressed by the provider in a timely manner.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. A review of their work history and qualifications showed that they had a management qualification and experience working in the disability sector. At the time of the inspection the person in charge was also responsible for another designated centre under this provider. To assure effective oversight, a team leader was also employed on a full time basis to support the person in charge. The inspector was satisfied that this arrangement did not impact on the quality of care provided in this centre.

The person in charge was found to be 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.

They were also 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.

Judgment: Compliant

## Regulation 15: Staffing

There was adequate staff in place to meet the needs of the residents. Planned and actual rotas were maintained in the centre. The inspector completed a review of a sample of the centre's rotas which included one week in July 2024, September 2024 and January 2025 as well as the planned rota for two weeks after the inspection. A comparison of staff names on these rotas also showed that there was a low turnover of staff. This meant there was a consistent team employed which was important to the residents living in this centre.

The skill mix of staff was appropriate to meet the assessed needs of the residents and included direct support workers and a clinic nurse lead was also available to guide and support staff with residents healthcare needs where required.

The staff compliment each day included one waking night from 8pm to 8am, in each house. During the day in one house, two staff worked each day and in the other house one staff worked each day. There was also either a team leader or the person in charge on duty from 9 to 5 Monday to Friday who were directly responsible for this centre. At the time of the inspection there was one staff vacancy and one regular relief staff covered those shifts.

As well as this when new staff started in the centre, they were rostered to shadow

familiar staff for a week to ensure that they got to know the residents well and the residents got to know them. This meant that residents had consistent and familiar staff to support them.

The rosters were planned around the needs of the residents. An on call manager was on duty 24 hours a day to support staff and offer guidance and assistance if required. There was also a clinical nurse available in the wider organisation who gave advice and training to staff where required about residents healthcare needs.

The inspector reviewed the staff files of two staff members and found that one improvement was required, in relation to dates of employment for one staff, however, this was addressed by the person in charge. The files contained all the other requirements of Schedule 2. For example; all staff had been vetted with An Garda Síochána (police).

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
- Antimicrobial Resistance & Infection Control (AMRIC) - Basics of 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)
- Lámh (Irish sign language)
- AMRIC - Hand Hygiene
- Autism and Communication

- Human Rights Based approach to care
- Values and Attitudes Caring.

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. A sample of 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. One of the records viewed showed how staff respected the rights of the residents. For example; a discussion had taken place about one residents bedroom and how they could make it more homely. The action for this was to talk to the resident first and see if they agreed with the suggestion before taking any actions. This showed that the residents choice came first.

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

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 residents in a person-centred manner.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had submitted an up-to-date insurance policy statement as part of their application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

On the day of this inspection there was a clearly defined management structure in place which was led by an experienced and qualified person in charge. They were supported in their role by a team leader. A head of operations provided regular support to the person in charge both of whom met each month.

An annual review had been conducted in October 2024 which was bringing about positive changes for residents. As an example; this review had recommended sourcing new opportunities for residents in the community such as becoming a volunteer. Both residents were now waiting to here back following their application to volunteer. The provider had also sought the views of the residents during this review. One resident said when asked they were very happy with their home and staff keep them safe and they feel safe. The other resident gave the thumbs sign up (indicating they were happy) when asked if they liked the staff and liked living there.

A medicine management audit had also been conducted which found that no improvements were required.

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.

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. The inspector reviewed the last review for this centre and found that some restrictive practices were removed following this review.

The registered provider also had a human rights committee to review some of the practices in the centres to ensure that the residents' rights were being protected. One example of an initiative been undertaken was a review of the residents survey to ensure that it was accessible to all residents. Other initiatives that the provider was taking are included throughout this report.

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 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents that occurred in the centre over the last year and found that the Chief inspector had been notified as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the residents enjoyed a safe, quality service in this centre. The resident who spoke to the inspector said that they were happy living there. The residents got to choose what they wanted to do on a daily basis and were engaged in their local community. However, improvements were required in healthcare and communication.

Residents were supported with their health and emotional needs and had regular access to allied health professionals. A sample of healthcare plans viewed showed for the most part that they guided practice. However, one healthcare plan required some minor improvements to demonstrate the care and support being provided to the resident with their assessed need. The inspector was satisfied from talking to staff that they were aware of the supports in place for this resident, nonetheless, these supports needed to be documented in a better way to assure consistency of care.

Residents were supported with their general welfare and development. They chose activities in line with their personal preferences and were supported to maintain links with family and friends.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

The centre was clean and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

All staff had completed training in safeguarding vulnerable adults and the registered provider had systems in place to ensure that residents' finances were safeguarded.

## Regulation 10: Communication

The residents communication needs were supported in the centre, however some improvements were required in the communication plan for one resident and implementing the recommendations from a speech and language therapist.

As outlined in section one of this report, one of the residents communicated their wishes using some non-verbal cues, some signs and some words. The inspector observed some of the visual aids in place to support the resident which enabled them to make choices. The person in charge was also sourcing a communication application that could assist the resident with communicating their needs using electronic pictures. The inspector also observed a positive example of supporting residents choices as the staff recorded information that provided evidence of the

residents 'individual contribution' each day. The person in charge informed the inspector that this section of the report was there to gather information about how residents had communicated or made decisions. For example; it was noted in this residents' records that they had used three new words that day. However, there was no communication plan completed to inform this. As well as this a speech and language therapist had completed an assessment last year which recommended introducing a new sign to the resident each week. There was no evidence of how this was being implemented or how effective this was at the time of this inspection.

Both of the residents liked visual aids to show them what was happening during the day. Easy to read information was also used to inform some residents of about important information, such as their rights. This was important as it 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.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Overall, the inspector found that the general welfare and development of residents was supported and promoted in this centre. The residents were able to choose activities they wanted to do on a daily basis. They also had compiled a 'wish list' of goals that they wanted to achieve for the coming year. Some of the activities included a spa day or a plane trip to London.

The residents were supported to become involved in their local community and some of them used the local swimming pool. One of the residents had a work placement in a local shop and the resident said they liked this. Recently the residents had applied to be volunteers in some community initiatives and were awaiting a response at the time of the inspection.

Residents were supported to keep in touch with family and friends in line with their wishes and preferences. The inspector found that the staff team had supported a resident to reconnect with a family member that they had not seen in a very long time. This had resulted in shared visits to each others home. The resident showed the inspector pictures of those visits, one of which included a meet up at Christmas last year. The other resident went visited their family home for overnight visits on a regular basis. This was a positive example of how staff ensured that family contact was maintained for residents.

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 were spacious, decorated to a high standard and well maintained. Residents chose the specific styles they wanted their bedroom decorated in.

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 was maintained and "PAT testing" (routine inspections of electrical equipment) was completed in date.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, how residents should be included in the running of the centre and where residents could access inspection reports carried out in this centre by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly by the person in charge and any actions agreed to mitigate risks were discussed at staff meetings. For example; a review by the person in charge of an incident that occurred in June 2024 regarding behaviours of concern recommended to discuss any learning from this incident at the next staff meeting in July 2024. The inspector found that this had been completed. There was a low level of incidents occurring in this centre, over the last year 14 incidents had occurred in total and most of these were related to behaviours of concern. In terms of risks, there were no residents at risk of falls, choking at the time of this inspection.

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, as discussed under health care, some improvements were required to the records for regarding one residents' health care needs as there were

risk management plans and health care plans concerning the same risk and health care need.

A risk register was also maintained in the centre, 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.

Two vehicles were provided in the centre, and there were records indicating that the vehicle was insured and was in roadworthy condition.

Overall the inspector found that the systems in place to manage risks in the centre were effective. Where incidents did occur the person in charge reviewed same and discussed any learning from these at staff meetings.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example: fire extinguishers and the fire blanket had last been serviced in March 2025. The person in charge activated the fire alarm on the day of the inspection and all fire doors closed in one of the houses.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. For example; the means of escape were checked on a daily basis and a visual inspection of emergency lighting was carried out weekly. A review of records for the last three months showed that not issues had been identified from these checks.

Residents had personal emergency evacuation plans in place outlining the supports they required. The staff spoken to was knowledgeable around the supports residents required in the event of an evacuation of the centre and confirmed that they had conducted a fire drill in the centre. One of the plans for a resident included information that was not correct at the time of the inspection. The person in charge removed this during the inspection. The inspector was also assured from speaking to staff that this information was not followed in the event of an evacuation of the centre. This provided assurances to the inspector and informed the inspector that it was a records issue that did not impact on the resident in question.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner. As an example fire drills had been conducted during the day and during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both occasions in a timely

manner. As well as this when new staff started in the centre or where a new resident was admitted additional fire drills were also completed.

Some minor adjustments were required to the records stored, however the person in charge and the head of operations agreed to follow this up. The head of operations also informed the inspector that the registered provider was currently reviewing this document as part of a wider quality improvement plan.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy in place to manage the storage, safe administration and disposals of medicines in the centre.

A sample of records viewed by the inspector for one resident found that they were in line with the policy of the organisation. For example, the medicines on the medicine prescription sheet were signed by the prescribing doctor. The staff also maintained records of medicines stored in the centre and had a safe procedure for the disposal of unused medicines.

A staff member went through some of the practices in the centre. They were aware of the medicines prescribed and how to administer medicines safely to the residents. As noted in the health care section of this report, however two medicines prescribed for a resident needed to be clearly outlined in the residents assessment of need, along with specific precautions to be taken when taking this medicine.

Residents had been assessed to see if they could be involved in administering their own medicine. At the time of this inspection, the staff were responsible for the oversight and administration of residents medicine.

Judgment: Compliant

## Regulation 6: Health care

The inspector found that residents were supported with their healthcare needs, however some improvements were required to the records stored to guide practice.

Healthcare plans were in place to guide staff practice. A sample of records viewed showed that these plans guided practice. However, as referenced under risk management some of the healthcare needs of one resident were also recorded on risk management plans which did not guide practice in terms of the medical attention they may require. The resident could display the same symptoms for a number of reasons. The resident may become lethargic and lose their balance when

their mental health declined, or because of two other health care risks. The response recorded for staff however in the risk management plans and the health care plans was different and did not guide practice. For example; it was not stated that, if the resident displayed these symptoms that medical attention would be required to rule out the other health related risks. While staff informed the inspector that they would always seek medical attention, the plans in place needed to include this.

In addition, from speaking to one staff the inspector was assured that they were aware of the assessed needs of the residents. However, the reasons relating to two medicines prescribed for the resident needed to be clearly outlined in the residents assessment of need to inform practice. For example; one medicine required that bloods were taken on a more regular basis. This needed to be included in the healthcare plan for the resident.

Residents could be referred to allied health professionals in line with their assessed needs through community supports. These included:

- Psychiatrist
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Social Worker
- Behaviour Specialist
- Local General Practitioner (GP)
- Dietician
- Dentist.

Where these allied health professionals were not available in the community in a timely manner the registered provider had paid for these services privately. For example, a resident had required an assessment by a speech and language therapist and this had been completed and paid for by the provider.

Residents were provided with easy to read information about medical treatments to enable them to make their own choices around these treatments. One resident refused to have any medical interventions or attend any medical facilities. The person in charge and the staff team respected this right, and were also continuing to support the resident to allay anxieties around this going forward.

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. Each resident had a plan in place outlining the supports the resident required to manage their needs.

A behaviour specialist was also available to provide guidance and support to staff and residents. Where incidents occurred in the centre, they were recorded and reviewed by staff to ensure that the resident was supported properly during these incidents and to see if there was any learning from this going forward. The behaviour specialist also reviewed these incidents and the behaviour support plans in place. The inspector observed from records viewed that this was having a positive impact for both residents and incidents that required positive behaviour support had reduced in the centre.

At the time of this inspection, there were a number of restrictive practices applied in the centre. The inspector found that all of the restrictive practices had been reviewed in January 2025 to review the rationale for applying them and to ensure that they were the least restrictive measure. This was having a positive outcome for residents because as a result of this review some of the restrictive practices had been removed. The inspector reviewed a sample of the restrictive practices and found that the rationale for using them was in response to known risks. Some of them were also in place to allay the anxieties of one resident. For example; the resident did not like clutter in their environment and at times would destroy personal property. The resident was now bringing items to the staff to lock away when they did not want specific things in their environment.

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. Where incidents had been reported to the Health Information and Quality, the provider, had reported it to the relevant authorities and taken steps to safeguard residents.

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 registered provider had systems in place to safeguard residents' finances and their personal property. The inspector reviewed two residents' financial records and found that checks and balances were maintained each day by staff to assure that residents' finances were correct. For example; each day two staff checked the money stored against the money recorded in residents finance records. As well as this the person in charge checked these periodically to ensure they were accurate.

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.

Staff were also very aware of the measures in place to minimise the occurrence of

these concerns and support residents when they did occur.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were able to exercise choice in their daily lives. Key working meetings were held every week. At these meetings residents got to discuss their choices around meals prepared, activities and goals they want to achieve.

At these meetings residents were also 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. This was having positive outcomes for residents as some of the restrictive practices had been removed which meant they led less restrictive lives.

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 read information was provided to the residents to support them with this where required.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Avalon, Navan OSV-0008316

Inspection ID: MON-0037847

Date of inspection: 31/03/2025

## 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 commenced an individualised communication passport and dictionary with resident. Commenced 28/04/2025  The Person in Charge will consult with resident with regard to alternative communication devices to promote communication through monthly key working. To be completed by 30/06/2025  The Person in Charge has reviewed speech and language report to ensure all recommendations are actioned in the centre. Completed 02/05/2025  The person in charge will ensure that communication needs are discussed in monthly staff meetings. To commence 01/05/2025  The Head of operations will review all actions to ensure completion in monthly monitoring report. To commence 01/05/2025	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Person in charge will ensure that personal plans contains comprehensive information regarding when to seek medical advice for residents. To be completed by 30/05/2025  The Person in charge will ensure all health information is triangulated in personal plans	

and shared with the team in monthly staff meetings. To be completed by 30/06/2025

The Person in Charge will convene a Multi-Disciplinary Team meeting to review medication and health needs. To be completed by 31/07/2025

The Head of operations will review health needs in monthly monitoring visits to ensure effective oversight. Commenced 01/05/2025

The clinical nurse lead will review resident's health plans and personal plans to ensure effective guidance for staff. To be completed by 31/07/2025

## 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	30/06/2025
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/07/2025