Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Coolcotts
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0005239
Fieldwork ID:	MON-0045350

About the designated centre

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

The service is described as offering long term residential care to 12 adults, both male and female with a mild intellectual disability who require low levels of support. It is located in a community setting in Wexford town with good access to all amenities and services. There are day services provided by the service which residents can use if they wish. Residents can also access external day services, if they choose. The premises comprises of two adjacent, identical, purpose built houses. All residents have their own spacious bedrooms and there is ample community living space and suitable shower and bathroom facilities. They are furnished and maintained to a high standard. The house is staffed 24/7 with a staff team that comprises of social care workers and support workers. Nurse support and behavioural support is also available within the organisation when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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
Wednesday 10 June 2026	10:20hrs to 18:25hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector used observations and discussions with residents, alongside a review of documentation and conversations with staff and management to inform judgments on the residents' quality of life. The inspector met with all residents living in Coolcotts. Some of the residents were unable to verbally tell the inspector about their views of living in the centre. Other residents said they liked living there and happily brought the inspector around their home and to their bedrooms to show them around. The service was provided by a dedicated staff team. Staff and resident interactions were observed to be kind, with staff being familiar with residents' needs. Residents were engaging in activities in the community and observed to have an active life. While a good quality service was generally being provided, improvements were required to ensure that all residents were protected from abuse.

This was an unannounced inspection to assess the ongoing levels of compliance with the regulations. It was conducted by one inspector over the course of one day.

The centre accommodated a maximum of 12 residents and had no vacancies on the day. It comprised two large detached purpose-built houses, located next door to each other. Each house was identical in design and laid out the same, but decorated to residents' own tastes. Communal space consisted of a large open plan kitchen and dining room, a large bright sitting room downstairs and another activity room on the first floor. Each resident had their own bedroom which they had personalised and decorated to their own taste. Residents' bedrooms were filled with memorabilia such as family photos, medals and trophies, artwork, posters and certificates that they had achieved.

Residents also had a large garden area which was well-manicured with flowers and shrubs. There were clear paths around the premises which were free from debris and allowed for ease of access to the entire centre.

On arrival to the centre, some residents were in the centre vehicles and other residents were being supported into the vehicles to go to their day service. The person in charge was also supporting the residents. After the person in charge greeted the inspector, they completed a tour of the premises. Two residents remained in the centre. One resident brought the inspector to see their room and chatted about how much they like the centre and living with their peers. They spoke about their day service and all the different activities that they enjoyed doing there. The resident proudly showed the inspector their different certificates they had achieved for using computers, and medals they won for different singing and tennis clubs they belonged to.

The resident brought the inspector to see their artwork on display in the activity room and introduced them to another resident who was watching television. This resident also spoke about how much they liked living in the centre and said they had

no worries, complaints or concerns. They said if they did, they knew who tell. Both residents left a short time later and went to their day service.

The inspector spoke with or spent time observing all residents once they returned from their day service activities in the afternoon. Staff interactions were very kind and caring with the residents' and it created a very homely environment. It was evident that staff were very familiar with the residents' wants and needs and the residents were very comfortable with the staff. Some residents showed the inspector their bedroom and pictures of important people who had been part of their lives. Residents talked about the activities they liked doing, their families, their health, and musicians they liked. On return from day service some residents rested in the sitting room, had a nap, and others went to their bedrooms to rest or listen to music, while staff prepared dinner.

A resident who did not communicate verbally was supported in their communication preference. The inspector observed them make clear choices, which were respected by staff supporting them. Residents had visual aids and objects of reference available to them. Where required, residents had been assessed by a speech and language therapist and recommendations were implemented. Residents had communication care plans in place which clearly detailed how they communicated their different needs.

At dinner time residents sat together in the dining room in each house to eat together. The residents' meals of fresh vegetables and meat were freshly prepared and cooked with a nutritious and appetising look and smell. All residents said they enjoyed the meals served, with some asking for seconds. Some of the residents had a modified diet and required additional assistance with eating. Staff spoken with were aware of residents' dietary requirements and this was supported in a dignified and respectful manner.

Residents' rights were respected in the centre, and it was evident that they were consulted with in decisions regarding their care and the running of the centre. There were weekly residents' meetings, which they all usually attended. The minutes of these meetings were reviewed by the inspector. They covered topics like planning the menu for the week ahead, activities and or outings, day service, safeguarding, healthy eating, privacy, complaints and fire safety. Residents also reported in these meetings that they were happy.

The next two sections of the report outline the governance and management arrangements in the centre, and how the arrangements positively impacted on the quality and safety of care and support provided to residents in this centre.

Capacity and capability

Overall, the inspector found that there were established management structures in place in the centre, with key roles clearly identified within the management team to oversee the operation of the centre. There were oversight systems in place to monitor that the service provided was safe, consistent and effectively monitored. However, some systems required review to ensure that all risks within the centre were identified and mitigating measures were put in place. While there were good practices identified, the inspector found that some improvements were required to ensure all aspects of the service met residents' needs. In particular, improvements were required in relation to protection to ensure that all residents were safeguarded at all times.

There were clearly defined management structures in place that identified lines of authority and accountability, specified roles and detailed responsibilities. The inspector observed that the provider and person in charge was continuing to work towards achieving compliance. The person in charge facilitated this inspection and was observed to be well-known to the residents with a strong commitment to providing a good quality service for the residents. They are responsible for the centre's day-to-day operations and reported to the clincial nurse manager III, who was the person participating in management (PPIM). They, in turn, reported to the chief executive officer. They worked full-time and had overall responsibility for one designated centre. They were supported by two social care leaders with one in each of the two houses that formed the designated centre. On the day of inspection, one social care leader role was vacant and the provider was recruiting for this position. The PPIM was also providing additional support as required to the centre during this time.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. In general, the governance and management systems in place were found to operate to a good standard in this centre. However, some improvements were required for safeguarding systems in place. Audits were being completed to look at all aspects of care, for example, a detailed medicines audit had been completed by the PPIM in one of the two houses. Six-monthly unannounced visits of the centre were also taking place to review the quality and safety of care and support provided to residents. Audits completed included an action plan to address any concerns regarding the standard of care and support provided. An annual review of the quality and safety of care had been completed for 2025, which consulted with residents, their families and staff.

Regulation 23: Governance and management

While the registered provider had implemented management systems to monitor the quality and safety of services provided to residents, this was not always effective. For example, following a safeguarding concern the inspector had identified that risk assessments completed did not identify all possible risks. The number of staff on

duty reduced from 8pm each day and a review was also required to ensure that there were sufficient staffing resources available to meet the needs of residents. This resulted in ineffective systems in place to safeguard the resident from further potential abuse. This is detailed further under Regulation 8: Protection.

The inspector was informed that there were regular managers' meetings, however was only provided with meeting minutes for January 2026, January 2025 and May 2024. The inspector requested copies of additional meeting minutes, however the provider could not locate these for the inspector to review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Chief Inspector of adverse events as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents had been provided with information on how to make a complaint and accessible information was prominently displayed in the house, along with pictures of the complaints officer who residents could bring their complaints to. The topic of complaints and advocacy were discussed on residents meetings.

The registered provider held a complaints log, the inspector reviewed two complaints that had been made. The inspector found that the provider was not following their complaints process and the practice around the management of complaints was inconsistent. For example, one complaint remained open for over a month, however the inspector was informed that it was closed. It was not clear what actions had been taken to resolve the complaint as these were not documented. The inspector was informed that the complainant was not satisfied with the outcome. However, there had been no written response or information about the appeals process.

Judgment: Substantially compliant

Quality and safety

The inspector observed kind and compassionate staff treating the residents with dignity and respect. The inspector found the atmosphere in the centre to be relaxed and busy with staff who knew the residents very well. Ongoing efforts were being made by the registered provider in respect of overall care and support. While these were generally delivered safely and effectively, improvements were required to ensure the provider had effective systems in place for the management of safeguarding residents.

Staff were seen to take all safeguarding concerns seriously and the person in charge promptly and thoroughly investigated all incidents or allegations of abuse. While safeguarding measures were in place there had been a significant safeguarding concern and the plan in place did not assure that the resident would be safeguarded from further potential abuse.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. This resulted in residents being listened to and supported to express their thoughts, feelings, needs and wants in relation to the service and their personal care. Residents with additional communication needs were assessed by a speech and language therapist when required. The assessment was used to inform individualised communication plans for each resident which were detailed and provided clear guidance to staff to understand how the resident communicates their wants and needs.

Staff spoken with were familiar with residents' communication needs and assisted residents to make informed decisions, which was observed by the inspector on the day of inspection. Residents who required additional communication aids were supported to use these in a person-centred and respectful way. Staff interactions with each resident reflected the resident's individual communicative format. Information was also provided to residents in an accessible format.

Residents also had access to television, radio, newspapers and the Internet.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. There were completed assessments of social activities and or daily living completed for residents. This assessment was used to develop a care plan to reflect residents'

needs. Residents were supported to engage in learning and development opportunities with all residents attending a day service. Some residents also had completed training courses in computers and were planning on doing further courses in the future.

The inspector observed supports in place to ensure that residents could continue to maintain and develop personal relationships with residents regularly visiting their families. Residents had developed strong links with the wider community, with some volunteering. The inspector found that the activities residents attended were person-centred and tailored to meet their needs and aspirations.

The activities planned were meaningful for each resident and staff ensured that residents were consulted about how they wanted to spend their free time. The provider had ensured sufficient staff were on duty each day to bring residents out and about, and had also ensured adequate transport arrangements had been made available for them to do so.

From conversations with staff, as well as information and photographs reviewed during the inspection, it was evident that residents lived meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were consulted with and encouraged to lead on menu planning. They could choose to participate in the preparation, cooking and serving of their meals.

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. The inspector reviewed two FEDS care plans and found that there was guidance regarding meal-time requirements including food texture modification and additional supports required when eating. Staff had completed dysphagia training in order to further support residents with meal times.

The timing of meals and snacks throughout the day was planned to fit around the activities, needs and preferences of the residents. Residents had plenty of time to eat and drink. The inspector's observations were that meals were not rushed and a pleasant social experience with some residents asking for seconds.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from, and hygienic storage practices. The kitchen was clean, and well equipped with cooking appliances and equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the staff office and prescribed by a registered prescriber. There were appropriate practices relating to ordering, receipt and disposal of medicines. Residents had been risk assessed to determine if they could administer their own medicines or needed staff support to do so. Staff were trained to safely administer medicines and attended refresher training as required.

The person in charge completed weekly checks on medicines and the staff team regularly completed stock counts of medications. The person participating in management (PPIM) and the clinical nurse manager (CNM) had recently completed a detailed medicine audit in one of the two houses which formed the centre. This was effective in identifying areas that required improvement and there was a clear action plan in place to address these.

The inspector also observed some systems in place for administering medicines which required review. For example, the inspector observed that staff had been giving a resident a regular medicine, some staff did not know what the medicine was nor what it was prescribed for. The name of the medicine was different on the blister package to the resident's KARDEX prescription. In addition, the system in place for ensuring that a resident took their medication as prescribed when out of the centre, required review. A resident was due medication when they were at day service however, there was no evidence that this had been administered to the resident.

Judgment: Substantially compliant

Regulation 8: Protection

Following a significant safeguarding concern the provider submitted a notification to the Chief Inspector and informed all other relevant stakeholders as required. The provider had completed risk assessments and developed a safeguarding plan to protect the resident. However, there were ineffective systems in place to safeguard the resident from further potential abuse.

The safeguarding plan in place detailed that staff supervision was a requirement for residents. However, there were no systems in place or evidence provided to identify what staff was supervising the residents. In addition while there were safeguarding risk assessments completed, they did not identify all possible risks. Therefore, there were no mitigating actions in place to manage these safeguarding risks. For example, on review of the roster the number of staff reduced to one staff present from 8pm each day, with six residents in a house. This meant that the residents

could not be supervised as required and the safeguarding plan in place was then rendered ineffective.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Coolcotts OSV-0005239

Inspection ID: MON-0045350

Date of inspection: 10/06/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The manager of residential services has scheduled operational management meetings for the rest of the year 2026. The actions in relation to protection are detailed in Regulation 8.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All complaints in home have been closed. Going forward the PIC will ensure that the Organisation's complaints policy is being followed by all staff.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • The Person in Charge is providing supervision for all staff to ensure that they are aware of all medicines being administered and what they are being prescribed for and that they are clear on their responsibilities as Authorised staff. • The Person in Charge, Clinical Nurse Manager and Manager of Residential Services are providing additional training for all staff to ensure safe and appropriate practices in relation to the ordering, prescribing, storing, disposal and administration of medicines. This will also include the 10 rights of medications management. • The Clinical Nurse Manager will continue to carry out medication audits at the	

Designated Centre; this will include reviews of Kardex's and blister packs.

• On the day of the inspection, the team lead implemented a form for external day service staff to record medication administration.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In addition to the measures implemented prior to the inspection, the following actions were taken following the inspection:
• A written daily record of the staff members supervising the resident has been introduced. This measure was implemented on the day of the inspection and is maintained each day to ensure clear oversight and accountability in relation to supervision of residents.
• All risk assessments have been reviewed and updated.
• Following a review by the PIC, PPIM and Manager of services, a second staff is rostered between 7am and 10pm, to mitigate identified risks, support the resident's assessed needs and promote the safety and wellbeing of all the residents.

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	04/07/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	30/09/2026

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	01/07/2026
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	01/07/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	04/07/2026