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

Issued by the Chief Inspector

Name of designated centre:	The Coach House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	27 January 2026
Centre ID:	OSV-0008538
Fieldwork ID:	MON-0049191

About the designated centre

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

The Coach House provides a semi-independent residential service for male and female adults over the age of 18 years with intellectual disabilities, autistic spectrum disorder and, or acquired brain injuries. They may also have mental health difficulties. Residents are supported by a team of direct support workers who are led by the person in charge. Residents also have access to the following in-house and community-based professionals if required: Nursing, Psychologist, Occupational Therapist, Physiotherapist, Speech and Language Therapist, Positive Behaviour Support Specialist and Consultant Psychiatrist. The Coach House is close to all amenities, such as shops, restaurants, post office and pharmacy. The Coach House is accessible by regular public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 27 January 2026	09:40hrs to 16:15hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to inform a decision on the renewal of the designated centre's registration. The Coach House was first registered in June 2023 as a semi-independent living service for up to four residents.

The inspector met with all four residents over the course of the inspection. On the day, some residents were scheduled to attend day services; however, these were cancelled due to weather conditions. Two residents engaged in more detailed discussions with the inspector regarding their experiences of living in the centre. In addition to meeting with residents, the inspector met with the person in charge, the Assistant Director of Services, the person appointed as Person Participating in the Management (PPIM), a team leader, and staff members.

The inspector completed a walk-through of the designated centre, accompanied by the person in charge. The centre is a detached two-storey dwelling comprising an open-plan kitchen, dining, and sitting room area, four resident bedrooms, including one with en-suite facilities, and an additional smaller sitting room. The premises were observed to be clean, well-maintained, and presented in a homely manner.

The communal areas were relatively small and required careful consideration to support compatibility and to ensure residents could comfortably enjoy shared time together. During the inspection, residents were observed using different areas of the house, including the kitchen, the main sitting room while watching television, and the smaller secondary living room, which provided an alternative, quieter space. A separate office room was available for staff in the garden, which reduced the impact on communal living areas and supported residents' privacy as conversations could be held in private if residents so wished.

Residents spoke positively about the support they received. One resident described feeling enabled to be independent while also receiving assistance when required. They reported that since moving to the house, they had gained confidence in different areas of their life. They stated that staff were supportive, had time to help them work through any difficulties, and described them as "really great."

This feedback was consistent with comments gathered by the provider through internal consultation processes. Residents had reported that they were "allowed to be independent while getting the support I need," including support to attend appointments and assistance with "anything that needs to be done for me." One resident stated that they felt comfortable confiding in staff.

Some residents noted that they did not like it when the house environment became loud. This was also discussed with the inspector. Management acknowledged that, at times, behaviours of concern within a shared living environment could impact on other residents. The provider had identified this and had measures in place to

manage behaviours appropriately and to support residents to raise any concerns with staff. One resident described that while living in the house could occasionally feel stressful, they knew they could speak to staff for support.

Regular residents' meetings were held, and residents' rights were discussed from the records reviewed during inspection. Topics such as safeguarding, birthdays, financial matters, advocacy, and holiday planning were addressed. Records indicated that a scheduled meeting in January 2026 did not proceed due to staffing constraints; however, residents were informed, and engagement continued through alternative discussions. Staff also described supports in place to assist residents in expressing how they felt, including tools such as emotional check-ins and structured conversations to support communication around stress or changes in mood.

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

Capacity and capability

Overall, the inspector found that the provider had the capacity and capability to deliver a safe and effectively governed service. A suitably qualified and experienced person in charge was in post and demonstrated good knowledge of residents' needs and the day-to-day operation of the centre. Clear lines of accountability were established, with regular engagement between the person in charge and senior management, supporting effective governance and oversight

The person in charge reported to an Assistant Director of Services, who in turn reported to the Director of Services, who also held the role of Person Participating in the Management (PPIM) of the centre. The person in charge also had responsibility for one other designated centre and was supported locally by a team leader to assist in the day-to-day oversight of the service. Systems of governance were supported by regular quality assurance audits, which provided oversight of service delivery and supported ongoing monitoring and improvement.

Staffing arrangements were found to be appropriate to the assessed needs of residents, with systems in place to manage recruitment, planned leave, and unplanned absences. Staff were supported through a structured induction process, regular supervision sessions, monthly team meetings, and access to mandatory and additional training relevant to residents' needs.

There was an established and effective complaints process in place within the centre. Information outlining the complaints procedure and the role of the complaints officer was available, and a clear complaints pathway was accessible to

residents. Systems were also established to ensure that required notifications were submitted to the Chief Inspector within regulatory timeframes.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application for renewal of registration within the required timeframe. The inspector reviewed the documentation submitted as part of the application and found that it met the requirements set out in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had responsibility for two designated centres and two staff teams based within those services. They met the requirements of the Regulations in relation to qualifications and experience and demonstrated the competence necessary to fulfil the role.

The person in charge divided their time between both centres to provide oversight and support. During the inspection, residents were observed to be comfortable and familiar with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Overall, appropriate arrangements were in place to ensure continuity of care for residents during periods of recruitment or staff absence. Rosters also reflected flexibility, allowing for additional staffing to be scheduled during holidays or where required.

Prior to inspection, the centre was operating with a deficit of one whole-time equivalent post; however, this position had since been filled. A review of eight weeks of rosters demonstrated that any gaps arising were covered by existing staff undertaking additional shifts. One agency staff member had supported the service during a period of sick leave.

There was a clear system in place to verify the credentials of agency staff working in the centre. Identification checks were completed, and management had access to

records of employment history and relevant training certificates to ensure suitability for the role.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive induction programme was in place for newly appointed staff to support their integration into the service. This process introduced staff to organisational policies and procedures and ensured they became familiar with residents' needs and daily routines. The induction covered formal training, role responsibilities, company policies, health and safety, risk management, and orientation to the work environment. The inspector reviewed a completed probation record and found that the probationary process was being implemented as outlined.

Formal supervision sessions were scheduled ten times per year, and regular monthly team meetings were also held. Standing agenda items included review of actions arising, incidents and accidents, risk assessments, residents' goals, restrictive practices, and policy updates, supporting consistent oversight and communication within the team.

A training matrix was maintained and demonstrated that staff had completed mandatory training, including first aid, safeguarding, fire safety, autism awareness, diabetes management, and human rights.

Judgment: Compliant

Regulation 23: Governance and management

There were established systems in place to monitor the quality and safety of services provided. These included a schedule of monthly, quarterly, and annual audits across key areas such as nutrition, infection prevention and control, policy compliance, finances, fire safety, and care planning. Audit findings were documented and used to inform ongoing service improvements.

The Assistant Director of Services met with the person in charge on a monthly basis. These meetings included review of operational matters, audit findings, and actions arising, supporting continuous quality improvement and effective governance.

Opportunities for shared learning were evident through regular monthly meetings for persons in charge within the organisation. These meetings supported discussion of regulatory updates, governance matters, and areas of good practice across services.

A six-monthly unannounced audit had been completed in November 2025. The inspector found that this audit provided a good level of detail and scrutiny of the centre's operations and contributed to effective oversight and quality assurance.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose accurately described the services provided, the governance and management arrangements in place, staffing resources, and the facilities available within the centre. The information submitted reflected the current operation of the designated centre and was consistent with the findings of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the systems in place for the notification of incidents to the Chief Inspector. Records demonstrated that incidents were appropriately recorded, reviewed, and notified within the required timeframes, in line with the Regulations.

Quarterly notifications were submitted as required, and relevant incidents, including those relating to safeguarding and other adverse events, had been notified as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed six complaints received in 2025. Records demonstrated that complaints were logged, screened appropriately, and progressed in line with the centre's policy. Some complaints related to compatibility concerns within the house and had also been considered under safeguarding procedures where required. Timelines for receipt, review, and resolution were clearly documented.

A review of records indicated a reduction in the number of complaints over the previous six months, suggesting that issues raised had been addressed and that systems were responsive to residents' concerns.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were receiving care and support that was person-centred and responsive to their assessed needs. Residents were supported to develop practical life skills, participate in community activities, and pursue meaningful goals such as travel, social engagement, and health-related education.

There were systems in place to support residents in managing their emotional wellbeing. Positive behaviour support plans were developed for residents where required, and these had been prepared by appropriately qualified professionals.

Risk management systems were in place to identify, assess, and review operational and individual risks. Residents were supported to understand and manage risk in a manner that balanced safety with independence.

Residents' healthcare needs were well monitored and supported through access to nursing input and allied health professionals where required. Residents were also supported to build capacity in managing aspects of their own health.

Safeguarding arrangements were in place to protect residents from abuse, and staff were knowledgeable regarding reporting procedures and safeguarding pathways. A small number of incidents had occurred over the previous period which impacted on other residents within the shared living environment. These incidents were appropriately recorded, reviewed, and managed in line with policy.

Regulation 17: Premises

The premises were observed to be clean, well maintained, and presented in a homely and comfortable manner. Residents had free access throughout their home and were observed independently accessing communal areas, including the kitchen, to prepare refreshments.

While the communal areas were relatively small, residents were observed utilising different areas of the house, including the smaller sitting room, which provided a quieter space where required.

The provider demonstrated responsiveness to maintenance needs. Internal painting works were scheduled to commence shortly after the inspection, and improvements such as the installation of a splashback were planned and a gap in a downstairs window. One resident raised a concern regarding a draft from their bedroom

window; this was brought to the attention of staff on the day of inspection for follow-up.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre maintained a risk register, which was last updated in December 2025. The register identified and outlined key risks relevant to the operation of the service, including lone working arrangements, the emergency use of rescue medicines, safeguarding concerns, fire safety, and occasions when residents stayed alone in the house. Each risk was accompanied by control measures and review dates.

There was evidence that residents were supported to understand and manage risks in a way that promoted their independence and safety. For example, residents had received education in fire safety procedures and were supported to develop skills in the safe self-administration of medicines, where appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Monthly keyworking sessions were in place for residents and clearly documented. These demonstrated both short-term and longer-term goal setting, reflecting a structured and person-centred planning process. Short-term goals included planning a holiday abroad, attending a live football match, and participating in preferred leisure activities. Longer-term goals focused on joining social groups, expanding community engagement, and exploring personal health and wellbeing options.

Personal plans were reflective of residents' assessed needs and aspirations and demonstrated meaningful engagement in goal setting. Goals were reviewed regularly, and progress was documented, ensuring that plans remained responsive to residents' evolving needs and preferences.

There was evidence that residents were supported to develop practical and social skills that promoted their independence. For example, staff supported residents to participate in training and educational sessions relating to their health, enabling them to better understand and manage their own healthcare needs.

Judgment: Compliant

Regulation 6: Health care

There was good oversight of residents' healthcare needs, with evidence of improved health outcomes for some residents since moving into the centre. Nursing staff employed by the provider were available to both residents and staff to offer clinical guidance and support where required.

Residents were supported to develop skills in managing their own health, including receiving appropriate training in areas such as monitoring their blood pressure. Care plans were reflective of residents' assessed needs and were maintained on an electronic system. The system provided an audit trail, demonstrating updates, reviews, and the effectiveness of care interventions over time.

There was also evidence of engagement with allied healthcare professionals, including speech and language therapy and dietetic services, ensuring a multidisciplinary approach to meeting residents' health needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents were supported in a manner that promoted their emotional wellbeing. Where required, positive behaviour support plans were in place and had been developed by appropriately qualified professionals. These plans were person-centred and reflective of residents' assessed needs.

Plans reviewed by the inspector clearly outlined proactive strategies to support residents in managing their emotions, as well as reactive strategies to guide staff in responding appropriately where behaviours occurred. Practical guidance and scripts were included to promote a consistent and supportive approach among staff. Staff demonstrated a good understanding of residents' support needs and were aware of the strategies outlined in the plans. Debriefing processes were in place following incidents to support reflective practice and ongoing learning.

Judgment: Compliant

Regulation 8: Protection

There had been a number of safeguarding concerns in the centre related to peer-to-peer negative interactions over the previous 12 months; however, these had reduced in frequency in recent months. A key risk identified within the centre related

to the impact that certain behaviours, including loud vocalisations, could have on other residents in a shared living environment.

Safeguarding plans were in place to mitigate these risks, and staff demonstrated awareness of the emotional regulation strategies and de-escalation approaches to be used. Debriefing processes were also in place following incidents. Notwithstanding these measures, the limited private and communal space within the house remained an ongoing consideration for the provider in managing compatibility and safeguarding risks.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 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
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for The Coach House OSV-0008538

Inspection ID: MON-0049191

Date of inspection: 27/01/2026

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 8: Protection</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 8: Protection:

Follow up to be completed with Resident spoken to on the day of the inspection by the Assistant Director of Services (ADOS) to determine if additional supports or control measures are required or if Resident would like to be reviewed for transition.

Due Date: 28th of February 2026
(Completed)

Impact to be monitored and reviewed over a 3-month period and effectiveness of control measures to be reviewed by the Person in Charge (PIC) and Behavioural Specialist (BS) following this period.

Due Date: 12th of June 2026</td></tr>
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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 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	12/06/2026