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:	Cois Cuain
Name of provider:	Embrace Community Services Ltd
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	27 April 2026
Centre ID:	OSV-0008863
Fieldwork ID:	MON-0048176

About the designated centre

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

Cois Cuain comprises a detached house on a large site in a rural location close to a small town in Co Wexford. Cois Cuain is close to the sea and to local amenities and the centre has transport available to support residents in accessing activities of their choice. The centre provides a home to a maximum of five residents over the age of 18 years. Residents may present with intellectual disability, physical disability, autistic spectrum disorder and/or acquired brain injuries. This centre has five individual bedrooms, four on the ground floor and one on the first floor, all have en-suite bathrooms. There is a kitchen-dining room, sitting room and staff office. The centre is open 24 hours a day and 365 days a year. Residents are supported by a team of social care workers and direct support workers and the team is led by a person in charge.

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
Monday 27 April 2026	09:30hrs to 17:15hrs	Sinead Whitely	Lead
Monday 27 April 2026	09:30hrs to 17:15hrs	Linda Dowling	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed by two inspectors over the course of one day. The centre had recently been closed for a number of months due to unexpected flooding on two occasions. This had resulted in residents living in an unregistered centre during this time as their home was not habitable for a period of time. Residents had returned to the centre four days prior to this inspection.

The purpose of the inspection was to confirm residents had returned to the designated centre, to review actions from the centres most previous inspection in July 2025 and to review the overall quality and safety measures in place following the residents move back to the designated centre. Overall inspectors found that improvements were required to ensure that the residents' home was fit for purpose and to ensure that residents were always safe.

There were four residents living in the centre on the day of inspection. On arrival to the centre, the inspectors were greeted by a staff member, the centre house manager arrived shortly after the inspectors arrived. The inspectors completed a walk around the designated centre. The designated centre comprised of a detached house on a large site in a rural location close to a small town in Co Wexford. The centre had five individual bedrooms, four on the ground floor and one on the first floor, all had en-suite bathrooms. There was a kitchen, a dining room, sitting room and staff office. One resident lived in a living space separate to the main home and this comprised of a bedroom, bathroom and living room. The resident living there was asleep during the time of the initial walk around the centre and an inspector met with them later in the day.

Inspectors met with two residents during the initial walk around in the morning. One resident was eager to show the inspectors their garden and spoke about work they had been doing out there and future plans for their space such as a poly-tunnel and planting vegetables. The second resident was getting ready to head out to day services and showed staff and the inspector their outfit and their hair. Residents communicated they were happy to be back in their home, when asked. Inspectors noted that the residents and staff had hosted a party in the centre when they had returned home to the service. The fourth resident living in the designated centre had not yet returned to the home on the day of inspection and was due to return the following day.

Following the walk around, inspectors noted that the premises required some improvements to ensure that it was in a fit state of repair and safe for residents. While the inspectors acknowledge the residents had only moved back into the centre in the previous days, there were still outstanding works to be completed. For example, there were sand bags present at all doorways, a hall press had rubble and dust present, the upstairs store room also had dirt and dust present. The front of the house had a number of bags of rubbish and cardboard boxes, the provider

informed the inspectors there was a plan in place to remove this in the coming days. The centre had a snag list of items that remained outstanding on the day of inspection. Fire safety specialists were present in the centre on the day of inspection completing tests and carrying out maintenance works and they identified some works that needed to be completed.

An inspector had the opportunity to meet the third resident in the centre in the afternoon. The resident had a family member visiting at this time and the inspector sat and spoke with both of them. The residents family member expressed high levels of satisfaction with the service provided to their loved one. The resident's separate living space was clean and well maintained and actions regarding this area from the previous inspection of the centre had been appropriately addressed. The resident was comfortable and relaxed in their separate living space on the day of inspection.

The staff team comprised of care workers and social care workers. Staff spoken with on the day of inspection were familiar with residents and respectful of their needs and preferences. There were six staff vacancies on the day of inspection. The centre was endeavouring to fill any vacant shifts with regular relief staff when possible. However this did appear to impact residents at times. The inspectors identified two occasions in the previous two months where residents could not attend work or preferred activities due to no qualified driver being on duty.

In general, inspection findings indicated that while the residents were very happy to be back in the designated centre, there were a number of actions to be addressed by the provider to ensure that the centre was safe, well maintained and suitable to meet the residents needs. Areas of non-compliance were identified in areas including governance and management, fire safety, the premises and risk management.

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

Capacity and capability

Inspectors found that improvements were required in the designated centre to ensure that appropriate oversight systems were in place and to ensure that the designated centre was providing a safe and effective service to the residents in Cois Cuain. The residents had returned to the centre four days prior to the inspection, following the centre experiencing severe flooding on two occasions in recent months. The person in charge was not present on the day of inspection and the centre was being managed by a house manager during their absence. While there was regular management oversight of the service provided, auditing systems

reviewed during the course of the inspection day were not capturing the improvements required in the centre to ensure a safe and quality service was being provided to the residents following their return to the designated centre.

Regulation 23: Governance and management

The person in charge was on leave on the day of inspection and the centre was being managed by a house manager during this interim period. They were also supported by two team leaders. The centre had oversight from a regional manager who was present on the day of inspection. The centre had identified a governance structure but this required updating in the centre statement of purpose and the centre governance folder. These did not accurately represent the centre person in charge, Chief Executive Officer (CEO) or provider representative.

While there were auditing systems in place, the quality of the provider's six-monthly unannounced audit was poor. This had been completed in March 2026. The audit identified a number of regulations reviewed and for the most part they were marked as compliant. The auditor and report demonstrated no evidence the judgment of compliant had been based on for the findings against these regulations. Two regulations reviewed were found to be substantially compliant. The audit however, failed to identify a number of issues in the centre such as the staffing vacancies, risk management issues, fire safety concerns and outstanding premises works. The residents were living in temporary accommodation during the time of the audit and these were all areas of high concern. There was no time-bound action plan or persons responsible developed following this audit.

The provider was not ensuring that staffing arrangements in place were meeting residents needs at all times. There were six staff vacancies on the day of inspection. The inspectors requested staff supervision records on the day of inspection, however these could not be accessed due an issue with the key for a storage press. On review of the provider’s incident recording system, the inspectors identified two occasions in the previous two months where residents were impacted as a result of no qualified driver on duty. Residents were not able to go to their scheduled work or a preferred social activities as a result of this and presented with behaviours that challenge on both of these occasions. On review of these incidents the provider had not considered the root cause of the incidents as the lack of available qualified drivers on shift. Furthermore, the inspectors noted concerns regarding night time staffing arrangements in the centre following the last residents return to the centre on the day following the inspection. Risk assessments identified that one staff member had to stay in the self-contained area of the centre at all times. This was not always possible at night due to another residents support requirements in the main part of the centre.

The list of management on-call arrangements available to staff required review. Names and phone numbers listed did not accurately reflect the personnel on call.

For example, the previous manager of the centre who was no longer employed by the provider was listed as a point of contact.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

The person in charge was on leave since February 2026. This included a continuous period of more than 28 days. The provider had failed to notify this to the Chief inspector of Social Services as required under Regulation 32.

Judgment: Not compliant

Quality and safety

Overall, it was found that a number of works needed to be completed to ensure that residents were safe at all times and to ensure that the premises was maintained in a suitable state of repair. The inspectors were concerned about the long term suitability and safety of the premises considering the local area, including the designated centre, was susceptible to severe flooding as had happened in recent years during times of heavy rainfall.

Risk management systems required improvements. Inspectors noted concerns in relation to risk management documentation and review processes. An immediate action was issued on the day of inspection in relation to risk management in the centre and one resident's access to sharps. Fire safety systems had not been fully reviewed prior to the residents return to the designated centre and some outstanding actions were noted by an external fire safety company and by inspectors on the day of the inspection. An urgent action was issued to the provider following the inspection day regarding fire safety systems in the designated centre.

Regulation 17: Premises

There were four residents living in the centre on the day of inspection. The designated centre comprised of a detached house on a large site in a rural location close to a small town in Co Wexford. The centre had five individual bedrooms, four on the ground floor and one on the first floor, all had en-suite bathrooms. There was a kitchen, a dining room, sitting room and staff office. One resident lived in a

living space separate to the main home and this comprised of a bedroom, bathroom and living room.

The inspectors noted that the premises required some improvements to ensure that it was in a fit state of repair and safe for residents. The inspectors were concerned about the long term suitability and safety of the premises considering the local area, where the centre was located, was susceptible to severe flooding during times of heavy rainfall. The provider was unable to provide evidence as to when local planned flood defense works were scheduled to commence or to would be completed. It was unclear if the planned works would be completed prior to winter and if they were going to be effective if flooding were to occur again.

While the inspectors acknowledge the residents had only moved back into the centre in the previous days, there were still outstanding works to be completed. For example, there were sand bags present at all doorways, a hall press had rubble and dust present, the upstairs store room also had dirt and dust present. The front of the house had a number of bags of rubbish and cardboard boxes, the provider informed the inspectors there was a plan in place to remove this in the coming days. Management communicated with inspectors that the centre had an ongoing snag list of works to be completed in the coming days.

Judgment: Not compliant

Regulation 26: Risk management procedures

Inspectors noted a high number of concerns in relation to risk management in the designated centre throughout the inspection day.

Residents personal emergency evacuation plans (PEEPs), the centre emergency evacuation plan and the centre fire risk assessments had not been reviewed or updated since the residents move back into the centre. All were still reflective of the residents' previous temporary accommodation which they had been residing in during the centre's refurbishments post-flooding. This posed concerns considering the centres previous history of severe flooding. The overall centre evacuation plan in place for in the event of further flooding to the centre did not reflect any effective long-term arrangements to support residents other than immediate evacuation to a local hotel.

Risk management documentation and assessments required review. It was unclear when risk assessments in place had been developed, reviewed and updated. The provider was unable to evidence the review process and staff were unsure how often they were reviewed and what amendments were made, if any. Risk rating systems were unclear at times in existing risk assessments. The initial risk rating and revised risk ratings were the same, which did not reflect effective control measures as there were no reduced risks after control measures were put in place. There were two occasions where calculation errors were noted and assessments were not

reflective of overall risk ratings. There was no risk assessment in place to identify the high risk of flooding posed to the centre and the further actions that were needed to reduce this risk.

An immediate action was issued on the day of inspection regarding access to sharps such as knives or scissors in the designated centre. One resident's access to sharp items was an identified risk in the centre and the inspectors were not satisfied that this risk had been appropriately mitigated. Inspectors observed a knife block in the centre office and observed access to the office by the resident during the day of inspection. Once the action to remove the knife block and place it in a secure location had been issued, inspectors were satisfied that the centre house manager had implemented appropriate controls to reduce this risk.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety systems had not been fully reviewed prior to the residents return to the designated centre. On the day of inspection an external fire company were present to complete checks on fire doors, alarm system, emergency lighting and fire fighting equipment. Some works were identified as outstanding during these checks. Three fire doors were noted as requiring new hinges and would not close in the event of a fire. Two of these doors were in the centre's kitchen, and this was an area of high risk. It was also identified that emergency lighting signage batteries were not sufficiently charged and would only work for approximately one hour if they were required. Portable appliance testing (PAT) of electrical equipment was only being completed on the morning of the inspection and had not been fully completed prior to the residents return to the centre.

The provider had submitted weekly updates regarding the progress of work to the centre and the transition timelines to the Chief inspector in the weeks previous to the inspection. In these updates, the provider had committed to ensuring that the premises would be compliant with fire safety regulations prior to the residents return back to the designated centre and had failed to ensure this. As previously discussed under Regulation 26, the centre fire risk assessment and the residents PEEPs required review to reflect the residents move back to the designated centre.

An urgent compliance plan was issued to the provider following the inspection day and this sought further assurances in relation to the fire safety arrangements in the centre. A response was received from the provider within the requested timelines and this confirmed that there were appropriate containment systems and emergency lighting in the designated centre following the inspection day.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse. Staff had all completed up-to-date training in the safeguarding and protection of vulnerable adults and residents had intimate care plans in place. The centre had a designated safeguarding officer to review and investigate any safeguarding concerns if they arose. Safeguarding incidents had occurred in recent months while the residents were residing in an unregistered property and inspectors were satisfied that appropriate action had been taken by management to ensure that residents were safeguarded from abuse during this time. Appropriate actions such as the development of safeguarding plans and reviews of staffing arrangements were noted in previous months.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cois Cuain OSV-0008863

Inspection ID: MON-0048176

Date of inspection: 27/04/2026

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	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Recruitment to focus on filling open lines within the Centre to support with bringing the Centre in line with their SOP. Four (4) Team Members in the pipeline due to complete induction between May and July. Whilst awaiting induction internal staff from another Designated Centre have been temporarily assigned shifts to support.

Due Date: 31st of July 2026

Recruitment to advertise and employ Ad hoc driver for the Centre to support with additional driver being available in the event this is required. Pipeline reflected above inclusive of four (4) additional drivers for the Centre.
Due Date: 31st of July 2026

Nighttime emergency evacuation to be simulated and outcome reviewed by Senior Management and action plan to be implemented surrounding same including review of staffing levels.
Due Date: 30th of June 2026

Assistant Director of Service (ADOS) to update Organisational Structure and replaced in all relevant documentation.

Due Date: 5th of May 2026
(Completed)

Additional Provider Led Audit education to be completed with the Assistant Director of Services (ADOS) by alternative member of the Assistant Director of Services Team.
Due Date: 30th June 2026

Additional Provider Led Audit to be completed by Senior Management Team following works being completed.

Due Date: 30th June 2026

Assistant Director of Servicers (ADOS) to organise for a Wall mounted key box to be implemented in the Centre to hold supervision key.

Due Date: 12th June 2026

Updated On call guidance printed and displayed in the office by House Manager. Up to date phone numbers added directly to On call rosters by Assistant Director of Services which are displayed for Team Members to follow.
Due Date: 5th of May 2026
(Completed)

Person in Charge (PIC) to be recruited by Recruitment and inducted to the Centre. PIC recruited and expected to start induction 22nd of June 2026.
Due Date: 31st of July 2026

Regulation 32: Notification of periods when the person in charge is absent	Not Compliant

Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:
Notification (NF30B) to be submitted by the Assistant Director of Services to HIQA.

Due Date: 28th of April 2026
(Completed)

Notification (NF30A) to be submitted by the Assistant Director of Services to HIQA due to long term absence of Person in Charge (PIC).
Due Date: 18th of May 2026
(Completed)

Person in Charge (PIC) to be recruited by Recruitment and inducted to the Centre. PIC recruited and expected to start induction 22nd of June 2026.
Due Date: 31st of July 2026

Organisational review of missed notification to be completed and learnings to be addressed with the Senior Management Team.
Due Date: 18th of May 2026

(Completed)

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Flood defense plan to be requested from the local County Council by Maintenance and Procurement Manager and maintained on file. A review of evacuation plan to be completed by the Person in Charge.

Due Date: 30th of September 2026

Nighttime emergency evacuation to be simulated by Interim House Manager and outcome reviewed by Senior Management and action plan to be implemented surrounding same including review of staffing levels.
Due Date: 30th of June 2026

Sandbags, Rubbish, and debris to be cleared from building and stored appropriately. ADOS to review all has been completed.
Due Date: 28th of April 2026
(Completed)

Regular meeting to be completed with Interim House Manager (HM) and Assistant Director of Service to review maintenance list and job completion.
Due Date: 30th of June 2026

Snag list items to be closed out. ADOS to complete review of environment to ensure all actions are closed.
Due Date: 28th of April 2026
(Completed)

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Personal Emergency Evacuation Plans (PEEPs) to be reviewed by Interim House Manager and updated to reflect Residents' current location and assessed need. Assistant Director of Services to ensure updates are reflective of needs of Residents.
Due Date: 28th of April 2026
(Completed)

Risk Register on flooding to be updated by the Assistant Director of Services to reflect current risk and additional control measures.

Due Date: 30th of September 2026

A review of the Emergency Evacuation Plan by the Senior Management Team to be completed to determine if current alternative temporary accommodation is suitable in the event of an emergency evacuation.
Due Date: 30th of June 2026

Assistant Director of Services to completed education with Team Members on the completion and updating of Risk Assessments.
Due Date: 31st of July 2026

Maintenance to resolve fire door into office and review to be completed by external fire company to ensure access to restricted items is appropriately managed.
Due Date: 28th of April 2026
(Completed)

Assistant Director of Services to attend Team Meeting and complete educational session on restrictive practice to increase Team Member knowledge of appropriate environmental controls including safe storage of sharps.
Due Date: 30th of June 2026

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Personal Emergency Evacuation Plans (PEEPs) to be reviewed and updated to reflect Residents' current location and assessed needs.
Due Date: 28th of April 2026
(Completed)

Maintenance to resolve all fire doors and review to be completed by external fire company.
Due Date: 28th of April 2026
(Completed)

Emergency Lighting batteries to be replaced by external fire company.
Due Date: 28th of April 2026
(Completed)

Organisational review of incomplete fire safety works to be completed and action plan to be developed to prevent future reoccurrence.
Due Date: 30th of June 2026

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2026
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.	Not Compliant	Orange	31/07/2026
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	Not Compliant	Orange	30/06/2026

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/09/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/06/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	28/04/2026
Regulation 32(1)	Where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the chief inspector of the proposed absence.	Not Compliant	Orange	30/06/2026