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 Dara
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	19 August 2025
Centre ID:	OSV-0007698
Fieldwork ID:	MON-0039289

About the designated centre

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

Cois Dara is a designated centre operated by Autism Initiatives Ireland Company Limited by Guarantee. It provides a community residential services to up to four adults with a disability. The centre comprises of a main house which can accommodate two residents and there are two attached individual apartments which each accommodate one resident. The main house consists of a kitchen, dining room, utility room, living room, two bedrooms, bathroom, staff bedroom and office. The first apartment contains a living room, bedroom, office, bathroom and kitchen. The second apartment comprises a kitchen/living room and a bedroom with an en suite. The centre is situated close to a suburban area of County Wicklow. The centre is staffed by a person in charge, a senior social care worker, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 19 August 2025	09:15hrs to 16:30hrs	Kieran McCullagh	Lead
Tuesday 19 August 2025	09:15hrs to 16:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge and area manager. Inspectors used observations and conversations and interactions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, inspectors found high levels of compliance with the regulations. However, some improvements were required under Regulation 5: Individualised assessment and personal plan. This is discussed further in the main body of the report.

The designated centre was registered to accommodate four residents. At the time of this inspection there were three residents living in the centre. Inspectors had the opportunity to meet and talk to all three residents. The centre comprised of a large two storey house with two adjoining single storey self-contained apartments. One resident lived in the main house and the other two residents lived in the apartments. Since the previous inspection building works had been completed on a new living environment to meet the assessed needs of one resident and provide a safe home for them to live in. For instance, the provider had converted the garage adjacent to the centre into a self-contained apartment. This is discussed further under Regulation 17: Premises.

Inspectors completed a walk through of the main home and apartments in the company of the person in charge and observed it to be clean, welcoming, and comfortably furnished, with a homely atmosphere that promoted a sense of wellbeing and dignity. Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas of the main home were found to be spacious and thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment.

Inspectors noted that residents' self-contained apartments were laid out to meet their assessed needs and were decorated in line with their personal tastes and interests. For example, one resident's apartment featured artwork, posters and bed linen in the theme of their favourite online game and movie. The resident had a keen interest in LEGO and inspectors observed pieces that had been built by the resident prominently displayed throughout the apartment. There was adequate space and suitable storage facilities in each of the residents' living spaces. There were suitably sized kitchens in each area that included suitable and sufficient cooking facilities, kitchen equipment and table wear. There was an adequate number of bathrooms, shower, and toilet facilities provided for each resident.

Inspectors noted that residents could freely access and utilise the spaces within the

centre and garden without any restrictions. There was a large, well-maintained sensory room adjacent to the main house that residents could use if and when they pleased. Inspectors noted that the room was clean, tidy, and featured a large sensory light, bean bags and a large sensory water bed.

Inspectors also observed good fire safety systems. For instance, there was fire detection and fire fighting equipment in the home, and individualised evacuation plans were available to guide staff on the supports required by residents. There was a high number of restrictive practices used in the centre. However, inspectors found that they were all applied in line with the provider's policy and residents' consent.

In preparation for this inspection, all residents had completed surveys to share their perspectives on life within the centre. The feedback received was positive and reflected a strong sense of satisfaction and well being among residents. Survey responses indicated that residents felt safe and secure, were pleased with the quality and comfort of the premises, and expressed satisfaction with the food provided. Inspectors were unable to meet or speak with the relatives of any residents during the inspection. A review of the provider's annual review of the quality and safety of care revealed that relatives were satisfied with the care and support provided to the residents.

Inspectors had the opportunity to meet and speak with all residents and some staff members during the inspection and also took time to observe interactions and planned activities. Inspectors were invited into the self-contained apartment of one resident, who took pride in showing them around their home. The apartment featured a private bedroom, a compact kitchen, a spacious accessible bathroom, an office, and a comfortable living area equipped with the resident's computer facilities and equipment and a television. Inspectors observed that clear, easy-to-read information regarding safeguarding and advocacy, was prominently displayed on the notice board in the living room. Furthermore, inspectors noted a very strong rapport between the resident and the person in charge. It was evident that the person in charge was well-acquainted with the resident's interests, preferences, and dislikes. They engaged in friendly conversation and even acted out stories that the resident had written.

A second resident was receiving one-to-one support from a staff member in their apartment. Inspectors observed the staff member assisting the resident in preparing their lunch, and they noted a warm and positive rapport between them. The resident, encouraged by the person in charge, showed the inspectors around their apartment, which included a private bedroom, a spacious kitchen area, and a large accessible bathroom. Inspectors also remarked that the decor reflected the resident's personal tastes and preferences as outlined in their person-centred plan. The resident had an interest in gardening and inspectors observed a small greenhouse to the rear of the apartment that the resident enjoyed spending time in.

The third resident briefly interacted with inspectors throughout the inspection. When required, staff supporting the resident acted as communication partners and were observed by both inspectors to be familiar with the resident's communication support plans. It was evident during the inspection that staff had developed and

maintained therapeutic relationships with residents, and this enabled residents to feel safe and secure in their environment and protected from all forms of abuse. Staff demonstrated that they had the necessary competencies and skills to support residents at all times.

Staff spoke with inspectors regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safe administration of medication. Inspectors found that all staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes and told one inspector they really enjoyed working in the centre.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The management team were informed of the residents' needs and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their assessed needs.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. Inspectors observed that the number and skill-mix of staff contributed to positive outcomes for residents living in the centre. For example, inspectors observed residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, a dedicated vehicle was available for residents to access

their wider community.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Inspectors saw that staff were in receipt of regular, quality supervision (practice support meetings), which covered topics relevant to service provision and professional development.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a high standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024, which included consultation with all residents and their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

There were relevant policies and procedures in place in the centre, which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including guiding staff in delivering safe and appropriate care.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge was solely responsible for the management of this designated centre and was supported in their role by an experienced area manager. The staff

team consisted of one senior social care worker, three social care workers, and 13 support workers. At the time of this inspection there were two whole time equivalent (WTE) staff vacancies. The provider ensured that suitable contingency arrangements were in place to ensure continuity of care for residents. For instance, the provider used a small panel of relief and agency staff to cover vacant shifts.

The person in charge effectively managed staff scheduling through comprehensive planned and actual rosters. During the inspection, the centre demonstrated adequate staffing with the person in charge and four staff members present during the day and two staff members providing waking night time supervision. Inspectors reviewed both planned and actual staff rosters, which were maintained in the designated centre for the months of June, July, and August 2025 and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

Inspectors spoke to the person in charge, area manager and to four staff members on duty, and found that they were all very knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. There were suitable on-call arrangements in place which had been clearly communicated to all staff members. Arrangements in place supported access to managerial and clinical support and guidance as required.

One inspector reviewed five staff records and found that they contained all the required information in line with Schedule 2, including an up-to-date vetting disclosures, evidence of qualifications and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care. A thorough review of the staff training records evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in positive behavioural supports, and safeguarding, which contributed to a safe and supportive environment for the residents living in this service.

Two new staff members had not completed mandatory in-person fire safety training prior to commencing work in the designated centre. To mitigate this, the person in charge conducted a fire safety interview checklist with both individuals. This checklist covered centre-specific topics, such as evacuation procedures and routes, roles and responsibilities, as well as general fire safety awareness. Both staff members were scheduled to attend the next in-person fire safety awareness training scheduled in October 2025.

In addition, and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, manual handling, infection prevention control (IPC), emergency first aid, food hygiene, and Children First. Furthermore, all staff working in the designated centre were required to complete annual competency assessments pertaining to medicine, infection prevention control (IPC), and safeguarding.

All staff members received supervision in accordance with the provider's policy. For instance, each member of staff was provided four one to one practice support meetings with either the person in charge or the senior social care leader. Staff were also provided performance review meetings every six months. One inspector reviewed two individual staff member's practice support minutes, each tailored specifically to them. Agendas covered key areas such as progress on goals set, training, and any matters arising. In addition, a review of two staff member's performance review minutes evidenced that critical areas pertaining to the provider's competency framework, key responsibilities, and evidence of goals and objectives set were all discussed and reviewed.

Judgment: Compliant

Regulation 19: Directory of residents

The provider ensured that a directory of residents was available in the centre which met the requirements of the regulations. The directory of residents was made available for inspectors to complete a thorough review.

One inspector reviewed the directory of residents and found that it included accurate and up-to-date information in respect of each resident living there. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre, and the name, address and telephone number of each resident's next of kin was all recorded.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge and they were supported in their role by an area manager. They had a very good understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities. In addition, the person in charge was supported by a staff team, who was very knowledgeable about the support needs of the residents living in the centre.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including audits pertaining to medicine and medicine errors, residents' finances, health and safety, infection prevention control (IPC), and restrictive practices. Audits reviewed by inspectors were comprehensive, and where required identified actions to drive continuous service improvement. Additionally, peer-to-peer led audits were conducted every eight weeks. These announced visits ensured that both internal and external service standards aligned with residents' needs and promoted positive outcomes. Upon reviewing the latest audit, inspectors found that ten action items had been identified, and confirmed that all of these actions had been successfully completed.

A quality assurance report covering the period January to December 2024 had been completed and a copy of the report was made available for inspectors to review. Residents, staff and family members were all consulted in the annual review. Positive feedback evidenced that residents enjoyed living in their home, felt safe, felt supported by staff, and could make their own choices and decisions. One inspector also reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in May 2025. Following a review of the action plan, the inspector observed that the majority of actions were completed or in progress and that they were being used to drive continuous service improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

One inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to the residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of

purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

Prior to and during the course of the inspection inspectors completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, it was observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care.

Inspectors found that the provider had prepared written policies and procedures on the matters set out in Schedule 5 and these were made available for staff to refer to.

One inspector reviewed a sample of the policies. At a minimum, the provider had ensured the policies and procedures required by the regulations were reviewed and updated where necessary every three years.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the

residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to each resident. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred. However, some improvements were required under Regulation 5: Individualised assessment and personal plan.

Staff knew each residents' communication requirements and inspectors observed throughout the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that suited them.

Inspectors observed that the premises conformed to the matters set up in schedule 6 of the regulations and found the atmosphere in the centre to be warm and relaxed. Residents appeared to be very happy living in the centre and with the support they received. Inspectors completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. There was adequate private and communal spaces and residents had their own bedrooms and self-contained apartments, which were decorated in line with their personal taste and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals, speech and language therapists and nutritionists. During the inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge and senior social care worker. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required.

Where required, positive behaviour support plans were developed for residents. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by

appropriate professionals.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. Inspectors found that staff spoken with were aware of the procedures for responding to safeguarding concerns, and residents reported to inspectors that they felt happy and safe living in their home.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that residents could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes.

One inspector reviewed documentation that was in place to support staff to understand the residents' preferred communication styles. The guidance contained directions for staff on how to best communicate with residents, as well as information pertaining to how residents may express different emotions in a non-verbal format. Staff spoken with on the day of inspection discussed the different communication methods used by residents and demonstrated a very good understanding of all residents' communication styles.

Inspectors found there was an individual approach to supporting residents that recognised the uniqueness of each resident's communication skills and abilities. For example, where residents presented with limited or no verbal communication, staff used gesture in conjunction with simple consistent phrases, Lámh (sign language), objects of reference and exchange, and non-verbal cues.

The provider and the person in charge had ensured that there were supports in place to help residents manage certain activities and appointments. For example, a social story had been prepared for one resident regarding a recent medical appointment, in order to support the resident to attend. A consultation form had also been created for staff with guidance and strategies on how best to ensure the appointment was successful. For example, booking the appointment for a quiet time during the day. Following the appointment, the staff member reviewed how the appointment went and included any learning to further support the resident at the next appointment.

Overall, inspectors found that residents were cared for by staff who understood their communication needs and could respond accordingly. Residents had access to information that was appropriate to their communication needs. For example, inspectors observed easy-to-read information relating to fire evacuation, safeguarding, rights, advocacy services, and complaints were on display throughout

the centre. Furthermore, accessible versions of the centre's statement of purpose and residents' guide were available to the residents.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the atmosphere in the designated centre to be warm and calm, and residents met with appeared to be and informed inspectors they were very happy living in the centre and with the support they received. During different times throughout the inspection, inspectors walked around the centre and found the premises to present as bright, clean and homely.

The living environment was stimulating and provided opportunities for rest and recreation. Each resident participated in choosing equipment and furniture in order to make it their home. For example, all were involved in choosing equipment and furniture for their bedroom and self-contained apartment in order to make it homely.

Since the previous inspection, which was conducted in January 2025, building works had been completed on a new living environment to meet the assessed needs of one resident and provide a safe home for them to live in. For instance, the provider had converted the garage adjacent to the centre into a self-contained apartment. As part of the provider's application to renew the registration of this centre, they had submitted updated floor plans, and evidence that the building met the requirements of fire safety standards and planning compliance.

All residents had their own bedrooms, each considerately decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

Residents were able to freely access and use the available spaces within the centre and its gardens. Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents living in this designated centre did not have an assessed need in the area of feeding, eating, drinking and swallowing (FEDS). Instead they received support through the provision of nutritional care and support.

There were processes in place to rigorously monitor and evaluate residents' nutritional care to help ensure high-quality care was being provided. Residents' food and nutritional needs were used to develop personal plans that were implemented into practice. For instance, one inspector dedicated some time to observe the lunchtime routine for one resident. It was evident that the resident received a healthy, balanced, and nutritious meal which was tailored to their personal preferences. For instance, their lunch included mashed potatoes, and sausage rolls with gravy. When the resident requested assistance with their meal, the inspector was happy to oblige. The staff member present during the lunchtime was highly knowledgeable about the resident's dietary needs, as well as their food preferences and dislikes.

Inspectors noted that the timings of meals and snacks throughout the day were planned to fit around the needs and preferences of the residents being supported. Furthermore, staff were observed to support residents that required assistance with eating and drinking in a respectful and dignified manner. For example, they provided the minimum amount of support required so as to encourage as much independence as possible during meals.

Inspectors noted a varied range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner. Kitchens were well-equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals, if they so wished.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, inspectors observed break glass alarm points, smoke and heat detectors, and emergency lighting. Portable fire fighting equipment was strategically located throughout the centre to cover the risk of fire. Inspectors noted that escape routes through the centre were clearly indicated. Following a review of servicing records maintained in the centre, inspectors found that these were all subject to regular checks and servicing with a fire specialist company.

Inspectors observed that the fire panel was addressable and easily accessed in the entrance hallway of the designated centre and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an

emergency. Furthermore, high risk rooms were fitted with fire resistance fire doors and fitted with operational self-closing mechanisms.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, one inspector reviewed residents' personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

One inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's medication management policy.

Residents received a comprehensive individualised service from their pharmacist who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the centre.

Inspectors found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. For instance, inspectors reviewed the practices and arrangements for one resident and spent time observing two staff members administer lunchtime medicines. Following observation, it was evident to inspectors that staff were very knowledgeable of the professional guidelines and professional code of practice that governed medicines management and adhered to these requirements.

The provider's established policy required double staff sign-off on all medicines in order to mitigate medicine error occurrences. There were arrangements in place to record any medicines errors, suspected adverse reactions and incidents were recorded, reported and analysed within an open culture of reporting. Learning was fed back to improve each resident's safety and to prevent re-occurrence. Medicines management was audited regularly, and this included practices in areas such as medicine stock control, administration, storage, and disposal.

Inspectors observed that all residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. They also observed that

residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. Inspectors reviewed two residents' assessments and plans. The plans included those on personal, health, and social care needs, were up to date, sufficiently detailed, readily available to staff in order to guide their practice, and had been reviewed on an annual basis.

Residents' personal plans were titled 'The Working File' and contained all relevant information pertaining to the resident. Keyworkers were responsible for ensuring that information with the residents' plans was up-to-date and appropriate to the assessed needs of the resident. Staff spoken with demonstrated full awareness of residents' personal plans and the care support plans that were in place to empower the residents to live as independently as they possibly could.

An inspector observed that a review meeting had recently taken place for one resident, involving both staff and the resident's representatives, to set goals for the coming year. However, there was no documentation on file indicating that this meeting occurred in 2024. Additionally, there was insufficient evidence on file that staff had been consistently documenting and monitoring the resident's progress on goals already set. This gap in documentation hindered the inspectors' ability to assess whether goals had been achieved or what progress had been made. Consequently, improvements were required in documentation practices to ensure that the resident's goals were clearly tracked and aligned with their personal interests and needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Inspectors found there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, one positive behaviour support plan reviewed by an inspector was found to be detailed and comprehensive. The plan included up-to-date information and guidance for staff on how the resident likes to be supported, preventative proactive approaches, reactive approaches, how to respond to self-injurious behaviour, and proactive approaches

including supporting the resident to reengage and debriefing following an incident.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. For instance, all staff had completed positive behaviour support training. Staff spoken with were knowledgeable of support plans in place and inspectors observed positive interactions and communications throughout the inspection between residents and staff.

There were 31 restrictive practices used in this centre. One inspector completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. The provider and person in charge had put in place good recording and documentation systems of restrictive practices in line with regulatory requirements, which allowed for the analysing of data to identify patterns or trends. For example, all restrictive practices in use were reviewed at organisational level every six months, which included a review of the rationale for their continued use.

In addition, restrictive practices in place were clearly documented, and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions in conjunction with the resident and their support network. All restrictive practices in use had been notified to the Chief Inspector on a quarterly basis in line with the regulations

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, the provider had an established policy in place pertaining to the provision of intimate care.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident that staff took all safeguarding concerns seriously.

Since January 2025, a number of safeguarding notifications had been submitted to the Office of the Chief Inspector. All safeguarding concerns had been responded to appropriately, reported to the National Safeguarding Office, and there were no open concerns at the time of this inspection. Interim safeguarding plans were in place, with appropriate measures in place to mitigate identified safeguarding risks.

Following a review of two residents' intimate care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate

care to residents who required such assistance in line with the residents' personal plans and in a dignified manner.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cois Dara OSV-0007698

Inspection ID: MON-0039289

Date of inspection: 19/08/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Ensuring all residents have had an annual person-centered planning meeting will be added to the managers monthly report. All staff in the designated centre that are outstanding person-centered planning training will be assigned to complete internal and external PCP training. The person-centered planning residents consultation form will be updated to reflect the residents personal interests as well as their needs, The residents monthly review template will be reviewed to ensure if reflects progress on goals in place and to identify changes needed to the plan if the goal is not being met.	

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 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/10/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	31/10/2025

	annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			