



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:	Short Notice Announced
Date of inspection:	12 February 2025
Centre ID:	OSV-0008863
Fieldwork ID:	MON-0044823

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:	2
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 February 2025	10:00hrs to 00:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was a short noticed inspection carried out to monitor the designated centre compliance with the relevant regulations and standards. This designated centre began operation in September 2024. This was the first inspection of the centre. Overall, the findings indicated that the service was meeting the assessed needs of the residents. Residents were in the process of exploring options for activities and employment in the local community and were well supported by the staff team. Good levels of compliance was found in relation to the regulations reviewed. However, some improvements were required in relation to accessibility of the property and maintenance of the internal and external aspects of the centre.

The inspection occurred over a one day period by one inspector. The inspector used observations, conversations with staff, interaction with residents and a review of key documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The centre had capacity to accommodate five residents. On the day of inspection two residents were living in the centre. They had both moved into the centre in October 2024. The inspector had the opportunity to meet with both residents across the day of inspection.

On arrival at the centre, the inspector was welcomed in by the person in charge. The centre was a large dormer style detached home in a seaside town in Co. Wexford. It was noted that some minor maintenance work was required to aspects of the garden. The inspector completed a walk around of the premises. The residents each had their own en-suite bedrooms. They had personal items displayed and pictures of friends and family. It was evident that they had been involved in personalising these spaces. There were a number of empty bedrooms, a kitchen, a utility room, sitting room, dining room and a room upstairs dedicated to an office space. Some minor maintenance and decor works were required in some of the communal spaces which will be discussed under the relevant regulation. In addition the accessibility of the premises was under review due to the needs of one resident.

The inspector met one resident in the dining room. They were up and ready for the day. They spoke to the inspector about their move to the centre. They had transferred from another designated centre operated by the provider and the resident had been an active participant in this request to move and subsequent transfer. They stated they were happy in the new home and were well looked after by the staff team. They were not from the area but were enjoying going out and about and told the inspector they were actively looking for volunteer work. They had a curriculum vitae completed. The resident showed the inspector their room and some of their personal belongings. They had won a medal in the special Olympics hand had this displayed in a picture frame case. They pointed out important people in the photographs displayed in their room. When asked what was important to them the resident discussed the different activities they liked such as attending

slimming world, going swimming and horse riding. They told the inspector that they had been involved in these activities since they moved to the centre. The resident appeared comfortable in their home and happy with their recent move.

The second resident briefly came into the dining room. They appeared tired on the day of inspection. Although they had made initial plans to leave the centre for a couple of hours they changed their mind and asked to remain in the centre to rest for the day. This choice was respected by the staff team. Later in the morning the resident allowed the inspector view their bedroom. The resident expressed that they were tired. The staff team were seen to offer drinks and healthy snacks to the resident.

Both residents who had moved into the designated centre had not lived in the area before. The residents and staff team were actively exploring activities in the local vicinity that the residents would enjoy. Residents had joined a slimming world group and men's shed groups in the local community. They were accessing all health and social care appointments locally. From a review of resident meeting notes residents had meals and drinks out, visited local hotels, shopping and cinema trips.

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

Capacity and capability

Overall, the inspection found that there was a defined management structure in place in the designated centre. There were comprehensive systems of oversight in place both at local and provider level. This ensured that care was delivered in an effective and safe manner. The residents that had moved to the centre were afforded good quality and safe care and were settling well into their new home.

There was an establishing staff team in place. The staff team consisted of many newly recruited staff. To ensure the skill-mix was appropriate, all staff had received training in areas deemed mandatory by the provider. Additional training was also completed in relation to supporting the specific assessed needs of residents. Staff were frequently provided with supervision both formally and informally.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre who was employed in a full-time capacity. They were suitably skilled and qualified. The person in charge had responsibility for two designated centres in total. The inspector reviewed the arrangements in place to ensure that the operational management of the centre was

sufficient. The inspector found that the person in charge was present in the centre on a frequent basis. They were supported in their role by a team leader who was employed on a full-time basis.

From a review of documentation in the centre the inspector saw that the person in charge and direct oversight of all aspects of care and support. They had signed off key documentation such as audits, care plans and risk assessments. Discussions on the day of inspection with the person in charge indicated that they were very familiar with the management systems in place, knowledgeable about residents' needs, likes and dislikes and were committed to operating a service that met the requirements of the regulations. Overall, it was found the arrangements in place demonstrated that the centre was well managed by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured that there were enough staff with the right skills, to meet the assessed needs of residents at all times. Two staff were present during the day to support the residents. At times staff support during the day increased to three staff, to include the team leader or person in charge. This meant that senior staff were available to provide additional support and supervision as required. At night the centre was staffed with a sleep over staff and waking night or two waking night staff.

The provider had a flexible approach to ensure that staff were available to meet all the needs of residents. For example, the provider had identified that an additional staff member was required to drive residents to appointments and activities. They had specifically recruited for this role and recently had added a staff member to the roster that had the sole responsibility of driving.

The staffing complement was suitable to meet the two residents' needs. The inspector reviewed planned and actual rosters for a recent five week period and found that the same names were represented on the roster. This indicated that although the staff team were new, the provider was establishing continuity of care. There was no use of agency.

The inspector spoke with two staff members that were on duty on the day of inspection. The staff members outlined the plans for the day and spoke about aspects of care and support in relation to the residents. They were respectful in all their interactions with residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a good level of compliance with mandatory training maintained in the centre. The inspector reviewed the training records for all staff and saw that all staff were up-to-date in training in key areas including safeguarding, hand hygiene and managing behaviour that is challenging. One new staff member had recently commenced in the centre and all their training had been booked and scheduled in the next two weeks.

Additionally, staff were up-to-date in trainings required by residents' specific needs. For example, all staff had received training in dysphagia, epilepsy, mental health and autism.

Staff were in receipt of regular support and supervision through monthly staff meetings, individual staff supervisions and probation meetings. Prior to commencement in the centre all staff had completed a comprehensive induction which clearly outlined the requirements of the role. The inspector reviewed five staff members inductions, supervision and probation records. These were found to cover key areas relating to staff member's roles and responsibilities including, for example, staff training, residents' needs and keyworking duties. The person in charge also had formal supervision monthly with the person participating in management. Overall, the systems were effective in ensuring staff were supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the registered provider had ensured that the centre was adequately resourced, governed, and monitored to ensure the delivery of safe and consistent care and support to residents.

The centre was observed to be well-resourced and appropriate to the residents' needs. For example, residents had access to a range of health and social care professionals, and staffing needs were adapted to meet the needs of the residents.

There was a clearly defined management structure with defined lines of authority. The person in charge was full-time and based in the centre on a regular basis. They were supported by a team leader in managing the centre. The person in charge reported to an assistant director who was the person participating in the management of the centre. There were effective arrangements for the management team to communicate and escalate concerns. For example, the director visited the centre and compiled a report where staffing, residents' updates, incidents, audit findings, complaints, and risk management were reviewed. The inspector reviewed the reports from October, November and December and saw that clear actions were identified and assigned to a person to complete. The subsequent report would follow

up on all identified actions from the previous report ensuring appropriate follow-up.

The provider had implemented good management systems to monitor the quality and safety of care and support provided in the centre. For example, there was a suite of audits on matters, such as fire safety, care plans, infection control, residents' finances, and medicine management. The audits identified actions for improvement, and the inspector found that they were monitored and progressed towards completion.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the contracts of care that were in place for both residents. On admission to the service both residents were provided with an easy read format of the contract of care which clearly outlined the terms and conditions of the placement and any charges that were due to be paid for the resident. The inspector saw that one resident had signed their contract to indicate they had read it.

Prior to admission, the provider had systems in place to ensure that when a new resident was admitted, assessments were completed to ensure the compatibility of residents was suitably reviewed. As only two residents were in the centre, one impact assessment was completed. The inspector reviewed this document and found that suitable consideration was given to any impact of a resident transitioning into the centre. Areas such as staffing, transport and access to meaningful activities were all considered as part of this process.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were receiving care in line with their specific assessed needs. The residents transition had been a positive experience and both residents expressed they were happy living in their new home. Area such as risk management and fire safety were well managed to ensure safe care was provided at all times. However, the long term accessibility of the premises required review to ensure that all residents could comfortably navigate and access their home. The provider had identified this issue and were in the process of putting in plans to rectify this.

Residents' individual needs had been assessed, and corresponding care plans had been prepared outlining the care and support interventions they required. The inspector viewed both residents' plans, including those on intimate care, skin care,

sleeping, and nutrition. The plans were available in the centre to guide staff practices and were updated on a frequent basis to ensure up-to-date information was available to staff at all times.

Regulation 17: Premises

As previously described the residents lived in a large two storey detached home. All parts of the home were very clean. Both residents had their own en-suite bedrooms which were full of personal items and pictures. On the walk around of the premises the inspector noted some areas of the home, both internally and externally, that required more personalisation and minor maintenance work to ensure the space was homely. For example, in the sitting room there were curtain poles present with no curtains, there were fire break glass panels there were no longer in use, there was an exposed security wire and outside the fence was in disrepair. Cumulatively this took away from the homeliness of the area.

In addition, one resident, who was a wheelchair user, could not easily navigate around the premises. The inspector saw on two occasions where they could not navigate their wheelchair through the doors of the rooms and required some support from staff. The provider had identified this issue and had commissioned a report from a suitably qualified health and social care professional. The report had identified specific actions that were required in order to ensure all aspects of the home were suitably accessible. This remained outstanding on the day of inspection.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed the systems in place to ensure that when residents transitioned into the centre it was completed in a planned and safe manner and that the resident was included in the process. On review of the documentation the inspector saw that each resident had a comprehensive assessment of need completed prior to admission to ensure that the transition process was planned in line with assessed needs. Residents had the opportunity to visit the centre before they moved in. One resident told the inspector of their involvement with the transition process and that they were happy in their new home. This indicated that residents were actively involved and consulted with during the transition phase.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the measures in place to suitably manage risk within the centre. This included a review of centre specific risks, individual risks and review of all incidents and accidents that had occurred within the centre. To date only a few minor incidents had occurred within the centre.

The inspector found that the safety of residents in the centre was promoted through risk assessments, learning from adverse events, and the implementation of suitable control measures.

All residents had individual risk assessments in place as required. The inspector reviewed individual risk assessments in relation to epilepsy, choking, safeguarding concerns and behaviours of concern. All control measures as stated were found to be in place. All risk assessments were reviewed on a frequent basis and risk ratings were suitable in relation to the relative risk. For example, the risk assessment around choking indicated that all staff required sufficient training and care plans were to be in place and adhered too. These control measures were in place on the day of inspection.

The inspector found that there were good arrangements for the recording and review of incidents and adverse events. For example, staff recorded incidents on the provider's electronic information system. The incidents were then reviewed and signed off by the management team. Incidents were also discussed at staff meetings. For example, on the team meeting notes dated the 26 November 2024 the staff team discussed a recent fall within the centre and the measures in place to mitigate this occurring again.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. On the walk around of the premises the inspector noted fire detection and fighting equipment, emergency lights and fire containment measures in place. All equipment was maintained to an appropriate standard and had been serviced as required. For example the emergency lighting had been serviced in July 2024 prior to the operation of the designated centre.

There were systems in place to ensure that fire safety equipment and fire evacuation routes were regularly checked for effectiveness. There was daily, weekly and monthly checks conducted by the staff team.

The inspector reviewed each resident's individual emergency plans in the event of a fire. These documents were detailed and found to be reflective of residents actual needs. For example, one plan detailed, how a resident at times suffered from hearing loss. This ensured staff were equipped with relevant knowledge on how to

evacuate residents in a safe and effective manner.

A staff member explained the procedures used to evacuate the residents. There were aware of the fire safety equipment available to use such as ski sheets and described the training they had received in this area.

Fire drills occurred at regular intervals. The inspector reviewed all records and it was demonstrated that both residents could evacuate the building when required to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual assessments and care plans for two residents. The inspector found that each resident had an up-to-date and comprehensive assessment which was used to inform the care plans. Residents' assessments were informed by relevant multidisciplinary team professionals, their family members and the resident themselves. Care plans were detailed and provided staff with information on meeting the assessed need. Care plans were in place for each assessed need including, for example, dental care, skin care, intimate care and sleep management. For example, the inspector reviewed an epilepsy care plan that was in place for one resident. This was very detailed and described the resident's medical history, how to manage seizures and when to call medical professionals.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed how each residents' healthcare needs were being met. Overall, it was found that residents were afforded good access to healthcare in line with their specific needs. All residents had attended appointments in relation to vision, hearing and dental checks in recent months. A local general practitioner (GP) had been sourced that the residents attended when required. In addition, appointments with other health and social care professionals had been completed as required. For example residents had access to psychiatry, speech and language therapists, occupational therapists and dieticians as required. Care plans were in place to guide staff on how to manage healthcare needs. For example, eating drinking and swallowing plans were in place as required. Nursing staff were available to review residents as needed and had input into healthcare plans.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

On the day of the inspection there were no safeguarding concerns open.

There were clear and transparent systems in place to ensure residents' finances were adequately safeguarded. This included regular audits and checks. Where residents indicated they wanted a family representative involved in the management of their finances there were clear systems in place to ensure that this arrangement was in line with residents' wishes but also adhered to relevant safeguarding and policy arrangements.

Following a review of two residents' care plans the inspector saw that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were found to be upheld in the centre. Staff that spoke with the inspector used professional and caring language. Care plans were written in a manner that indicated person-centred care should be delivered at all times. For example, one care plan detailed how one resident preferred to transfer from their wheelchair to another piece of accessibility equipment. The resident's rights in relation to this process were actively sought and respected. On the day of inspection the inspector observed how the a resident's right to change their mind in relation to activities was respected.

All staff had received training in relation to human rights.

Residents had choice and control in the majority of aspects of their life including on how their finances were managed, being part of the transition process into the centre, getting a tattoo and choosing activities and meals. A resident spoke to the inspector on how they had requested the transition to the centre and there involvement in this process. It was evident that residents wishes and preferences

were taken into account and acted upon as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Cuain OSV-0008863

Inspection ID: MON-0044823

Date of inspection: 12/02/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The design and layout of the centre is in line with the Statement of Purpose. There is adequate private and communal areas within the Designated centre. There is a record of maintenance works available within the centre. Facilities are serviced and maintained regularly. The centre is suitably heated and ventilated. There is adequate communal areas suitable for residents to meet their social activities. There is a suitable kitchen, cooking facilities and a dining area to meet residents needs within the Designated Centre. The centre is spacious and each resident has their own individual bedroom to promote privacy and dignity. There is sufficient bathrooms and all rooms are suitable to meet the needs of residents. General and clinical waste is disposed of safely.</p> <p>All doors in the designated centre meet the regulation standards for wheelchair access, measured prior to opening of designated centre. One of the residents of the designated centre has a self propelling wheelchair. It was observed that, although this resident can access all area's, some area's are causing him difficulty. Referral for assessment was sent to Occupational therapy. Occupational therapy carried out an environmental assessment and recommendations were made to refer resident to local health clinic to assess his wheelchair. Resident attended appointment with public health however he did not engage well in appointment (in clinic) and Occupational therapy advised that resident is reviewed with G.p. to ensure physical well being before continuing. G.p. recommended physiotherapy. Physiotherapy session completed. G.p. informed PIC that on the 14th of March they had cleared resident fit for Occupational therapist to complete physical assessment for seating. Awaiting a new appointment for assessment. Continues to be supported in house to access all areas.</p> <p>A full walk around the environment was completed. Maintenance requests submitted for all works required. All call points covers have been removed. Break glass units and old paper towel dispensers not in use have been removed. Fencing has been removed. Exposed wiring removed. Curtains sourced to be hung. Items added to the house to make it more homely, this will be ongoing. Request submitted for old bins to be removed. All works to be completed no later than 30/04/2025.</p>	

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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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/04/2025
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/06/2025