



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 9
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 June 2026
Centre ID:	OSV-0003304
Fieldwork ID:	MON-0050977

About the designated centre

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

Cork City North 9 is a designated centre operated by Horizons. It provides residential services to a maximum of eight residents over the age of 18 and currently provides services for female residents only. The centre is located in County Cork close to local amenities and facilities. The designated centre comprises of a two-storey building. The ground floor consists of three single bedrooms, a kitchen-dining room, a sitting room, activity room, a bathroom, a staff office, toilet and bathroom. The first floor comprises of three single bedrooms, a living room, a kitchen-dining room, living room, a bathroom and a toilet. There is also two single occupancy apartments, one on each floor, which comprise of a single bedroom, an open plan kitchen-dining-sitting room and bathroom. A small outdoor garden space is also available for residents to use. The residents are supported by a staff team consisting of a Clinical Nurse Manager 1, staff nurses, social care workers and care assistants. The staff team were supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 30 June 2026	10:45hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations. This inspection was carried out by one inspector over one day.

This centre had previously operated as a children's respite centre. The purpose of this centre was changed to accommodate adults on a full-time basis in December 2023 and supported eight adults to move from a larger institutional setting. This was the second inspection of the centre since the change to an adult service. Overall, the inspector found that the centre provided a good standard of care and support to residents. However, some areas required attention including aspects of the premises, residents finances and medication management.

At the time of the inspection, the centre provided care and support to seven residents. There was one vacancy as one resident had passed away shortly before the inspection.

The inspector had the opportunity to meet with the seven residents throughout the day, observe them as they went about their daily routines and some of their interactions with staff members throughout the day. Some residents used verbal methods of communication to communicate with the inspector, while others used non-verbal means of communication including body language and vocalisations. The inspector also spoke with members of the management team and members of the staff team.

During the morning, the inspector met with one resident in their bedroom as they were resting and listening to music. Their bedroom was decorated with pictures and personal belongings. The person in charge introduced the inspector to the resident. The resident spoke with the person in charge and appeared comfortable in their home.

The inspector met with three residents watching TV in the ground floor sitting room. The inspector was informed that while there was a sitting room on the first floor the residents whose bedrooms were on the first floor tended to use the sitting room on the ground floor. The residents were observed engaging positively with staff and joking with the person in charge. The inspector observed residents being supported to have drinks and snacks.

The inspector then visited the fifth resident in their apartment on the ground floor. The apartment was decorated in a homely manner and the resident was watching TV. The resident spoke with the person in charge about a recent visit from their family member and indicated that they did not wish to engage with the inspector. This was respected.

The inspector met a sixth resident who informed the inspector that they had plans to go to town for a coffee and shopping in the afternoon. They told the inspector that they liked their apartment on the first floor and living in the designated centre.

Later in the morning the inspector met with the seventh resident. The inspector was informed that they chose to have a lie-in in the morning and just finished their breakfast. They appeared content in their home smiling and interacting positively with staff.

In addition, the inspector observed a volunteer arriving in the morning to meet and spend time with one resident in the activation room.

In the afternoon, the inspector observed that three residents went out to the local shopping centre to go shopping and have a coffee. One resident chose to watch TV in the ground floor sitting room and another resident remained in their apartment. The inspector was informed that two residents had returned to their bedroom for a rest and one resident remained in their bedroom listening to music.

The inspector also reviewed feedback from two residents' families and four residents in the annual review which noted positive feedback on the care and support provided in the service.

Overall, some residents reported being happy in their home and others appeared content and comfortable. There were positive interactions observed between residents and the staff team throughout the inspection.

The inspector completed a walkaround of the centre accompanied by the person in charge. The centre is a large two-storey building with a similar layout on both floors. Each floor accommodated up to four residents; three residents in the communal area and one resident in a single occupancy apartment. The residents on the first floor accessed this part of the centre by a lift, chair lift or stairs. The inspector found that the centre was decorated in a homely manner, was well maintained and generally clean. The residents' bedrooms were personalised in line with their preferences with pictures and personal belongings. On the day of inspection, one bathroom on the ground floor was in the final stages of being modernised.

There was a secure outdoor area to the rear of the premises which residents could use if they wished. This was laid with artificial grass with murals painted on the surrounding walls. In one area of the garden, the inspector observed recently planted flowers, bags of compost and flower pots.

However, there were aspects of the service which needed attention including areas of scratched painting internally and weathered paint externally. This had been self-identified as an area for improvement by the provider. In addition, there were some items in place in need of review, including two round mirrors to look around corners in one apartment which were in place from when the premises provided a childrens service; fittings for curtains which were not in use over the dining room window; kitchen half-doors in both kitchens which were not in use and worn COVID-19 signs on floor. Also, on the day of the inspection, the provider was responding to an acute pest control issue in one apartment. Following the inspection, the provider

submitted assurances that an external pest control company had been engaged and completed works to resolve the issue.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were management systems in place to ensure the provision of a good standard of care to the residents. On the day of the inspection, there were sufficient numbers of staff in place to meet the assessed needs of residents.

There was a defined governance structure in place. The centre was managed by an appropriately qualified and experienced person in charge. Quality assurance audits were taking place to assess and monitor the service including the annual review for 2025 and provider audits every six months. These audits identified areas for improvement and developed actions plans to address them.

The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the residents.

The inspector reviewed a sample of training records which demonstrated that, for the most part, the staff team had up-to-date training. This meant that the staff team had the skills and knowledge to support residents.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge who was suitably qualified and experienced for the role. The person in charge was responsible for three other designated centres. The inspector was informed that this was an interim arrangement and there were plans in place to reduce the remit of the person in charge. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the number, qualifications and skill-mix of staff in the centre was appropriate to the assessed needs and size and layout of the centre. The person in charge maintained a planned and actual roster. The inspector reviewed May 2026 and June 2026 which demonstrated that the staffing levels in the centre were maintained and there was consistency of staff.

The seven residents were supported by four staff during the day and three waking night staff. Nursing supports were available on a 24-hour basis to residents. In addition, a number of ancillary staff, such as staff dedicated to cleaning and catering, were employed in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date mandatory training including fire safety, safeguarding, manual handling, positive behaviour support and safe administration of medication where required. Where refresher training was required, this had been self-identified and plans were in place to address this. There were also additional centre-specific training available to staff including deescalation and intervention techniques, evacuation chair training and feeding, eating and drinking supports.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time appropriately qualified and experienced person in charge who was supported in their role by a Clinical Nurse Manager 1. The person in charge reported to the Regional Manager who in turn reported to the Chief Operations Officer.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review for 2025. The provider had also carried out six-monthly provider visits in November 2025 and May 2026, respectively. The audits identified areas for improvement and developed action plans to address same. For example, modernising the ground floor bathroom (which was being finalised on the day of

inspection), internal and external painting and ensuring staff training was up to date.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer active in the service. Volunteers were managed centrally by the provider which ensured Garda Vetting was in place. The inspector reviewed an agreement with the volunteer which outlined clearly their roles and responsibilities and the arrangements for supervision.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre in the period January 2026 to June 2026. It demonstrated that accidents and incidents were managed appropriately and the inspector found that the Office of the Chief Inspector was notified, as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person-centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, some improvement was required in the oversight of finances and medication management.

The inspector found that the premises was designed and laid out to meet the needs of residents. The centre was clean, generally well maintained and presented in a homely manner. As outlined under Regulation 17: Premises there were some areas in need of attention.

The inspector reviewed a sample of the residents' personal files which comprised of an up to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their needs. However,

the systems in place to support one resident to manage and protect their finances required improvement. While it was demonstrated that the provider had taken a number of actions, this had yet to be resolved for one resident.

There were appropriate systems in place to keep the residents safe. For example, the residents communicated with the inspector that they liked living in the designated centre. A review of incident and accident records demonstrated that they were appropriately managed and responded to. In addition, there was suitable fire safety equipment in place and fire drills had been carried out.

Regulation 12: Personal possessions

The supports in place regarding one resident's finances required review. The resident was supported to manage their finances by others and the provider had limited oversight of the resident's finances. The resident was assessed as requiring significant support in managing their finances. The provider had previously engaged with social work and the relevant parties to address this. However, at the time of the inspection there remained limited oversight of the resident's finances and continued work was required.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, the designated centre was laid out to meet the needs of residents. The centre is a large two-storey building with a similar layout on both floors. Each floor accommodated up to four residents; three resident in the communal area and one resident in a single occupancy apartment. There was a secure outdoor area to the rear of the premises which residents could use if they wished.

The centre was decorated in a homely manner, was well maintained and generally clean. The residents' bedrooms were personalised in line with their preferences with pictures and personal belongings. On the day of inspection, one bathroom on the ground floor was in the final stages of being modernised.

However, there were aspects of the service which needed attention including areas of scratched and damaged paint internally and weathered paint externally. In addition, there were some items in place in need of review including:

- round mirrors to look around corners in one apartment
- fittings for curtains which were not in use over the dining room window,
- kitchen half-doors which were not in use and,
- worn COVID-19 signs on the floor.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The risk register and individual resident's risk assessments had been reviewed within the last year. The risk register and individual risk assessments identified risks and put measures and actions in place to control these risks. For example, the risk register included escalated risk assessments for changing the centre's transport to best support residents. The inspector also reviewed risk assessments in place for changing resident needs, safeguarding, slip trips and falls and staffing.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. The provider had developed a centre evacuation plan which followed the principles of horizontal evacuation due to the size of the centre. All staff had received fire safety training and additional training had been provided to staff on training the use of evacuation chairs.

There was evidence of regular fire evacuation drills taking place in the centre. The provider had completed a number of recent drills including a night-time evacuation to demonstrate that the all persons could evacuate the service in a safe and timely manner. The drills identified areas for improvement, for example, ensuring the evacuation time was as quick as possible and keeping the landing clear of items. There were plans in place to carry out regular drills for a period of time following inspection to implement the learning from previous drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the ordering, receipt, storage, return and administration of medications.

Medications in the centre were stored securely in a locked press including appropriate oversight practices and storage of Schedule 2 medications. The inspector reviewed a sample of two medication prescription and administration records (MPARS), and found that they were up to date. The MPARs reviewed contained relevant information for the safe administration of medications including name of the resident, General Practitioner (GP), name of medication, dose and route. The records demonstrated that medication was administered as prescribed.

However, some improvement was required in recording opening dates on liquid and cream medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of needs in place which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed a sample from the seven residents' personal files and found that they were up to date, appropriately identified the residents' needs and guided the staff team on how to support the residents. For example, clear plans were in place to support identified needs including dementia, epilepsy, diabetes and feeding, eating and drinking.

Do Not Attempt Resuscitation (DNAR) and Do Not Transfer (DNT) to hospital care plans were in place for some residents. These plans are a serious measure to have in place and require careful consideration and input from appropriate professionals involved, the resident and their family members, if appropriate. The inspector reviewed a sample of these plans and found that they were up to date and reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. All staff had received training in safeguarding vulnerable adults. Staff were found to be knowledgeable in relation to keeping the residents safe and on how to report allegations of abuse. Residents were observed to appear relaxed and content in their home and in the presence of the staff team.

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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cork City North 9 OSV-0003304

Inspection ID: MON-0050977

Date of inspection: 30/06/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: A new CASS referral for social work was sent by the PIC on July 17th 2026, to review current finance plan with the resident's family. On July 24th the Social Worker accepted the referral and a new financial support plan for the resident will be created and implemented in line with the ADMA. The Social Worker will meet the family on August 2026 to discuss same. New plan will start by the end of Q4 2026. In the meantime, the PIC will support the resident and ensure that weekly resident's forums will be conducted to discuss money management through easy to read documentation and an easy to read money management booklet.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All works regarding internal maintenance have been submitted to Facility Department and schedule of works is in place. Same will include internal and external painting of the premises and removal of round mirrors in one of the apartments, unused fitting for curtains in the dining room, half-doors in the kitchen (both upstairs and downstairs) and COVID-19 signs on the floor upstairs. COVID-19 signs downstairs have been already removed on July 1st 2026. All the works will be completed by Q4 2026.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: On July 1st 2026, night-time handover checklist specific for nursing staff was updated and includes now control of labels and liquid medication as part of daily checks. New internal and site-specific audit for medication was introduced on July 1st 2026 and same will be conducted on a weekly basis by staff nurse. "Order, return, storage of medication" site-specific protocol was reviewed and updated by PIC on July 3rd 2026. Same included correct storage and labeling of creams, ointments and any other liquid medication. This was shared with all the staff nurses on the same day via e-mail. On July 29th 2026, PIC conducted a monthly Quality and Safety Meeting and discussed the new protocol with all staff.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2026
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.	Substantially Compliant	Yellow	31/12/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/08/2026

	are clean and suitably decorated.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	31/07/2026