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:	North County Cork 1
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0003306
Fieldwork ID:	MON-0045906

About the designated centre

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

North County Cork 1 is a designated centre operated by Horizons. It provides a community residential service to a maximum of eight adults with a disability. The designated centre is located in a town in County Cork with access to local amenities and facilities. The designated centre consists two-storey Georgian house with a large single storey side extension. Only the ground floor of the Georgian House is part of the designated centre and consists of a kitchen, dining room, two sitting rooms and office. The adjoining extension consists of a long corridor with six single resident bedrooms and one shared bedroom for two residents. There is a large lawn and garden area to the front of the house and small garden with patio furniture to the rear of the premises which residents could use if they wished.The staff team consists of staff nurses and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 22 April 2026	09:30hrs to 17:40hrs	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.

The inspector observed a centre which provided a good standard of care and support to residents. The residents appeared comfortable in their home and a number of residents spoke positively of the care and support provided in the service. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, some improvement was required in the staffing arrangements of the designated centre, ensuring the centre was adequately resourced in relation to transport and areas of the premises required review. In addition, some practices observed on the day of inspection were institutional in nature and required review.

The inspector had the opportunity to meet with the eight residents living in the centre over the course of this inspection. Some residents used verbal methods of communication to communicate with the inspector, while other residents used non verbal means of communication including body language and vocalisations.

On the day of the inspection, the person in charge was on planned leave. The morning of the inspection was facilitated by the regional manager and the staff team. In the afternoon of the inspection, the person in charge had arranged to make themselves available to facilitate the inspection.

On arrival to the centre, the inspector observed one resident in the sitting room looking out at the front lawn and garden. The inspector was welcomed by a staff member and informed them that two residents had left the centre to attend day services and one resident had left in the service vehicle to attend an appointment.

The inspector went and spend some time in the dining room and met one resident as they had finished their breakfast. They said that they liked living in the centre and spoke positively about the staff team. The resident spoke about where they were form and about plans to go to the shop in the afternoon. The inspector sat in the dining room and met two other residents as they were supported to prepare for the day and have breakfast. Both residents appeared comfortable in their home and in the presence of the staff team. The inspector then went to meet the resident by the window. They acknowledged the inspector and returned to looking out the window.

Later in the morning, the eighth resident was supported to prepare for the day and to have breakfast. The inspector observed two residents spending time in the sitting room watching TV and looking out the front window. While another resident spent

their time between the sitting room and living room. Two residents were supported to engage in puzzles in the dining room.

In the early afternoon, the first resident had returned from their appointment and were observed having lunch in the dining room. Two residents were observed being supported to go for a walk into town for coffee. Later another resident was supported to go to the shop to buy a magazine and coffee.

Later in the afternoon, the two residents returned from their day service and introduced themselves to the inspector. They appeared happy to be returning to the centre and noted that they liked living in the centre and were well looked after. One resident showed the inspector their bedroom and said they liked their bedroom.

The inspector also reviewed six representative surveys which had been completed in the last six months which contained positive comments on the care and support their family member was receiving in the centre.

The inspector completed a walk around of the centre accompanied by the regional manager. The designated centre consists of a two-storey Georgian house with a single storey extension. Only the ground floor of the Georgian House is part of the designated centre and consists of a kitchen, dining room, two sitting rooms and office. The adjoining extension consists of six single resident bedrooms and one shared bedroom for two residents. The inspector spoke with both residents sharing the bedroom and both residents communicated that they were currently happy with the arrangement.

Overall, the inspector found that the centre was decorated in a homely manner and generally clean. The inspector did observe a significant build up of dust on two bathroom vents. The inspector highlighted this to the regional manager and it was addressed in the afternoon of the inspection. There were some areas in need of attention including areas of internal paint, refurbishing a bathroom and upgrading windows and doors. This had been self-identified by the provider and plans were in place to address same.

The inspector observed some practices which were institutional or clinical in nature and required review. For example, the dining room of the centre comprised of a number of small tables for residents to chose to sit at. One table in the corner of the dining room had a sign which noted it was for staff use. This was identified to the regional manager and immediately removed. In addition, a number of the residents were observed wearing plastic aprons when having food to protect their clothes. However, this practice is clinical in nature. When identified to the regional manager cloth aprons were sourced to support residents at meal times.

The next two sections of the report present the findings of this inspection in relation to the 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 management systems in place were striving to provide a safe quality service. However, the staffing arrangements and the resources to ensure the effective delivery of care and support required review.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the provider annual reports and unannounced six-monthly visits as required by the regulations. The audit identified areas for improvement and action plans were developed in response. However, improvement was required to ensure the centre was adequately resourced in terms of transport.

On the day of inspection, the inspector found that the staffing arrangements in place required review to ensure that they were appropriate to the needs of the residents and the size and layout of the centre. From a review of the roster, there was an established staff team in place which ensured continuity of care and support. However, improvement was required to demonstrate that the staffing arrangements were in line with the assessed needs of residents.

From a review of training records, it was evident that the staff team in the centre had up-to-date training. This meant that the staff team had up to date knowledge and skills to meet the needs of 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 one other designated centre. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Overall, there was a established staff team providing care and support to residents. The inspector reviewed a sample of the roster for April and May 2026. The centre was operating with a one staff on long term leave and one whole time equivalent vacancy which was managed through the staff team and regular relief. The

residents were supported by three to four staff during the day and two waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, the inspector found that improvement was required to demonstrate that there was sufficient staffing arrangements to meet the needs of the residents. For example, the provider had identified the need for a further 2.5 whole time equivalent staffing resources due to the changing needs of residents and submitted a business case to their funder. This was not in place on the day of inspection.

A risk assessment completed by the provider risk rated staffing resources as a high risk identifying that a number of the residents needs were changing including increased mental health supports, increase in residents with visual impairment and an increase in residents with mobility supports.

The risk assessment also noted that at times the identified activation staff can be redirected from activities to support residents attend appointments. This was of particular importance four of the eight residents did not attend a day service and relied on the staff team to engage in activation. Of the four residents who did not attend a day service two requried one to one support in the community. The impact of appointments was also observed on the morning of the inspection when one resident attended an appointment with a staff nurse and the activation staff was directed to supporting residents care needs in the designated centre.

Judgment: Substantially 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 staff team had up-to-date training in areas including fire safety, manual handling, de-escalation and intervention techniques. safe administration of medication and safeguarding. This meant that the staff team had up-to date skills and knowledge to support the residents with their identified support needs.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Regional Manager, who in turn reports to the Chief Operations Officer. The person in charge was responsible for one other designated centre.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review for 2025 and two previous unannounced six-monthly provider visit completed in June 2025 and January 2026, respectively. The audits identified a number of areas for improvement and a quality improvement plan was in place to address these areas. For example, a recent Infection Prevention and Control audit identified the need for new couches due to wear and tear. The new couches were in place on the day of inspection.

However, ensuring the centre was adequately resourced to ensure the effective delivery of care and support in terms of transport required further attention. For example, the eight residents in the centre had access to one vehicle. At the time of the last inspection in 2024, it was noted that this vehicle had been identified as a priority 1 to be replaced. While there were access to taxis, paid for by the service, for two residents to attend their day service and access at times to other service vehicles, a number of staff and management noted the challenges in supporting the residents with one vehicle. In addition, a risk assessment completed by the provider risk rated the transport arrangements as medium risk noting that the current bus can only support up to five residents at a time and the reliance on one vehicle can have an impact on the choice of activity for the residents. Transport arrangements had also been self-identified by the provider in their last two six-monthly provider audit as an area for improvement.

Judgment: Substantially 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 April 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 quality and safety of care provided to residents in this centre was held to a good standard. However, improvement was required in premises and resident rights.

The inspector reviewed the a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and

health needs. The inspector found that personal support plans suitably guided the staff team and supported the residents with their personal, social and health needs. Staff who met with the inspector demonstrated an knowledge of the residents and their assessed needs. The residents appeared comfortable and content in the presence of the staff team and management.

There were appropriate systems in place to keep the residents safe. For example, appropriate fire safety systems were in place. In addition, a review of incidents and accidents demonstrated that the were appropriately managed and responded to.

There were systems in place to consult the residents on the running of the service through weekly meetings and monthly advocacy meetings. However, the inspector observed some practices which were institutional in nature. While the practices were addressed on the day of the inspection, they required further review.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of residents. The inspector completed a walk around the premises and found that that it was generally clean, comfortable and homely. The resident bedrooms had been decorated to reflect residents' needs, preferences and interests. The previous inspection identified areas of external paint which required attention. This had been completed.

However, some aspects of the premises required attention including areas of the internal paint which were peeling or marked, refurbishment works for one bathroom and upgrading of the windows and doors. This had been self-identified by the provider and plans were in place to address same.

Judgment: Substantially 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. There was evidence of regular fire evacuation drills taking place in the centre which demonstrated that all persons could evacuate the centre to a safe location in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed aspects of several personal plans. Each resident file reviewed had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans which guided staff practice. Of the personal plans reviewed including an epilepsy management plan, behavioural support plan and feeding eating and drinking were found to be up to date and guide practice.

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. Staff spoken with were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults. The residents were observed to appear comfortable in their home and a number of residents noted that they liked living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to promote residents choice including weekly meetings to discuss plans for the week including residents choosing food they wanted and activities. The inspector observed that the food planned for the evening and the activities completed the week of the inspection matched the ones chosen by the residents. In addition, residents engaged in monthly advocacy meetings to to discuss what they were planning to do for the month and raise concerns if needed about any aspect of their care.

The previous inspection found that further evidence was required in to ensure that the two residents sharing a bedroom were consulted about this arrangement. This had been completed by the provider and on the day of this inspection both residents said they liked sharing their bedroom with their peer. In addition, the external CCTV monitors are been stored within a closed press.

However, on the day of the inspection, the inspector observed two practices in place which were institutional in nature and negatively impacted on the dignity of the

residents in their home. For example, the inspector observed a sign on one of the dining room tables noting it was for staff use. In addition, a number of the residents wore a plastic apron while eating. These practices were identified to the regional manager on the day of inspection and addressed. While these practices were addressed at the time, when/how these practices began in the service required further review.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for North County Cork 1 OSV-0003306

Inspection ID: MON-0045906

Date of inspection: 22/04/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The registered provider continues to engage with the funder, the HSE, in regard to the requirement for an additional 2.5WTE staff to address the assessed needs of residents which are increasing due to the age profile. Representations have also been made to the relevant decision makers in regard to the impact of underfunding on services. The provider is significantly underfunded comparative to other service providers. • In the interim every effort is being made by the provider to minimise impact on residents and ensure that residents' preferences are met. Staffing levels are reviewed based on risk and there are mechanisms for escalation.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The registered provider continues to engage with the funder, the HSE, in regard to the requirement for funding for transport vehicles to meet the assessed needs of residents. Representations have also been made to the relevant decision makers in regard to the impact of underfunding on services. The provider is significantly underfunded comparative to other service providers. • The measures in place are effective in minimising the impact on residents. The provider ensures alternative transport is arrange where required.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The registered provider continues to engage with the funder, the HSE, in regard to the requirement for funding for maintenance work to premises occupied by residents.	

Representations have also been made to the relevant decision makers in regard to the impact of underfunding on services. The provider is significantly underfunded comparative to other service providers. • On the basis of allocated resources a priority system is in place to ensure premises issues are addressed based on risk. In respect of this premises a programme of works is underway and the required maintenance for the centre will be completed by 30/11/2026.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• The two practices identified on the day ceased immediately.
• Residents' Rights is a key item on the staff meeting agenda with a focus on dignity, respect, and person-centred support.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	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	30/11/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the	Substantially Compliant	Yellow	31/12/2026

	effective delivery of care and support in accordance with the statement of purpose.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/06/2026