



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City North 13
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	20 March 2025
Centre ID:	OSV-0003310
Fieldwork ID:	MON-0046695

## About the designated centre

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

Cork City North 13 is comprised of 4 bungalow type town houses which are located in a cul-de-sac in a large residential area on the outskirts of Cork City. The designated centre can provide full residential care for up to nine adult residents. Each bungalow comprises of individual bedrooms, some en-suite, kitchen, dining and sitting room, bathroom and laundry facilities. All the bungalows have individual front entrances with shared open plan garden area to the rear. There is a staff office and visitor room in one bungalow. The centre supports residents with varying levels of intellectual disability with many residents presenting with additional complex needs and behaviours that challenge. Residents are supported by a staff team that comprises of both nursing and social care staff by day and night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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
Thursday 20 March 2025	08:30hrs to 18:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

This was an unannounced risk based inspection completed in the designated centre Cork City North 13. This inspection was carried out following the receipt of unsolicited information about the quality of care and support provided to residents living in Cork City North 13. Overall, this inspection found that there were compatibility issues in the centre which impacted on the quality of supports that residents received in their home. This also impacted on their right to privacy in their home.

The premises of Cork City North 13 comprised of four adjoining houses which are connected through internal doors and a shared back garden area. Cork City North 13 was registered to provide supports to a total of nine residents. At the time of this inspection, eight residents lived in the designated centre. The inspector had an opportunity to meet each of these residents during the inspection day.

On the morning of the inspection, the inspector visited the home of three of the residents. Each of the residents were getting ready to leave the centre to attend day services. On arrival, one resident said a brief hello to the inspector before leaving their home. The inspector then met with one resident who was having their breakfast with a staff member. The resident was observed to be smiling as they chatted with the inspector, telling them they had lived in their home for a number of years. This resident showed the inspector around their home, including their bedroom. Initially, this resident told the inspector that they liked their home and that they were happy living there. On return from showing the inspector their home, they sat at the kitchen table where another resident was having their breakfast. The inspector explained the reason for their visit to the residents' home using a 'nice to meet you' document. The first resident looked at a staff member present and asked 'can I tell her?' referencing the inspector to which the staff member present provided reassurance to the resident that they could speak with the inspector about their views on what it was like to live in their home. The resident then began to tell the inspector about instances where a peer resident had been banging on doors throughout their home. The resident repeated this a number of times to the inspector. When asked how this made them feel they did not answer for a moment however later said it was 'frightening'. Staff spoken with told the inspector that this resident had left the centre for a number of nights to stay with a family member to prevent them from being 'upset' in response to the incidents in the centre.

A second resident asked to speak with the inspector privately. This resident told the inspector that they were unhappy living in their home and that they wanted to live somewhere else. When asked if they felt safe in their home they said 'no'. When asked why they stated it was due to a peer resident. They did tell the inspector that they had been happy living in their home previously however it had all changed when a peer resident they did not want to live with had moved into the centre. The resident did tell the inspector that they had spoken with staff about this.

Two residents lived in individualised homes within the designated centre due to their assessed needs. One of these residents was met with after they had returned from a walk and were waiting for a visit from a family member. This resident was supported by two staff members and the atmosphere in their home was calm and relaxed. The inspector met with the other resident who lived alone in their home. This resident had been swimming and was also looking forward to a visit from a family member. This resident told the inspector that they felt happy and safe in their home. While visiting this resident in their home, a peer resident entered their home unannounced and began to speak with the staff members assigned to support the resident living there.

Throughout the inspection day, the inspector spoke with all of the staff members on duty. Staff spoken with noted that there were compatibility issues in the centre which impacted on the other residents who lived there. From discussions with staff members it was evident that the impact of one resident on other residents living in Cork City North 13 had increased significantly in the two weeks before the inspection took place. One staff member told the inspector that in response to an incident two weeks before the inspection had taken place, they had to move two residents to another house 'for their safety'.

The resident who was experiencing a changing level of support needs had one-to-one staffing support which was assigned each evening on their return from day services. However, it was noted on the day of the inspection that they returned home early from their day service due to 'an incident'. Following their return from day services, the inspector observed a number of occasions where this resident entered other residents' homes unannounced and without prior consent or consultation from the other residents. For example, when the inspector was in the office chatting with this resident, they left the office and entered another residents home through an internal door. Staff spoken with noted that the resident who lived in the home entered by the peer resident required two-to-one staffing support due to behaviours that challenge and that they could not verbally express their views on what it was like to live in their home. However, staff members noted that this resident was impacted by the peer resident and spoke about a recent incident where they had put their hands over their ears and went to their room to leave the area where the peer resident was making loud noises by banging and kicking the door to their home. Staff spoken with noted that another resident had echolalia and they would often repeat what the resident was saying during incidents of behaviours that challenge and this caused them increased anxiety.

It was also noted that the atmosphere in the evening when residents returned from their day services was quite busy, and the inspector observed that demands on staff members were high in line with the assessed needs of the residents.

When the inspector entered one of the houses, they met another resident who did not live in this house. This resident was observed to require verbal redirection and support from the staff member in the house they had entered. This resident chatted with the inspector and agreed to show them where they lived with two other residents. On entering their home, the resident was heard calling for the staff member who was supporting a resident in the bathroom. When the resident who

was being supported by staff returned from the bathroom, the staff member told the inspector that the other resident had entered the bathroom while they were supporting them. This impacted on their right to privacy.

When the inspector was getting ready to leave the centre, they went to say goodbye to the residents. The inspector observed a peer resident enter another resident's bedroom to tell them that the inspector was leaving. The resident's bedroom door was observed to be open, therefore the inspector stood in the hallway and said goodbye to the resident. This resident appeared upset when the inspector said goodbye following their peer resident (who they previously stated had frightened them) had entered their bedroom. The inspector advised a staff member who stated that the resident 'was only looking for attention' while a second staff member stated 'he gets like this' despite being advised that the peer resident who had frightened them had been in their bedroom. It was also noted that this resident did not have a behaviour support plan in place to state that they engaged in attention-seeking behaviours.

Overall, the inspector found that compatibility issues were evident in the centre which impacted on all residents living in Cork City North 13. This inspection also identified high level of non-compliance with the regulations including a lack of effective oversight of the centre, and impacts on residents' rights. The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspection found that management systems in place in the centre had not ensured that residents received a good quality of care and support in the centre that promoted their wellbeing. The areas of non-compliance identified in this inspection related to a lack of effective oversight and monitoring in the centre. It was evident that staff members on duty were actively trying to support all of the residents living in Cork City North 13.

Oversight and management systems in place in the centre included the registered provider's annual review of the quality of care and support provided to residents in their home and the six-monthly unannounced visit reports. It was noted that there had been no unannounced six-monthly visit report completed for an 11 month period between the reports completed in November 2023 and October 2024. In the interim period an annual review report had been completed for the year 2024. It was identified in the annual review that a number of actions were documented as 'late' with regards to the progress of these actions including actions under regulation 5, individualised assessment and personal planning. Improvements in this area were also noted in the six-monthly unannounced visit report completed in October 2024 evidencing that appropriate actions had not been taken to improve the quality of

care and support provided to residents in this area.

It was acknowledged that the resident who had been admitted to the centre in April 2024 had recently presented with an increase in support needs. Staff spoken with noted that the resident had been semi-independent with one-to-one staffing support provided each evening and at weekends. Staff spoken with stated that in the two weeks prior to the inspection taking place the centre had entered into a 'crisis'. Documentation reviewed noted that the resident had engaged in challenging behaviour which was documented across 12 incident reports on one date in March 2025. This had significantly impacted on the residents living in the centre with documentation reporting that unsanctioned restrictive practices including a physical restraint had been utilised to ensure the safety of staff members and residents.

## Regulation 15: Staffing

The person in charge had not ensured that there was a planned and actual rota showing the staff on duty each day which was properly maintained. In the absence of the person in charge, staff nurses working in the centre were maintaining the staffing rota. The inspector reviewed the staff on duty on three separate dates and noted that on one date the staffing levels at night were lower than the minimum staffing level stated in the centre's statement of purpose. Following a review from staff on duty, the inspector was informed that a staff member had been redeployed from another area in the organisation to work in the centre on this date. However, this was not recorded on the staffing rota. Staff spoken with told the inspector that on occasions staff members were redeployed from other areas and that this was not recorded on the rota. This required review.

Management in the centre noted that there were no staffing vacancies in the centre at the time of the inspection. However it was noted that one resident was provided with one-to-one staffing support following their admission to the centre in April 2024. At the time of their admission they were allocated 54 hours each week to provide this support, however this had been reduced to 32 hours after a three month period. The rationale for the reduction in hours where one-to-one support was required was due to the resident volunteering at weekends where this level of support was deemed not to be required. However, staff spoken with on the day of the inspection had noted that the resident now required a staff member to wait outside while they were volunteering due to their changing needs and that they had been in contact with the organisation where they volunteered to identify if they could continue to volunteer there if they were supported with one-to-one staffing. A staff member spoken with stated that they felt this level of supervision was now required due to the resident's behavioural support requirements. It was evident that this changing need had not been reviewed in terms of the staffing requirements for this resident. It was also noted on review of the documentation that it regularly referenced that the resident required one-to-one support outside of the allocated times, and that they had also required two-to-one staffing on occasions.



In addition, it was noted by management in the centre that agency staffing was provided to support the resident during the times they required one-to-one staff support. Staff spoken with noted that the agency staffing was not always consistent. For example, during the inspection it was observed that although one-to-one staffing support was provided, that consistent staff were also required to support the resident in particular at times that they were entering the personal living spaces of other residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider had failed to ensure that effective arrangements were in place to facilitate staff to raise concerns about the quality of care and support provided to residents. It was noted at a meeting about the admission of the resident on 17 April 2024 that a member of the senior management team had raised concerns regarding the resident's admission to this designated centre citing concerns about the impact on residents living in the centre. There was no evidence that this had been reviewed to ensure this admission would not negatively impact on the residents living in the designated centre, or the resident who was admitted to centre in April 2024.

The registered provider had notified the office of the Chief Inspector of Social Services that the person in charge was absent from the centre in February 2025. No person in charge had been appointed in the interim period however, a member of the senior management team had been identified as being responsible for the oversight of the centre until the person in charge returned. In addition, it stated that a person in charge from another designated centre was also available to staff members.

A governance protocol was in place in the designated centre. This documented the members of the management team available to staff members to contact in the event of an emergency in the centre. It was noted that during a significant incident, staff members had tried to contact the first three people on this list to seek support and raise concerns about Cork City North 13. Staff members noted that they had not been informed that these three individuals were on leave and therefore they had spent time trying to contact them in line with the governance protocol, whilst also trying to support staff members and residents during an incident. It was noted that another member of the management team had incidentally met a staff member who informed them of the ongoing incident in the centre and this individual provided managerial supports to the centre.

Due to the high level of non-compliance identified on this inspection it was evident that management and oversight systems in place had not ensured that residents were supported to receive a high quality service in their home.

Judgment: Not compliant

#### Regulation 24: Admissions and contract for the provision of services

A resident had moved to this designated centre in April 2024. At the outset of the inspection, the inspector was informed by management that this was not an emergency placement and that the resident's admission to the centre was planned. The inspector requested to review notes of the meetings regarding the admission of this resident to the designated centre. The inspector reviewed the notes of these meetings where it was documented on the 05 and 17 April 2024 that the resident's admission to the centre was on an emergency basis. It was noted that the admission criteria outlined in the designated centre's statement of purpose clearly stated that the centre did not accept emergency admissions. Therefore, the registered provider had not ensured that the admission of the resident to the centre was determined on the basis of transparent criteria in line with the statement of purpose.

The inspector requested to review an agreement in writing on the terms in which this resident resided in the designated centre. This document could not be found and therefore was not available for the inspector to review.

Judgment: Not compliant

#### Regulation 31: Notification of incidents

The person in charge had not ensured that the chief inspector was given notice within three working days of any allegation, suspected or confirmed abuse of any resident in the centre. A complaint was made regarding the quality of care and support provided to a resident in the centre in January 2024. The complainant noted an alleged incident in November 2024 where a resident had received marks to their arm which they stated had been caused by another resident living in the centre. The alleged injury had been reviewed by staff nurses working in the centre where it had been deemed to be as a result of a medical issue. However, this had not been reported to the office of the Chief Inspector as an allegation of suspected abuse, or reviewed in line with the registered provider's policy on the safeguarding of vulnerable adults.

On review of incidents pertaining to the impact of one resident's behaviour on other residents including banging and kicking doors in their home and going into residents' bedrooms and waking them, it was not evidenced that this had been acknowledged or considered as suspected psychological abuse. Therefore, it had not been reported to the Chief Inspector in line with this regulation.

These findings will be further discussed under Regulation 8, Protection.
Judgment: Not compliant
<b>Regulation 34: Complaints procedure</b>
<p>The registered provider had not ensured that all complaints were investigated promptly. There were three open complaints at the time of the inspection which related to the quality of care and support provided to residents in their home. One complaint made in January 2025 and another complaint made in March 2025 noted that the complainant was not satisfied with the outcome of the complaint. The registered provider's complaints policy dated January 2024 stated that in this instance that the complaints would be progressed to stage two of the formal complaints process where it would be dealt with by the quality and safety team. Management spoken with told the inspector that the complaint had not been forwarded to the quality and safety team in line with the registered provider's policy.</p> <p>The registered provider's complaints policy also stated that an acknowledgement letter would be sent to the complainant within five working days. There was no evidence that acknowledgement had been sent to the complaint in line with the provider's policy for each of the complaints made in January and March 2025. In addition, there was no evidence provided that the complaint made in January 2025 had been investigated in line with the provider policy or that the complainant had received updates on the actions taken to resolve their complaint in line with the provider's policy.</p>
Judgment: Not compliant
<b>Quality and safety</b>
<p>The registered provider had not ensured that residents living in Cork City North 13 were provided with a service that promoted their rights and protected them from all forms of abuse. While the inspector was assured that there was no immediate risk to the well-being of residents, it was evident that action was required to ensure that the designated centre was suitable to meet the assessed needs of the residents that lived there.</p> <p>The inspector reviewed notes of meetings held regarding the admission a resident to Cork City North 13. This document identified that compatibility concerns had arose in December 2024 and that this had also been discussed at meetings in February and March 2025. It was identified that the admission, discharge and transition committee had been attempting to seek alternative residential placements for the</p>

resident however no suitable placement had been identified. It was also noted that a formal escalation of the resident's placement was agreed prior to this inspection taking place.

Residents had personal plans in place which outlined the care and support they received in their home. There was evidence of multi-disciplinary input being provided to residents. It was also evident that staff members had sought additional input from the multi-disciplinary team in response to residents' changing needs. Staff spoken with throughout the inspection were aware of the assessed needs of residents and communicated aspects of residents' care plans to the inspector. However, the inspection identified that improvements were required to ensure that residents received a good quality of service in their home that promoted their rights.

## Regulation 26: Risk management procedures

The registered provider had not ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. Staff spoken with told the inspector that they had raised concerns about the night-time staffing levels for one resident living in Cork City North 13. This resident was supported with two-to-one staffing each day, with one staff member providing support to the resident at night. Staff members spoken with told the inspector that they had identified a risk in relation to the night-time staffing level due to the resident's behavioural support needs at night. It was also reported to the inspector that an incident had occurred during the night-shift prior to the inspection taking place. When documentation relating to the incident was requested by the inspector it was not provided. Management in the centre were not aware of this incident having taken place or the circumstances relating to the alleged incident. It was noted that this was not in line with the provider's risk management policy which stated that all incidents are immediately reported. An update was also sought by the inspector on this at the feedback meeting the day after the inspection occurred and an update on the alleged incident was not provided.

There was no documented evidence that staff members had highlighted this risk to management in the centre. However, staff members who stated they had highlighted this risk told the inspector that they were not rostered to complete night-duty with this resident. It was noted that in the absence of the person in charge, staff nurses working in the centre had been completing the rota and they confirmed that these staff members were not completing night-duty with the resident as they were not satisfied with the current night-time staffing levels. However, there was no documented evidence of a formal risk assessment or review of the night-time staffing levels in place for this resident. It was also noted that a senior manager who was appointed as person responsible in the absence of the person in charge was not aware of this risk when this was discussed with them as part of this inspection. This required review.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that the designated centre was suitable for the purposes of meeting the assessed needs of each resident. Throughout the inspection day, it was communicated by staff members and residents and that the compatibility concerns in the centre impacted on residents living in Cork City North 13. It was evident that a concern about the impact of the transition of the resident had been raised prior to their admission, which is noted under Regulation 23 Governance and Management. In response to the resident's increasing support needs, referrals for multi-disciplinary support had been completed in March 2025 including advocacy, behavioural support and speech and language therapy. In addition to this, referrals had been submitted for one resident who was impacted by their peer to request supports from social work and psychology to support this resident to discuss their thoughts regarding their current living arrangements and the peers they share a home with. However, it was noted that a clear plan was required to address the compatibility issues in the centre and to ensure the centre met the assessed needs of all of the resident who lived in Cork City North 13.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had not ensured that residents living in Cork City North 13 were protected from all forms of abuse. This was evidenced as outlined;

- Residents and staff members spoken with discussed the impact on residents due to incidents of a safeguarding nature occurring in the centre. This included a staff member noting an occasion where two residents had to be moved to another house within the designated centre for their safety in response to an incident. In addition, it was noted that one resident had left their home in the designated centre for a number of nights due to their upset following incidents occurring in the centre.
- As mentioned under Regulation 31 Notification of incidents, a complaint made in January 2025 had not been identified as an allegation of suspected abuse. Therefore, it was not reviewed or reported in line with the registered provider's policy on the safeguarding of vulnerable adults.
- As mentioned under Regulation 31 Notification of incidents, the inspector reviewed incident reports documenting incidents occurring in the designated centre. This included instances of a resident banging and kicking doors of residents' homes and bedrooms causing upset and increased anxiety to residents. It was evident that this had not been recognised as suspected psychological abuse despite the provider's policy on the safeguarding of

vulnerable adults stating examples of psychological abuse as emotional abuse, threats of harm and intimidation. As a result, this had not been reviewed in line with the provider's safeguarding policy.

- Two safeguarding plans had been developed in response to allegations of abuse in the designated centre on 13th February 2025. These safeguarding plans were due to be reviewed on 28th February 2025. It was not evident that these reviews had been carried out as specified by the registered provider.

Judgment: Not compliant

## Regulation 9: Residents' rights

The registered provider had not ensured that each residents' privacy and dignity was respected in relation to their personal and living space, personal communications, professional consultations and personal information. This was evidenced as follows;

- The inspector reviewed the daily notes recorded by staff members for one resident from the 19th to the 05th March 2025. It was noted that in reference to a resident presenting with behaviours that challenge, the notes referenced a behaviour displayed by a resident as their 'next trick'. This did not promote the dignity of the resident with respect to their personal information and communications.
- The inspector observed residents' privacy being impacted as others entered their personal and living spaces freely and without their consent. This included a resident entering the bathroom when another resident was being supported.
- When a resident was observed to be upset staff spoken with stated the resident 'was only looking for attention' while a second stated 'he gets like this'. It was noted that this resident did not have a behaviour support plan in place to stated that they engaged in attention-seeking behaviours, and that they had previously communicated being 'frightened' by a peer resident and having had to leave their home due to the behaviours of a peer resident.

The registered provider had not ensured that residents were consulted and participated in the organisation of the designated centre. The inspector requested to review the notes of house meetings completed with residents in their home. The resident house meeting record stated that these were to be completed weekly with residents. It was identified that these had not been carried out since 15 December 2024. It was also noted when speaking with one resident that they told the inspector that they did not have house meeting in their home.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Cork City North 13 OSV-0003310

Inspection ID: MON-0046695

Date of inspection: 20/03/2025

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There are planned and actual rosters now in place, the provider and person in charge respond quickly to staff shortages to ensure continuity and appropriate care with the use of staff from link centres or agency staff. The resident with their allocated funding has since left the centre and their funding has been transferred with them.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The resident who was admitted in April 2024 has since left the centre. The person in charge has returned to work in the centre with the continued support of the PPIM and link centre PIC. The governance protocol remains in place and has been discussed further at a staff meeting, this protocol holds the contact details of all link PICs, regional managers, designated officer and ADONs in the absence of the centre PIC and PPIM. The PIC strives to ensure the quality and safety of care of all residents living in Cork City North 13.	
Regulation 24: Admissions and	Not Compliant

contract for the provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The PIC will ensure that residents' admissions are in line with the statement of purpose, that the centre's admissions process considers the wishes, needs and safety of the individual and the safety of other residents currently living. The PIC ensures that all residents in the centre have a written contract for the provision of services is agreed on admission. The resident who moved in in April 2024 has now left the centre.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Any open complaints have been escalated in accordance with the registered providers policy, complaints have been reviewed by the PPIM and closed where applicable. The person in charge will ensure that a record of all incidents occurring in the designated centre is maintained, a notification is provided to the Chief Inspector within 3 days of the occurrence of any incident set out in regulation, quarterly reports are provided to the Chief Inspector to notify of any incident.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints that were progressed to stage 2 of the formal complaints process have since been closed. Correspondence of updates of actions taken to resolve the complaint was sent to the complainant who acknowledged same and complaint is now closed.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

A protocol is in place for the lone worker staff at night and support is available from staff in adjoining houses. An incident form was provided for the incident outlined on p.12 and input into the Nims system. It was discussed at a staff meeting the importance of reporting incidents for the safety and welfare of residents and staff. Night time staffing level are in accordance with the SOP and funded numbers, that being said a skill mix review is taking place for the needs of the residents so that staff can support their quality of life.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
The resident discussed under regulation 5 p.13 has now left the centre, any future admission will be admitted through a referral and compatibility process.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
The PIC ensures residents are safeguarding through staff training and providing an opportunity for residents to express their complaints or allegations openly. The resident discussed under regulation 8 p.13 has now left the centre, any future admission will be admitted through a referral and compatibility process. There are no current open safeguarding's within the centre.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The PPIM has reviewed rights restrictions in the centre and amended as needed. Staff meeting held to discuss privacy and dignity of residents. Discussed with residents the importance of knocking before entering their neighbours house and easy read signs been provided for the doors. The PIC will ensure that residents forums (house meetings) will take place at a minimum of every month and more often if there is important information or changes to the centre to discuss.

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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 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	31/03/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/03/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	31/03/2025

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/05/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/05/2025
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are	Not Compliant	Orange	31/05/2025

	in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2025
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	31/03/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2025
Regulation 31(1)(f)	The person in charge shall give	Not Compliant	Orange	31/03/2025

	the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	31/05/2025
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/03/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his	Substantially Compliant	Yellow	31/05/2025



	or her care and support.			
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.	Not Compliant	Orange	31/05/2025