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:	West County Cork 5
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	30 April 2026
Centre ID:	OSV-0003315
Fieldwork ID:	MON-0042807

About the designated centre

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

West County Cork 5 provides residential support for up to seven adults with an intellectual disability. The centre is located in a residential area of a large town in County Cork. The centre is within walking distance of local shops and amenities such as parks and other social facilities. The house is a detached two storey building that was renovated in 2014. There are mature, landscaped gardens surrounding the property. The centres ground floor comprises of a sun room / visitors room, sitting room, kitchen-dining room, bathroom, three en-suite bedrooms, laundry room, staff toilet, shower and staff office. The centre also has a lift which is operated by staff. The first floor is comprised of four en-suite bedrooms. The residents are supported by a staff team comprising of nurses and care staff during the day and two care staff by night. The team provides support in relation to all aspects of health and wellbeing to all residents. The team liaises with other health care professionals and is proactive in health promotion. The focus of care and support is based on the individual needs and preferences of residents. Social and community integration is an integral part of the service provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 30 April 2026	09:45hrs to 18:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, the seven residents living in this centre were provided with good care and support that met their assessed needs and there was very good compliance with the regulations in this centre. Residents were seen to be happy in their home and were supported to live good lives.

This was an announced inspection carried out to assess ongoing compliance with the regulations and also inform a decision relating to the renewal of the registration of the centre. The previous inspection of this centre took place in October 2023 with overall good findings noted at that time.

The inspector had an opportunity to meet with all seven residents and spent the duration of the inspection in the centre, moving between communal areas and reviewing documentation. Some residents spoke with the inspector privately or in the company of staff, and others were supported to interact with the inspector by staff familiar with their unique communication styles. The person in charge and a person participating in the management of the centre (PPIM) were available and facilitated the inspection. The inspector also spoke with a care assistant and two staff nurses working in the centre as well as interacting with other staff throughout the day.

The centre comprises a two storey detached house set in mature and well maintained grounds. The centre is located in an urban area of a large rural town and accommodates seven full-time adult residents.

The centre accommodates some residents that use wheelchairs and mobility aids and some hoisting facilities are available if required. There are a number of communal areas and facilities available for the use of residents, including two sitting-rooms, a large kitchen and dining room, laundry, shower rooms, a hydrotherapy bathroom and a small office.

On the arrival of the inspector, some residents were enjoying breakfast in the kitchen and dining room, some were getting up and one resident had departed for day services. Throughout the day residents were seen to leave and return to the centre on planned and spontaneous activities and spend time relaxing or engaging in preferred activities in the centre. One resident visited the GP with the support of staff. Residents were seen to be offered walks, trips to town and shopping. The centre was within walking distance of local amenities. There was one adapted vehicle and three buses available to the residents. These were shared with a neighbouring centre that operated on weeknights only and no issues with access to transport were reported.

While in the centre, residents were seen to spend time in their bedrooms and in communal areas of their choice. In the afternoon, residents were seen gathered in

the large sitting room and enjoying a music and exercise relaxation session facilitated by a staff member. It was evident that residents enjoyed this activity.

Staff were seen to support residents in a caring and personalised manner and it was evident that the staff present on the day of the inspection were very familiar with the residents they supported and their care and support needs. Throughout the day a calm and relaxed atmosphere was evident in the centre and interactions between staff and residents were seen to be kind and unhurried.

Three provider surveys returned by family members in February 2026 were reviewed alongside seven resident questionnaires. The feedback provided was very positive and included positive comments in relation to how the provider had handled a complaint, visiting arrangements, staff and the care and support provided to residents in the centre.

Overall, this inspection found that there was evidence of very good compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded services that met their current assessed needs. The next two sections of the report present the findings of this inspection in relation to 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 findings of this inspection showed that the management systems in place in this centre were contributing to a safe and good quality service for residents.

Documentation reviewed during the inspection included resident information, the annual review, audits, team meeting minutes and other oversight documentation. Governance and management arrangements were in place for the centre to ensure that care and support practices were subject to regular monitoring and oversight. There was a clear management structure in place. The person in charge had commenced the role in February 2024 and maintained a strong presence in the centre. A PPIM who held a regional manager role with the provider was also seen to be very familiar with the service and any issues arising. This individual reported to a Chief Operations Officer and Chief Executive who in turn reported to a board of directors.

Staffing arrangements were in place to meet the needs of the seven people living in the centre. There were four staff present on the day of the inspection.There were some vacancies in the centre due to staff leave but these were not seen to be impacting significantly on residents at the time of the inspection. Staff confirmed

that they were well supported in the centre and had access to training to support them in their roles and formal supervision when required.

In summary, this inspection found that there was evidence of very good compliance with the regulation and the findings of this inspection indicated safe and person centred services continued to be provided in this centre. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered and this contributed to ensuring residents could be provided with safe and good quality care and support appropriate to their needs. The inspector reviewed a training matrix for 23 that were also named as active on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that overall the person in charge maintained good oversight of the training needs of staff.

The matrix reviewed showed that mandatory training provided included training in the areas fire safety, safeguarding and manual handling. Staff had also completed training in areas such as food safety and human rights. Staff spoken with during the inspection confirmed that they were well supported in the centre and a supervision schedule showed that they had access to formal supervision when required.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were contributing to a good quality service that was appropriate to residents' needs. The provider had ensured that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose.

Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was maintaining good oversight of the care and support being provided. Systems in place were identifying issues and action was being taken in response to any identified issues. An annual review had been completed and a review of this showed that this included consultation with residents.

Staff spoken with reported that the person in charge and management team were responsive to any issues raised and a supervision schedule was in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was reviewed by the inspector in the centre and was seen to be up-to-date and reflect the services and facilities provided in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure. Easy-to-read guidance in relation about making complaints was viewed by the inspector on display in the centre.

A complaints log in place and was reviewed by the inspector. It was seen that complaints received had been recorded as appropriate in this log, including any actions taken on foot of the complaint, the outcome of the complaint and the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall safe and good quality supports were being provided to the seven people living in this centre at the time of this inspection. Care was provided by a well established, consistent, and committed core staff team and this supported the effective day-to-day care and support seen to be offered to residents. Some issues were noted that indicated that oversight of fire safety procedures had not been fully maintained at all times but this did appear to have been largely addressed at the time of this inspection and further assurances were provided following the inspection also.

Individualised plans were in place that provided guidance to staff about how to support them in a manner that promoted their rights and overall well-being. There were systems in place to manage risk and residents had good access to allied health services including the dementia care team, general practitioner and nursing supports

on site. Residents needs were changing in this centre and one resident in particular had presented with varying changes in their needs within the previous year. There was evidence that the provider was responsive to this and were taking action to ensure that this resident could be supported appropriately in the future. Another resident had recently moved into the centre and had been well supported with this change. There was also evidence that a recent outbreak of infectious disease had been well managed and appropriate action taken to mitigate against risk. Residents told the inspector that they loved their home and were well supported by the staff team.

Overall, it was seen that residents were comfortable and happy in their home and had the necessary supports in place to facilitate good lived experiences within their daily lives.

Regulation 11: Visits

The registered provider was facilitating each resident to receive visitors in accordance with residents' wishes. The person in charge had ensured that, as far as reasonably practicable, residents are free to receive visitors without restriction. Suitable communal facilities were seen to be available to receive visitors. The inspector saw that the centre had a number of communal areas that could be used for this purpose without impacting on other residents, including a second sitting room. This was appropriately furnished with seating and was a comfortable space for residents to receive visitors. The communal areas of the centre were spacious and homely and would also provide for visits if residents desired. Three family surveys received by the provider were reviewed and these indicated that residents were free to receive visitors and were facilitated to do so in private if they wish.

Judgment: Compliant

Regulation 13: General welfare and development

From what the inspector observed, residents were provided with opportunities for occupation and activation and were supported in line with their assessed needs in this centre.

There was evidence that residents were supported to maintain contact with important people in their lives including friends and family. Residents had opportunities to leave the centre regularly and access the community. For example, on the day of the inspection, the inspector observed residents leaving the centre for external activities and residents were also observed partaking in in-house activities. Daily records and activity records reviewed showed that residents' goals were considered on an ongoing basis and residents' were facilitated to engage in various

community based activities including walks, visits to a Greenway and the seaside, music, swimming and chocolate making. Residents were facilitated to take overnight breaks if desired.

Judgment: Compliant

Regulation 17: Premises

The registered provider was ensuring that overall the premises was designed and laid out to meet the aims and objectives of the service and the number and current assessed needs of the residents that lived there.

The centre was designed to accommodate three residents on the ground floor with specific mobility needs including overhead hoisting facilities if required. One resident who was accommodated on the first floor had been assessed as requiring additional adaptations to their bedroom due to changing needs. The provider has identified some further works that would be required to ensure that the centre could continue to meet this residents' needs going forward and provided some further information relating to this after the inspection.

A walk around of the premises was completed by the inspector with the person in charge. The premises was seen to be very well maintained and clean and of a suitable size to meet the needs of the seven residents that lived there at the time of the inspection. The centre was spacious with ample natural lighting and well ventilated and heated on the day of the inspection. Cooking, laundry facilities and waste disposal facilities were provided. Resident bedrooms were seen to be personalised according to their individual preferences. The centre presented as very homely throughout.

Judgment: Compliant

Regulation 18: Food and nutrition

There were ample cooking and food storage facilities available in the centre. Residents were provided with home cooked meals and throughout the day various aromas of cooking were noted. Staff had all completed training in food safety and the inspector was told that staff rotated the cooking duties in the centre. Residents were seen to be provided with meals, snacks and drinks that were adapted to suit their specific preferences and in line with dietary recommendations. Where residents required foods of modified consistency these were seen to be presented separately and in an appetising manner. Throughout the day one staff member was based mainly in the kitchen and was seen to offer and provide regular meals, snacks and drinks to residents and choices were offered. For example, one resident was seen to

push away a staff members hand when they were offered a yogurt and request coffee and this choice was facilitated. Residents were provided their meals in line with their own preferences and had choices in relation to when they had their meals. For example, staff told the inspector about the specific preferences of residents and were seen to be attentive to this.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register and saw overall, this identified risks present in the centre and the control measures in place to mitigate against them. For example, a risk assessment was in place regarding the use of the stairs by one resident who had presented with changing needs. The person in charge confirmed that the health and safety officer had reviewed this risk register in line with a recommendation from a previous provider audit in the centre. Individual risk assessments were viewed to be in place also.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had fire safety management systems in place in the centre. However, some gaps were noted in documentation and at the time of the inspection further clarity was required in relation to the evacuation procedures in the centre.

Fire doors in place throughout the centre provided for containment in the event of an outbreak of fire in the centre. The arrangement in place for maintaining fire equipment and reviewing and testing fire equipment were set out in the statement of purpose and the providers' own procedures. These included regular fire safety checks and evacuation drills. There was some evidence to demonstrate that these were being completed in the centre at the time of the inspection but some gaps in the documentation was noted.

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers, break glass units were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Records reviewed showed that regular checks by a fire safety company were completed on the equipment in place such as fire extinguishers and the fire alarm system. A bell test was completed on the day of the inspection while the inspector was present in the centre.

Personal emergency evacuation plans were reviewed for all residents and seen to provide clear and relevant guidance to staff. Some minor updates were made to one of these on the day of the inspection. Some further information was requested by the inspector in relation to the plans for evacuation for one resident. An evacuation aid was indicated to be in use for this resident but there were no clear guidelines for staff about when this should or should not be used and no evacuation drills had been completed that simulated the use of this aid. This meant that in the event of an outbreak of fire, staff might not be clear on the correct procedures to follow for evacuation. Following the inspection, the provider reviewed these plans and made some changes to ensure that they were fully reflective of the current needs of the resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for residents and there was evidence of good multidisciplinary input into plans and assessments in place for residents. One residents' changing needs were under consideration at the time of the inspection and some further information and assurances were requested in relation to the providers' plans to manage this. The information received showed that the provider was proactively planning for this residents' future anticipated needs.

The inspector saw that appropriate assessments had been completed prior to a resident moving into the centre to ensure that the centre would be appropriate for them and this resident was seen to have settled well into the centre. While a potential delay in putting in place a personal plan for this individual was identified through the providers' own audit systems, a comprehensive personal plan was seen to be in place at the time of the inspection for this resident.

A sample of two residents' personal plans and files were reviewed. These contained good guidance for staff about how to support residents with their social, health and personal needs. There was also evidence that a review had been completed when a resident experienced a rapid decline in their mobility for a period. This meant that the care and support offered to residents was evidence based and person centred.

There was evidence that residents had been encouraged to set and achieve goals as part of the person centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. Goals varied depending on the particular interests and capacities of residents but some of the goals set by residents included improving day trips, concerts and overnight breaks. The goals in place were seen to be meaningful to the specific resident they were set for.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for West County Cork 5 OSV-0003315

Inspection ID: MON-0042807

Date of inspection: 30/04/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A review by the PIC and the Health & Safety Officer of one resident's Personal Emergency Evacuation Plan (PEEPs) was completed following inspection to reflect their current support needs. It is deemed that an evacuation aide is not required at this time. The residents needs and PEEPS will be reviewed in line with policy or if needs change A new system is in place to ensure fire drill procedures are reviewed in line with the fire drill schedule.	

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/06/2026