



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City North 10
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	03 February 2026
Centre ID:	OSV-0003354
Fieldwork ID:	MON-0040583

## About the designated centre

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

Cork City North 10 forms part of Horizon's services and is a residential short-break service for children. It is a purpose-built building with a capacity for 8 residents. All bedrooms are en-suite with direct access to an enclosed garden which is landscaped with seating and areas for activities. The house and gardens are wheelchair accessible. The service is for male and female children with varying levels of intellectual disability and/ or autism / other diagnosis / complex medical and or behavioural support needs from 6 to 18 years of age. The centre is open 7 days a week, 24 hours a day, 363 days a year. The centre is staffed 24/7 to ensure appropriate supervision and support of the children and young people accessing the service.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 3 February 2026	09:40hrs to 18:00hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

This inspection found there were good systems in place to provide for a good quality, child-centred service to the children who availed of respite services in this centre. Local management systems in place were ensuring a safe and effective service was being provided to the children that used this service.

This centre provides respite services to children and young people up to eighteen years of age. This was the second inspection of this centre in this capacity, following a change in use prior to the previous inspection. The centre is registered to provide accommodation for up to eight children at a time but generally provides services to five or less children at any one time. Some day respite is provided on site also and this provides children with an opportunity to become familiar with the services prior to staying overnight. At the time of this inspection 39 children were listed on the directory of residents as receiving respite supports from this centre.

This centre comprises a large eight-bed unit sectioned off a larger building. The centre is located on a campus setting that provides other services under the remit of the provider. The centre provides good accessibility to children with specific mobility needs, including accessible shower, bath and toilet facilities, wide corridors and doorways and spacious rooms throughout. The centre is laid out and decorated in a suitable manner to accommodate children. Since the previous inspection, the internal décor had been significantly enhanced and presented as a welcoming and child friendly space. Each bedroom now had an individualised mural suited to different preferences and there were bright murals and sensory boards in the hallways and communal areas also. The centre was seen to be very clean throughout and overall well.

Each resident has the use of their own bedroom with en-suite facilities during respite stays. Bedrooms have wall mounted televisions available for residents. There are a number of communal areas available in the centre where children can relax or play, including a well-equipped sensory room, a large sitting room and a large dining and seating area located beside the kitchen. Two large garden areas are accessible from the centre, both with lawn areas. One garden had some play equipment such as a trampoline at the time of the inspection and there was some sports equipment available to residents but overall this equipment was limited. The inspector was told that efforts are ongoing to provide new playground equipment for this centre and it was seen that this would be a positive enhancement for the children that used this centre.

Residents had departed this centre for school prior to the arrival of the inspector on the morning of the inspection and the inspector met with residents on their return from school. The inspector had an opportunity to meet with and observe all four children availing of respite during the inspection. While some residents chose not engage at length with the inspector, they were seen to be happy and content in the

centre. One resident met with the inspector and told the inspector that they liked visiting the centre and enjoyed their "sleepovers" there. They told the inspector they were looking forward to going out to eat that evening and chatted about their interests, including fashion. The inspector heard a number of staff interactions with this resident about their clothes, nails and hair and it was evident that staff were very familiar with their interests.

Residents were seen relaxing in the communal areas using tablet devices, eating in the centre dining room, using play equipment and preparing to go out for a meal with staff.

As part of this announced visit, residents were provided with an opportunity to complete questionnaires about their service prior to the inspection. Some family members supported residents to complete these and the inspector received 13 completed questionnaires. The feedback provided on these was overall very positive and included comments including "respite allows me to access the community which I love" and "respite is a place I can see my friends out of school". One family member observed "It is a beautiful and safe place. Some family members would like to avail of more respite and commented how important this service was to them. Improvements needed to the outdoor area were mentioned. Overall the children and their family members liked the centre, their bedrooms, the staff and the food provided to them and communication with family. From observing residents on the day of the inspection, these responses were seen to be an accurate reflection of residents' experiences in the centre.

Overall, this inspection found that a good quality respite service was provided in this centre and that efforts were made to ensure that the service provided was consistent with the needs of the children and young people that used the centre for respite breaks. 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 in the centre.

## Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. There was a clear management structure present in this centre and the systems in place were ensuring that residents were being provided with a good quality service in the centre.

This announced inspection was carried out to inform the decision to renew the registration of this centre. The previous inspection of this centre took place in February 2025 and following this the provider submitted a compliance plan. It was

seen that overall the provider had completed actions required since the previous inspection and further enhanced the quality of the service provided in this centre.

The management structure in the centre was outlined in the statement of purpose for the centre. Frontline staff reported to a Clinical Nurse Manager 1 (CNM1) and the person in charge. The person in charge reported to a regional manager, who was also person participating in management (PPIM). This individual reported to the chief operations officer, who in turn reported to the chief executive, who reported to a board of directors.

The person in charge was present on the day of the inspection and the inspection was also facilitated by a regional manager, who was also a person participating in the management of the centre (PPIM). Both these individuals were maintaining good oversight of any issues in the centre and staff working in the centre reported they received good support from the local management team. The person in charge was very knowledgeable about the residents that used the centre and the supports that they required and from speaking with staff and reviewing documentation it was evident that they occupied a strong presence in the centre.

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 service provided in this centre and that governance and management arrangements in the centre were effective.

Staff spoken with during the inspection presented as knowledgeable in their roles and it was evident that they were committed to the residents they supported and maintained good family relationships also. Staff reported they had no concerns in relation to how the centre was operated and that the local management team were very responsive to any issues raised. There was good oversight of staff training and records kept in the centre were seen to be well organised and this allowed staff to access information about residents' care and support needs as required. Given services were provided to a large number of respite users this was important to ensure that staff had up-to-date information, knowledge and skills to support all residents.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre. This was reviewed by the inspector and overall contained all of the required information. Some minor amendments to the residents guide were made on the day of the inspection. An updated residents' guide was provided on the day of the inspection. An updated statement of purpose was requested to ensure that all

required information as set out by the regulations was included in this document and this was pending at the time of this report.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This individual possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain very good oversight of the centre. Evidence of the person's qualifications, experience and skills was submitted as part of the application to renew the registration of the centre and was reviewed by the inspector.

Judgment: Compliant

### Regulation 15: Staffing

The number, qualifications and skill mix of staff in the centre was seen to be appropriate to the assessed needs of the residents that availed of the service, and size and layout of the centre. There was a planned and actual roster maintained in the centre and continuity of care and support was provided to the residents. Nursing supports were provided for on the staff team if required.

Residents were seen to be provided with very good staff supports in the centre, with enough staff on duty to meet the needs of the residents there. A sample of seven weeks of the planned and actual rota was reviewed by the inspector and this showed that staffing arrangements in the centre were consistent with the statement of purpose. The roster in place identified key information such as staff who were training and leave, the residents that would be present on any given shift and the management on duty.

Staff numbers were allocated depending on needs of the residents using the service at any one time. Generally between four and seven staff supported residents by day and at least two waking staff provided supports by night, including nursing staff if required. At times two nursing staff provided supports if the needs of a specific cohort of residents required this. Staff told the inspector that the staffing levels in the centre were sufficient to provide for very good care and support of residents and reported no staffing issues.

On the day of the inspection, residents were generally being provided with at least 1:1 staff supports. At the time of this inspection additional staff were also available at times as part of an induction period for another service linked with this one. This

would also widen the pool of staff that would be available to this centre in the event of any absences or vacancies.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, as part of a continuous professional development programme. Staff were being provided with training appropriate to their roles and the person in charge was maintaining oversight of the training needs of staff. This meant that staff had up-to-date knowledge to ensure that residents could be provided with safe and good quality care and support appropriate to their needs.

Staff reported good access to training and that the training provided supported them in their work in the centre. Mandatory training provided included training in areas such as Children's First, fire safety and evacuation, safety intervention and manual handling. An induction booklet was available to guide new staff also.

The inspector viewed details on training matrixes for twenty five staff that were actively employed in the centre at the time of the inspection, including the person in charge. This matrix showed that overall staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff, including refresher training.

A schedule was reviewed that showed that regular performance management reviews in line with the providers' policy were scheduled for 2026.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which was made available for the inspector to review during this inspection. This was up-to-date and reflected the current residents' that were using the centre. The inspector reviewed this directory and found that it contained the information required by the regulations. This included residents' names, general practitioner (GP) details, and details of residents' next-of-kin.

Judgment: Compliant

## Regulation 22: Insurance

The provider had submitted evidence as part of the application to renew the registration of the centre that showed they had in place insurance in respect of the designated centre as appropriate.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was appropriate to residents' needs consistent and effectively monitored. There was a clear governance structure in place that set out the lines of accountability within the service. The provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose.

An annual review dated October 2025 was reviewed by the inspector and this provided ample evidence of consultation with residents' representatives. This identified quality improvements and demonstrated that the provider was actively working towards enhancing the service provided in the centre. Three unannounced provider visits had been completed since the previous inspection and the inspector reviewed the reports on these. These demonstrated that the systems in place were ensuring that actions were being identified and completed. There was evidence of good oversight provided by the local management team in the centre who were very aware of any issues and actions taken to rectify them.

Good facilities and resources were provided in the centre including a suitable premises, good staffing levels and transport. While access to positive behaviour supports continued to be an issue there was evidence that appropriate consultation and referrals to the Children's Disability Network Teams (CDNT) that worked with residents had been completed, and there was evidence of ongoing multidisciplinary input for residents. The person in charge had put in place local support plans to guide staff in the area of positive behaviour support. At the time of this inspection this was not identified as being a significant issue in the centre, in contrast with the previous inspection. However, it was noted that one resident had chosen not to access respite supports for a significant period and this meant that some of the risks identified during the previous inspection due to difficulties accessing this resource were not present at this time.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had ensured that a statement of purpose was prepared in respect of the designated centre. This document was available in the centre and submitted as part of the application to renew the registration of the centre and was reviewed by the inspector. The statement of purpose contained most of the information as specified in the regulations and was seen to accurately reflect the information about the services and facilities provided in the centre. On the day of the inspection, the inspector requested that an updated statement of purpose be submitted to the Chief Inspector to reflect the arrangements for contact between a child in care and his/her HSE Child and Family Social Worker as set out in Schedule 1 of the Regulations.

Judgment: Compliant

## Quality and safety

Safe and good quality supports were being provided to the 39 residents that availed of respite services in this centre. The wellbeing and welfare of the children and young people using this service was maintained by a very good standard of care and support, provided by a consistent and committed core staff and management team. A very good level of compliance with the regulations was found during this inspection, and action had been taken to address previous non compliance identified. Some further action was required to address some identified issues with fire doors in the centre and also improvements were required in relation to the outdoor recreational facilities available to residents. However there was plans in place to address these issues and some actions were already underway or had been completed.

Ongoing progress was being made so that residents would benefit from a premises that provided a very good standard of accommodation and continued to meet their assessed needs in relation to their environment and work had been completed since the previous inspection to enhance the interior décor and make the space more child friendly. Residents were being afforded opportunities to participate in a variety of activities of their own choosing. There were indications of a good staff culture that promoted safeguarding and rights in the centre. Safeguarding was discussed regularly with residents and individualised personal plans and positive behaviour support guidance was in place that provided clear guidance to staff about how to support residents in a manner that promoted their safety and wellbeing.

Risk management systems were in place that balanced the need to keep residents safe, while respecting children's rights to access the community and provide opportunities for recreation and play. Training was being provided to staff to support

them in their roles and staff reported that the management team in place were supportive and responsive to any issues raised.

The inspector saw that on the day of this inspection the four young people who were accessing respite on the evening of the inspection were well supported, content and happy while in the centre. Input received from families in the form of questionnaires indicated that overall they were very satisfied with the service provided in the centre and that their children were well looked after while attending respite services in the centre.

## Regulation 17: Premises

The registered provider had overall ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents and was clean and overall in a good state of repair. Some areas for improvement were noted however in relation to the kitchen and utility areas of the centre. The registered provider had also not fully ensured that appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.

A walk-around was completed of the centre and grounds. The centre was seen to be very clean throughout and staff were observed cleaning communal areas and bedrooms while residents were at school. The interior and exterior of the centre was overall maintained to a good standard and the internal décor was seen to be much enhanced since the previous inspection and presented as child-friendly.

However some issues were identified:

- there was limited outdoor play and recreational facilities available to the children and young people. While there were two large secure outdoor areas available to residents, a single trampoline and a single swing were the only outdoor play equipment observed to be available to residents at the time of this inspection. This issue was highlighted also during a review of resident questionnaires received in respect of this centre. The inspector was told that there were plans in place to address this issue in the future and that a playground with a specialised surface and more equipment was planned. This had been mentioned during the previous inspection also and the person in charge indicated that some progress had been made in this area.
- some kitchen and utility press surfaces and skirting were chipped and damaged and were overall not in a good state of repair. Gaps on some flooring were also observed. These issues presented an infection prevention and control hazard in that they did not allow for fully effective cleaning of these surfaces.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate residents guide was in place that set out the information as required in the regulations. This document was submitted and reviewed as part of the application for the renewal of registration for the centre and was also present in the centre on the day of the inspection. A minor amendment was completed on the day of the inspection.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the identification, assessment and review of risk in designated centres under their remit. The same policy also outlined control measures for specific risks as required including self-harm and accidental injury. This was reviewed and seen to be in date. A system was in operation for the recording and review of incidents occurring in the centre and risk management systems were in place.

A site specific risk register was available to staff and was reviewed by the inspector. This was subject to regular review and identified the control measures to mitigate against identified risk in the centre. Incident reviews indicated that there was learning and action taken in response to incidents. For example, following one near miss involving a chemical substance, the provider arranged to meet with the contract cleaner to prevent a re-occurrence.

Individual risk management plans were also reviewed in a sample of three residents' files and these were up-to-date and seen to be reflective of the information on file for each resident and provide good guidance to staff.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. Since the previous inspection issues found with fire doors in the centre had been addressed and this meant that there were containment measures in place and residents would be protected from the spread of smoke in the event of an outbreak of fire in the centre.

A walk-around of the centre was completed and the fire safety documentation in place reviewed by the inspector. A competent person had completed a review of the fire safety arrangements in the centre and made some recommendations in a report viewed by the inspector. This including some further work to be completed on two fire doors in the centre. Some actions had been completed at the time of the inspection and there was a plan in place to address the remainder, none of which were noted to present a high risk to residents.

Fire safety equipment such as emergency lighting, fire alarms, fire extinguishers, fire blankets, break glass units and fire doors were observed to be in place by the inspector during a walk-around of the centre. Labels on the fire-fighting equipment and there were up-to-date servicing and testing records kept in respect of this equipment. This ensured that this equipment was fit for purpose and appropriately maintained. Daily, weekly and monthly fire safety checks were being completed in the centre by the staff team.

Regular evacuation drills were being completed and staffing levels in the centre would allow for safe evacuation of residents by day and residents had direct evacuation routes from their bedrooms to the garden if required.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident. A sample of three residents' personal files were reviewed. Annual multi-disciplinary reviews and person centred planning meetings were completed for each resident and up-to-date personal plans and support plans were seen to be in place that provided good guidance to staff about the care and support needs of residents. This meant that the care and support offered to residents was evidence based and person centred.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. From speaking to staff and management and reviewing rotas in the centre it was seen that respite numbers and groupings were considered to ensure a safe service could be provided to all residents, and staffing levels were considered based on the assessed needs of each resident.

A sample of three personal plans were reviewed in detail during the inspection. Support plans, arising from assessments of need, were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. There was regular contact with family members and representatives of residents to ensure that the information in place remained relevant and up-to-date and admission paperwork completed for

each respite stay included details such as any changes, bowel records and activity records. Annual person centred planning meetings were documented also.

Judgment: Compliant

### Regulation 6: Health care

The registered provider was ensuring that residents were provided with appropriate healthcare, having regard to the personal plans in place. Residents were not supported to make and attend healthcare appointments in the centre due to this being a short break respite service. However, where a healthcare need was identified, there were appropriate support plans in place to provide guidance to staff. Health related support plans were viewed to be in place in a sample of three residents' files reviewed. Some residents' had complex healthcare requirements and these were catered for in the centre with plans and protocols in place to guide staff. These provided good guidance for staff to support residents with their healthcare needs. Where residents had accessed allied health services information and recommendations were incorporated into residents' plans and the inspector saw the service supported residents' to make referrals where appropriate.

Nursing support was available to residents on the staff and management team for the centre and was provided for residents' that required this and rosters clearly identified that this was occurring. The statement of purpose also set out that access to clinical supports was also available from a Director on Nursing or Assistant Director of Nursing with the provider. Healthcare records were laid out in a manner that made information easily accessible if required. Some issues in relation to medication management had been identified by the providers' own systems and action taken to address this.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had taken steps to ensure that staff had up-to-date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. The provider had in place a positive behaviour support policy and restrictive practice policy and these were reviewed and seen to be in-date.

While a positive behaviour support professional was not available to residents on a centre specific basis, residents had access to their own local CDNT teams for holistic supports. The person in charge told the inspector that centre specific positive behaviour support guidance was developed using this information. A positive behaviour support plan in place for a resident was reviewed and was seen to contain

good information to guide staff. Overall the evidence reviewed indicated that positive behaviour support was well managed in the centre at the time of this inspection. This meant that residents could be supported in a manner that met their assessed needs and were provided with appropriate care and support to safeguard themselves and others from the impact of behaviours of concern. Training records indicated that staff had access to and had completed training in this area also. Residents were provided with staffing suited to their assessed needs to support them and reduce any potential impact of behaviours on other residents.

A restrictive practice log in place was reviewed. Where restrictions were identified, these were reviewed by a restrictive practice committee. Some of the restrictions in place in the centre included specific locked doors and windows or items such as chemicals and medications stored in locked presses. Risk assessments were in place in respect of any restrictions identified and the documentation in place indicated that this area was well considered, tracked and managed.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had systems in place to protect residents from abuse and to keep residents safe in this centre. All staff had up-to-date safeguarding training and Children's First training.

Three staff were spoken with during the inspection and they told the inspector that they felt residents were safe and well protected in the centre. Staff were familiar with safeguarding procedures in the centre and reported they would be comfortable to report any concerns they had and that any concerns raised were responded to. Staff were knowledgeable about any known safeguarding concerns between children and staff continued to be provided with information they needed to keep residents safe, such as support needs or individual risks management plans. A daily safety pause was completed in the centre and team meeting records documented discussion about safeguarding and learning from incidents.

There were no open safeguarding concerns identified by the provider at the time of this inspection. The person in charge was familiar with any previous safeguarding concerns that had been notified to the Chief Inspector and discussed how safeguarding was managed in the centre. A tracker was in place that showed that concerns raised had been reported in line with statutory requirements and preliminary screenings were in place for any incidents that had been notified to the Chief Inspector. Intimate care plan supports for residents were seen to be in place for a sample of three resident files reviewed. There was evidence that safeguarding practices such as body charts for any bruises or injuries noted to residents were in place.

The provider had a process in place to ensure that all staff had received appropriate Garda vetting disclosures and a digital system to track this. The person in charge provided records to the inspector that indicated all staff had received these disclosures as appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

The findings of this inspection indicated that residents were supported to exercise their rights and the inspector was told by staff and management and one resident about how residents were supported with choices and to participate in meaningful activities of their own choosing during respite stays in the centre. Staff were observed to speak to and interact respectfully and kindly with the children and young people they supported and the person in charge and staff team spoke about these individuals in a manner that was rights focused.

Social stories and pictures were used to assist some residents in communicating around the choices available to them in the centre and residents had choices in relation to their meals, snacks and activities. These tools were observed to be available to residents in the communal dining area of the centre. Residents' were observed to be comfortable to move freely about the centre. Documentation in respect of respite stays indicated that children were consulted with about their stay and what they would like to do while availing of services in the centre. In the event that communication barriers made this difficult to ascertain consultation with families was recorded.

Residents had been informed about the inspection and there was easy-to-read information displayed in a prominent place in respect of this.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cork City North 10 OSV-0003354

Inspection ID: MON-0040583

Date of inspection: 03/02/2026

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"><li>• A funding application has been formally submitted to the HSE to support the development of an enhanced outdoor play area, including the installation of additional age-appropriate equipment. The provider is currently awaiting feedback on this application. In the interim, the Person in Charge will source additional portable play equipment to increase opportunities for outdoor activity while awaiting progression of the larger playground development.</li><li>• An audit has been completed of the premises to identify all areas requiring repair, including damaged press surfaces, skirting and flooring gaps. All works will be completed in line with IPC standards to ensure surfaces are suitable for effective cleaning.</li></ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2026
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	30/09/2026