



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 2
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	21 August 2025
Centre ID:	OSV-0003696
Fieldwork ID:	MON-0039198

About the designated centre

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

Cork City North 2 consists a two-storey building of two adjoining and interconnected houses located in a housing estate in a city. The centre can provide residential care for a maximum of six residents of both genders over the age of 18 with intellectual disabilities and/or Autism. There are six resident bedrooms in the centre (one of which has an en suite bathroom), along with a kitchen-dining room, two sitting rooms, a utility room, bathrooms and a staff office. Support to residents is provided by the person in charge, social care workers and care assistants with input from a staff nurse also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 21 August 2025	10:00hrs to 18:50hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Positive responses were mostly contained in surveys completed but some matters raised in these had to be highlighted or queried with the person in charge. Four residents were met during this inspection but engagement with them varied on the inspection day. All four of these residents left the centre during the course of the inspection.

This centre was registered for a maximum capacity of six and upon arrival at the centre it was indicated that there were five residents currently living in the centre and one vacancy. One of the five residents living in the centre was at home with their family for the week and so was not met during this inspection. Of the remaining four residents, one of these had already left the centre to attend day services when the inspection began. During an initial walkthrough of the centre, the inspector was introduced to two of the residents who were present. One of these residents did not interact verbally with the inspector and walked away from him when greeted. The other resident did greet the inspector and indicated that they would be going home the day after the inspection.

After completing an introduction meet with the person in charge, the inspector was informed that one of the residents he had met earlier had left the centre to attend day services while another resident had gotten up. The inspector met this resident in one of the centre's sitting rooms with the resident smiling before asking the inspector some questions. These included what the inspector's name was, if he any cats or dogs and if he had any pictures of cats and dogs on his phone. The inspector answered all of these of these questions with the resident then indicating that they were also going home the day after the inspection. The resident appeared very excited by this. The inspector then asked if he could see the resident's bedroom with the resident giving permission for this.

Upon viewing this bedroom, the inspector then went to look at other part of the premises provided. While doing so, a resident the inspector had met earlier, agreed to show the inspector their bedroom. As they did this, the resident pointed out some of the possessions they had in their bedroom such as soft toys and various cups. The resident then picked up a particular cup which they said could be used for soft drinks or soup and suggested that the inspector get one of these cups also. After this the resident appeared to talk about seeing a family member the day following this inspection and of getting a present for another relative's birthday. Once the inspector had finished viewing this resident's bedroom, he went to the centre's kitchen-dining room where the same resident also went and brought some knitting that they had done with them.

Soon after, the two residents remaining in the centre, neither of whom attended a day service, left with staff on duty to go on an outing. As the centre was largely unoccupied at this time, the inspector focused on reviewing some documentation. Amongst the documents that he reviewed were five surveys that had been

completed in advance of this announced inspection. These surveys asked questions on various areas about what life was like for residents in the centre. Respondents were given an opportunity to indicate answers of 'yes', 'no' or 'it could be better'. One survey had been completed for each of the five current residents with all surveys indicated as being answered by, or residents being helped to answer by, residents' relatives, residents' friends and/or staff members.

Two of the surveys indicated positive responses for the questions asked by the surveys which covered areas such as staffing, rights and activities. Another two surveys generally contained positive responses to most questions asked but both indicated that these two residents could not choose what they did every day. When later asked about this, the person in charge indicated that these related to the two survey responder (who answered both of these surveys) wanting the two residents to participate in certain activities. One of the surveys that this respondent had completed also commented for one of the residents that "I don't like when the staff change" and "I'd prefer if I could get out more often". For the remaining survey, it was noted that positive responses were indicated for questions such as are people in your home kind, do staff help you and can you see visitors in private.

However, a number of the questions were not answered in this survey with the respondent, who had answered on behalf of a resident, indicating that the resident was unable to communicate their answers. The unanswered questions covered areas such as feeling safe and choosing what the resident did every day. This survey though did have a lengthy narrative comment which commented on some matters related to the resident's healthcare and the provision of certain information to the respondent. This was highlighted to the person in charge who indicated that the issues raised in this survey had not been raised with them previously. The person in charge also indicated that they would need to check with a staff nurse who supported the centre before reverting to the survey respondent on the matters raised.

In the afternoon of the inspection, residents began to return to the centre. Two relatives of one of these residents also came to the centre to speak with the inspector. These relatives indicated that overall they were satisfied with the physical care provided and that they thought that the resident was happy in the centre. However, they did highlight that different staff on duty could be more familiar with the resident than others and referenced there being a lot of staff turnover. The relatives outlined how they felt this impacted the homeliness of the centre. While the relatives did say that they were informed about such certain events, they also indicated they did not have family forums anymore and were not being invited to care planning meetings. Wanting the resident to do more and matters related to the resident's rights were also raised by the relatives.

After meeting these relatives, the inspector met a resident that he had not met earlier in the day. The resident seemed to spend their time in one of the centre's sitting rooms. While the resident did not interact verbally with the inspector they did smile when greeted and seemed comfortable in the sitting room. Other residents, after they had returned to the centre were seen to spend time in the centre's other communal areas and seemed relaxed while doing so. For example, one resident was

seen laying down on a couch watching television. The atmosphere was generally quiet at this time although one resident was noted to be more vocal than others at time. Staff on duty were heard to be pleasant and respectful towards residents which included one staff member encouraging a resident to help put away their laundry. After this, near the end of the inspection, the inspector approached management of the centre in the centre's staff office to look to provide inspection feedback.

It was suggested that due to the heat in the staff office that the feedback meeting be held in one of the centre's sitting rooms. It was noted that at the time that one resident was in this sitting room. The inspector advised management that the feedback did not need to be done in this room if a resident was using it. He was told that it was fine and a member of staff was requested to take the resident "to do something". The resident then left the room and the inspector commenced feedback. However, the resident returned to this sitting room shortly after. The inspector advised management that he would anonymise the feedback while the resident remained. At one point during this feedback, the inspector referenced an unnamed resident's bowel chart with this resident's name then being said audibly by one member of management in the presence of the resident who was in the sitting room. The inspector left the centre soon after with one resident opening the front door for him as he left.

In summary, two of the four residents present did speak with the inspector but the other two did not communicate verbally. A fifth resident who lived in the centre was not present on the day of inspection as they were with their family. Two residents indicated to the inspector that they would be going home the day after the inspection. One resident's relatives visited the centre on the day of inspection while relatives had also been involved in completing surveys for residents. Such surveys generally contained positive responses.

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

While some good supports were found, some regulatory actions were found during this inspection. This included areas such as notifications and the monitoring systems in operation.

This designated centre was registered until January 2026 with no restrictive conditions. In June 2025 the provider submitted an application to the Chief Inspector of Social Services to renew the registration of the centre for a further three years beyond January 2026. As a result, the current inspection was conducted to inform a decision on this renewal application. Overall, the inspection found

evidence of good support in some areas although there were regulatory actions for some regulations including notification of incidents. While this inspection did find that the provider did have management and monitoring systems in place, the findings of his inspection did indicate that these systems needed some improvement to ensure that all relevant matters were identified and addressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a registration renewal application for this centre which included most of the required documents. However the following documentation issues were noted at the time that this inspection took place:

- The floor plans submitted did not indicate the sizes of some rooms in the centre while one of the centre's sitting rooms was not marked as such. It was also found that the indicated layout of the centre in these floor plans did not fully match the layout as observed on the day of inspection.
- Updated evidence of Garda Síochána (police) vetting for the person in charge was not submitted with the renewal application. While a Garda vetting report for the person in charge was received on the day of inspection, it was not dated within the previous six months in keeping with relevant guidance.

Judgment: Not compliant

Regulation 15: Staffing

Under this regulation, staffing arrangements in a centre must be in accordance with the centre's statement of purpose and the needs of residents. The centre's statement of purpose outlined the staffing skill mix for the centre in whole-time equivalent as well as the minimum staffing levels to be place by day and night. Taking into account discussions with staff and staff rotas reviewed from 28 April 2025 on, the centre was maintaining minimum staffing levels as per the statement of purpose. Such rotas also indicated that there was a core staff team in place with regular relief staff working in the centre.

This statement of purpose did highlight though that there was to be two social care workers working in the centre. Despite this, the inspector was informed that there had been a social care worker vacancy worker for some time which meant that only one social care worker was working in the centre. While it was acknowledged that this vacancy was being filled by relief staff, such relief staff were care assistants. This meant that the staffing skill mix as outlined in the centre's statement of purpose was not in place. In addition, while the inspector was informed that the rotas provided were actual rotas, the inspector was informed that sometimes the

person in charge covered some shifts in the centre but that the rotas might not be updated to reflect this. This was not in keeping with the requirements of this regulation.

It was also indicated to the inspector by the person in charge that they hoped to provide more residents with one-to-one staffing. At the time of this inspection five residents were living in this centre but, as will be discussed later in this report, someone had been identified to fill a resident vacancy in the centre. This would mean that the number of residents would increase from five to six residents but the staffing resources for the centre would not be increasing. As such, it was unclear how additional one-to-one staffing could be provided. It was also noted when reading complaints records in the centre that during 2024, when six residents had been living in the centre, some complaints had been made related to staff shortages which had impacted residents participating in activities. The centre's most recent annual review did include an action to explore the use of volunteers for the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

In accordance with the centre's statement of purpose, mandatory training for the centre included fire safety, safeguarding, manual handling, infection prevent and control (IPC) and hand hygiene. A training matrix provided during this inspection listed 15 different staff with the following noted:

- Fourteen staff had done fire safety training but one had not.
- Fourteen staff had done safeguarding training but one had not.
- Eleven staff had done manual handling training but four had not.
- Twelve staff had done IPC training but three had not.
- Fourteen staff had done hand hygiene training but one had not.

Some gaps were also noted related to training in positive behaviour support which is addressed under Regulation 7 Positive behavioural support. Aside from this, a record was seen which indicated that the person in charge had scheduled supervision with staff for the remainder of 2025.

Judgment: Substantially compliant

Regulation 19: Directory of residents

It was found that a directory of residents was being maintained which was made available for the inspector to review during this inspection. From reading this directory it was noted that it contained all of the required information such as

residents' names, details of residents' next-of-kin and details of residents' general practitioners (GPs).

Judgment: Compliant

Regulation 23: Governance and management

In keeping with the regulation, the provider or their representative must undertake unannounced visits to a centre every six months to review the quality and safety of care and support provided. During the current inspection, the inspector was provided with reports of five such unannounced visits that had been conducted since the previous inspection of this centre in October 2022. Such unannounced visits generally occurred every six months although it was noted that no such visit was completed between November 2023 and August 2024. However, since August 2024, three of these unannounced visits had been carried out, most recently in July 2025. The three most recent provider unannounced visits had action plans in place for addressing any areas for improvement identified with records provided indicating progress with such actions.

Aside from provider unannounced visits, the provider must also ensure that an annual review is completed for the centre. Reports of two annual reviews that had been completed since the previous inspection of the centre in October 2022 were provided. These annual reviews were found to assess the centre against relevant national standards. However, while the reports of these annual reviews were made available to the inspector during the inspection process, when the inspector queried how the annual review was made available to residents, the person in charge indicated that they were not aware that this had to be done. In keeping with this regulation, the report of an annual review must be made available to residents.

Beyond regulatory requirements, it was seen that scheduled audits were taking place in the centre. An inspector reviewed a copy of an audit schedule and completed audits for June 2025 and July 2025. These completed audits covered areas such as rights restrictions and personal plans. While the presence and operations of these scheduled audits did indicate that there was systematic monitoring for the centre by the provider, the current inspection did identify actions in a number of areas. These areas are discussed under other regulations, but such findings indicated that the provider's management and monitoring systems needed improvement to ensure that all relevant issues were identified and addressed in a timely manner. For example, all three provider unannounced visit reports completed since August 2024 highlighted training gaps for the centre which remained an issue at the time of the current inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document as it describes the services and supports to be provided to residents while also forming the basis for a condition of registration. Under this regulation, a statement of purpose is required to be in place for a centre and is also required to contain specific information. This information includes details of the staffing arrangements, a description of rooms in the centre and their sizes, details of the arrangements for residents to attend religious services and the information as set out in the centre's certificate of registration. The statement of purpose provided during the inspection had been reviewed in August 2025. When read by the inspector it was found that this statement of purpose contained most of the required information but some inaccuracies were noted. These included an outdated copy of the centre's certificate of registration being included and the stated room sizes of some rooms not matching the centre's floor plans that were initially provided as part of the registration renewal application submitted.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

This regulation requires the Chief Inspector to be notified within three working days of allegations or incidents of a safeguarding nature. When reviewing complaints records in the centre, the inspector read complaints made on behalf of three residents from February 2025, all of which referred to these residents being scared or frightened of another resident. The description of the impact on these three residents suggested that there had been safeguarding concerns but none of these complaints had been notified to the Chief Inspector as safeguarding concerns.

Judgment: Not compliant

Regulation 34: Complaints procedure

Information about the complaints process for the centre was seen to be on display in the centre's kitchen-dining room. During the inspection, the inspector was provided with a folder that contained details of complaints that had been made in the centre. Such records were seen to record actions taken in response to complaints made and whether the complainants were satisfied or not with the outcome.

Judgment: Compliant

Quality and safety

Guidance was available on how to support the needs of residents but some improvement was identified regarding aspects of this along with staff knowledge. Appropriate fire safety systems were present in the centre but an aspect of the premises layout required further review.

Residents had personal plans in place which contained guidance for staff in supporting their needs. Such guidance covered areas such as communication, residents' health needs and positive behaviour support. While these personal plans had been recently reviewed, some areas for improvement were found in relation to aspects of the guidance in place around some health needs. In addition, a staff member spoken with did not demonstrate an awareness of guidance that was in place for some residents related to positive behaviour support. Some training gaps were also identified in this area. Aside from this, it was seen that the centre was provided with suitable facilities to store residents' medicines and appropriate fire safety systems. It was highlighted though that one aspect of the centre's layout required further review from a fire evacuation perspective.

Regulation 17: Premises

The designated centre was seen to be presented in a homely and well-furnished manner on the day of inspections. Internal communal areas in the centre were observed to be well-furnished with residents also having access to an enclosed garden with garden furniture present in this. Resident bedrooms seen were also noted to be personalised and appropriately furnished. For example, one existing resident's bedroom was personalised with soft toys, pictures and coloured cups. Six resident bedrooms were present in the centre, five of which were in use at the time of the current inspection.

Most resident bedrooms were accessed by a stairs as they were located on the first floor of the centre. This included the bedroom of one resident who had arthritis in one knee. When queried, it was indicated that the resident could use this stairs without issue. The one vacant bedroom at the time of inspection was also located on the first floor and was seen during this inspection. This was noted to be noticeably smaller than the other bedrooms seen. As discussed under Regulation 5 Individualised assessment and personal plan, a resident had been identified to move into this centre and would use this vacant bedroom when they did so.

Overall, the designated centre was also observed to be presented in a clean and well-maintained manner. It was seen though that during the inspection day, a

maintenance person arrived at the centre to fix a broken socket. In addition, in one of the centre's sitting room, some screw holes were seen in the ceiling while some doors and door frames were seen to be marked. Some tile grouting in two bathrooms was also observed to need some cleaning.

Judgment: Substantially compliant

Regulation 20: Information for residents

This centre had a residents' guide that was seen to be presented as an easy-to-read format of the centre's statement of purpose. When reading this guide, which had been reviewed in March 2025, the inspector found that it contained all of the required information under this regulation. This included details of resident involvement in the running of the centre and how residents could complain.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems including a fire alarm, fire extinguishers, a fire blanket and emergency lighting were seen to be provided for within this centre. Records reviewed indicated that multiple fire drills had been conducted in the centre during 2025. These drills had been done at varying times, including to reflect times when staffing levels would be at their lowest, with low evacuation times recorded. The procedures to be followed in the event of an evacuation being required were observed to be on display in multiple locations within the centre.

Three identified fire exits were in place for the centre which were clearly marked as such. While two of these exists were locked at times, due to the assessed needs of one resident, they could be unlocked by thumb locks which another resident was seen to use during the inspection. The fire assembly point for the centre was located at the front of the centre. In the event of evacuation via the centre's rear evacuation route being required it was observed that one would need to use two gates located to either side of the centre. Again, due to the particular needs of one resident, both of these gates were locked but the inspector was informed that keys to both gates were present in lockboxes that were beside each gate.

Aside from this, the identified fire exits for the centre were seen to be unobstructed on the day of inspection. However, during the inspection it was observed that the premises layout meant that accessing a downstairs bathroom meant passing through the centre's utility room where washing and drying machines were located. In the event that a fire occurring in the utility room and someone was in this bathroom, there was no other evacuation route available for the person other than

to past through the utility room. As such this meant that the bathroom was an inner room. An inner room is a room that is not accessed from a circulation space and the only way in or out of the room is through another room. When the inspector queried this, it was indicated that this had not been previous identified. This required further review from an evacuation perspective.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

During this inspection it was seen that facilities to securely store medicines were present in the staff office of the centre. When viewing inside these facilities, it was found, from a sample of medicines reviewed for two residents, that medicines were appropriately labelled and in date. Documentation reviewed for two residents indicated that they had been assessed to determine if they could self-administer their own prescribed medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The existing residents of this centre had personal plans provided with the inspector reviewing two residents' personal plans. The contents of these personal plans were found to have been subject to recent review and contained guidance on supporting residents in various areas. These included supporting residents with their intimate personal care, communication and health needs. Some areas for improvement were identified though related to aspects of the healthcare guidance contained within these residents' personal plans. This is addressed under Regulation 6 Health care. Further documentation reviewed indicated that residents were the subject of multidisciplinary review and had goals identified for them through person-centred planning. Notes of person-centred planning meetings referenced residents' families being invited to these meetings. Goals identified for residents included going on holidays, getting coffee out, going to a local pub and doing some activities such as swimming. Goal review sheet entries indicated progress with goals.

Aside from personal plans related to two residents, the inspector also reviewed some documentation related to a potential new admission to this centre. At the time of this inspection, the centre had one vacancy and it was indicated to the inspector that a potential new admission had been identified who already had some visits to the centre. Under this regulation, any new residents must have a comprehensive assessment of needs completed before their admission to a centre. As such the inspector requested to review the new potential resident's pre-admission assessment of needs. The inspector was subsequently presented with an

assessment document from April 2025. This document was not completed in full but it indicated that the resident was not suitable to transition to the centre. After querying this with the person in charge, near the end of the inspection, the inspector was provided with the same type of document which was again dated from April 2025. This document had been completed in full and indicated that the resident was suitable to transition to the centre. While the document was dated from April 2025, the narrative detail of the document did reference visits by the potential new admission to the centre during May 2025.

Judgment: Compliant

Regulation 6: Health care

When reviewing two residents' personal plans it was seen that guidance on supporting residents with their assessed health needs was present. Such guidance outlined specific supports to help residents with identified health issues including constipation, mobility issues and cardiac issues. Records reviewed indicated that such supports were facilitated. These included monthly nursing observations being carried out and required appointments taking place. Further records reviewed during this inspection indicated that residents were supported to attend or avail of appointments or reviews with various health and social care professionals. Such professionals included GPs, dentists and cardiologists. In addition, one resident was found to have been referred to and reviewed by a speech and language therapist following a choking incident that had taken place.

Although some matters were noted to be positive aspects of healthcare provision in this centre, some areas for improvement were identified. These included:

- One resident's mobility plan indicated that certain exercises were to be done with the resident daily. Despite this, a log of these exercises only had 15 entries from 27 January 2025 to 26 May 2025 and none since the latter date. When asked, it was indicated that the resident could refuse to participate in these exercises but such refusals were not being documented.
- A resident had two documents in place related to their feeding, eating, drinking and swallowing but these were found to contain some inconsistent information. For example, one document indicated that the resident was to remain upright for 20 to 30 minutes after eating but the other document indicated that they had to remain upright for at least 30 minutes.
- The constipation health management plan for a resident indicated that staff were to record all bowel motions of the resident in daily recording sheets. A log for recording this resident's bowel's motions provided had only six entries for 2025 all of which occurred in January 2025. When this matter was queried, it was indicated by a staff member that the resident went to the toilet independently so it was impractical for all bowel motions to be

recorded. The constipation health management plan which provided for daily recording of bowel motions was marked as being reviewed in May 2025.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

According to the centre's statement of purpose, staff working in this centre were to have completed training in safety intervention to support residents around positive behaviour. Based on the training matrix reviewed, out of 15 staff, only four had completed training in safety intervention. In addition, during the introduction meeting, the inspector was informed that three residents had positive behaviour support plans. Such plans provided guidance for staff on strategies and approaches to adopt with residents to encourage them to engage in positive behaviour. Copies of positive behaviour support plans were seen for two residents which had been reviewed during 2025. Despite this, a staff member spoken with indicated to the inspector that no resident had a positive behaviour support plan in place. This information coupled with the training gaps identified did not assure that all staff had sufficient knowledge or training in this area.

Judgment: Not compliant

Regulation 8: Protection

Since the October 2022 inspection, the Chief Inspector had been notified of 19 safeguarding incidents from this centre. Documentation provided during this inspection indicated that all 19 of these safeguarding incidents had been appropriately screened with safeguarding plans put in place where required. However, as referenced under Regulation 31 Notification of incidents, three complaints from February 2025 were of a safeguarding nature. These had not been notified to the Chief Inspector nor had they gone through safeguarding processes. The nature of these complaints related to the presentation of one resident adversely impacting their peers. Although these complaints had not gone through safeguarding processes, it was acknowledged that the resident who had been impacting their peers was transitioned to another centre later in February 2025. As a result, there had been no similar safeguarding impacts or complaints since then.

Aside from these, when reviewing incident records in the centre, the inspector saw some instances where residents were reported as having bruising of unknown origins. The incidents records reviewed made no reference to safeguarding matters being considered for these. When queried with the person in charge, they indicated that they had discussed such matters with the provider's designated officer and outlined how body mapping of residents involved was to be conducted before and

after certain events. When the inspector queried if this approach was documented in either a plan or a risk assessment, the inspector was informed that it was not.

When reviewing incident records, the inspector also noted an instance where some residents were recorded as being upset following an incident involving a different resident. It was unclear from the details in the incident report as to whether this was a safeguarding incident or not. As such, the inspector requested further information about this incident to be provided the day following the inspection. This was subsequently received which indicated that, after internal review of the incident, no resident was visually upset or showed signs of distress on account of this incident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

During the introduction meeting for this inspection, it was highlighted by the person in charge that night checks were occurring for some residents. While these checks had been occurring due to the particular needs of these residents, they had the potential to impact residents' privacy. Despite this, they not been previously recognised as rights restrictions on residents, but the person in charge indicated that they would be going forward. This did provide assurances there was awareness of how such matters could impact the rights of residents.

During the inspection, the inspector also noted that some folders containing some personal information relating to residents had been left in a communal room which was seen to be used by other residents and some visiting relatives on the day of inspection. When the inspector highlighted this during the inspection feedback, it was indicated that these had been left out for the inspector. The inspector had not requested this and the majority of documents reviewed during this inspection were left in the centre's staff office. During the same feedback meeting, as referenced in the opening section, the name of one resident was mentioned by a member of management in the presence of a different resident. This was said in the context of the former resident's bowel chart and had the potential to impact their privacy. Outside of this, staff on duty during the inspection were heard to be pleasant and respectful towards residents with an example of this also referenced in the opening section.

It was also highlighted during the inspection that all five of the existing residents' finances were managed by others outside of the centre. As such, these residents did not have the same rights and access to their finances as others which impacted these residents' legal rights. It was acknowledged though that this had been recognised by the provider and the inspector was informed that discussions with relevant stakeholders had started with referrals for social work support also being considered.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 2 OSV-0003696

Inspection ID: MON-0039198

Date of inspection: 21/08/2025

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <ul style="list-style-type: none">• Updated floor plans in the centre's statement of purpose have been submitted to HIQA.• Garda Vetting was provided for the PIC to support the NF30A for CCN 2 submitted on 08.01.2024 Notification - NOT-0841839 <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">• The vacant 1.0 WTE social care worker post is being filled by relief care assistant posts due to the unavailability of relief social care workers. This ensures that, although the skill mix is not ideal, the centre is staffed with the appropriate number of frontline staff posts. Recruitment for social care workers is at an advanced stage and a position is being offered to a suitable candidate. Pending recruitment checks, which include the requirement of CORU registration (which impacts timeframes due to CORU's backlog), it is envisaged the post will be filled no later than 31/01/2026.• Staff numbers and skill mix will be reviewed to ensure it is based on the centre's occupancy numbers and needs.• The person in charge will ensure the staff roster is updated to reflect any amendments.	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • 1 staff will have fire training completed by 30/09/2025. • 1 staff will have safeguarding training completed by 30/09/2025. • 4 staff will have manual handling training completed by 28/11/2025. • 3 staff will have IPC training completed by 31/10/2025. • 1 staff will have hand hygiene training completed by 31/10/2025. • Staff training systems are being reviewed to identify the measures required to improve the provision of training. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The registered provider acknowledges the delay in completing one unannounced visit in early 2024 and, as acknowledged in the report, has improved systems to ensure that unannounced visits are completed within the required timeframe. • The person in charge will ensure that the annual reviews completed for the centre are made available to residents. • The person in charge will complete regular reviews of audits in the centre to ensure that any identified actions are addressed and/or escalated for addressing as appropriate. • The registered provider will ensure a system is developed to address the issues relating to training gaps for staff working in the centre. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

- The centre's Statement of Purpose has been updated to include the centre's room sizes and registration certificate.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Shortly after the complaints were received (within the same month) the resident referred to as the alleged abuser transitioned to another centre and, as such, the safeguarding issue was addressed. Notwithstanding this it is acknowledged the complaints lodged by residents should have been notified as safeguarding allegations via the relevant processes and notified to HIQA. These processes will now be followed for the retrospective resolved allegations and the centre's systems will be reviewed and strengthened to ensure that any safeguarding allegation identified via the complaints procedure or any other mechanism is identified as such and notified to the relevant bodies regardless of whether or not the issue has been resolved.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The issues relating to screw holes in a ceiling, cleaning of some grout in two bathrooms and some marks on doors and doorframes will be addressed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A consultant engineering service has carried out a review of the query raised by the inspector in respect of the WC which is accessed via the utility room. The consultant noted that:

The upgrade works to the property did not alter the layout of the utility and toilet in principle. It is our opinion that the utility room and attached toilet are fire compliant, whereby the room itself meets fire standards including having a fire rated door. The layout of the utility and toilet is such that the location of the toilet does not compromise

the egress route, and the entire area is accessible for fire safety. The utility and toilet have fire separation from the remainder of the building'

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- Where resident declines to participate in a recommended healthcare recommendation it will be documented by staff.
- The speech and language therapist will provide the accurate information regarding the timeframe for the resident to remain upright after eating and drinking and all documentation will be updated to reflect this. In the interim the 30minute recommendation will be adhered to.
- The constipation health management plan will be reviewed by the community nurse and person in charge to ensure it supports the resident's healthcare needs and support for independence and autonomy.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- All staff will have completed Positive Behaviour Support training by 30/11/2025.
- Any new staff will receive training as part of their induction.
- The Person in Charge will ensure that each staff member reads and signs a record confirming they are familiar with the PBS plans of the residents they support.
- The Person in Charge will also ensure to complete supervision sessions with all staff members to confirm that PBS plans are being implemented consistently.
- PBS plan implementation will be reviewed at monthly team meetings, with discussion of strategies, outcomes and any required adjustments.
- Data on restrictive practices, incidents and behaviours of concern will be analysed to ensure plans are effective and consistently applied.
- Training and staff familiarization will be completed by 30/11/2025.
- Monitoring arrangements (supervision, observation and team meetings) are already in place and will continue on an ongoing basis.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Shortly after the complaints were received (within the same month) the resident referred to as the alleged abuser transitioned to another centre and, as such, the safeguarding issue was addressed. Notwithstanding this it is acknowledged the complaints lodged by residents should have been notified as safeguarding allegations. These processes will now be followed for the retrospective and resolved allegations and the centre's systems will be reviewed and strengthened to ensure that any safeguarding allegation identified via the complaints procedure or any other mechanism is identified as such and appropriately addressed including notifying to the relevant bodies. • The person in charge will ensure that recommendations for completion of body mapping of a resident will be documented in their personal plan and individual risk assessment. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The use of required night time checks of residents are now included in the centre's rights restrictions log and will be notified to HIQA as required. • Notwithstanding the person in charge's desire to make information as accessible as possible for the inspector it is acknowledged that the folders which were left in the communal room should have remained in the secure storage space until the inspector requested access. • The person in charge will ensure that confidential and personal information relating to residents is only discussed with people on a need to know basis and not in the presence of any other person, including other residents living in the centre. • The registered provider is committed to working with residents and their natural supports to ensure residents have full access to their finances. There are longstanding and complex historical situations which are under review by the registered provider. The registered provider is ensuring that social work and all other required support is provided to ensure the appropriate systems are implemented to address this. 	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	30/09/2025
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in	Not Compliant	Orange	30/09/2025

	respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.			
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	31/01/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/09/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2026

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2026
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.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	30/09/2025

	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.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	19/09/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2025
Regulation 31(1)(f)	The person in charge shall give 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	Not Compliant	Orange	30/09/2025

	abuse of any resident.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/10/2025
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	31/10/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/11/2025
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	30/11/2025

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	31/10/2025
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/05/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/09/2025

