Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 19
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 April 2026
Centre ID:	OSV-0005629
Fieldwork ID:	MON-0041439

About the designated centre

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

Cork City North 19 is located on a campus grounds on the outskirts of a city and can provide a full-time residential service for a maximum of eight residents. The centre can accommodate both male and female residents from the age of 18 upwards with intellectual disabilities. The designated centre consists of a large bungalow which has seven resident bedrooms along with a dining room, a kitchen, two sitting rooms, a utility room and bathroom facilities. The staff team consists of the person in charge, a clinical nurse manager 1, nurses, care assistants, an activation staff and a housekeeper.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 April 2026	09:00hrs to 18:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, the eight residents living in this centre were provided with good day-to-day care and support that met their assessed needs. This was an announced inspection carried out to inform the decision relating to the renewal of the registration of the centre. The previous inspection was an adult safeguarding inspection that took place in April 2025 with overall good findings noted at that time.

The inspector met with all eight residents and spent the duration of the inspection in the centre, moving between communal areas and reviewing documentation in a second sitting room that the provider had prepared. Some residents spoke at length with the inspector, some chose not to interact significantly, and others were supported to interact with the inspector by staff familiar with their unique communication styles. The person in charge and a person participating in the management of the centre (PPIM) were based on the campus and facilitated the inspection. The inspector also spoke with a staff nurse, three care attendants, the activity coordinator and a multi task attendant working in the centre.

The centre is located in a gated campus in a large city. The centre comprises a spacious seven bedroom bungalow with a large central courtyard accessible from communal areas and some bedrooms. One large bedroom is shared by two residents and the remainder are single occupancy. All of the centre is level access and accommodates some residents that use wheelchairs and mobility aids. Overhead hoisting facilities are available if required. There are a number of communal areas and facilities available for the use of residents, including two sitting-rooms, another indoor seating area, a dining room, kitchen, laundry, shower rooms, a hydrotherapy bathroom and a well-equipped sensory room.

Family members of a deceased resident had funded new electric awning in the central courtyard and this meant residents could make more use of this space in varying weather conditions and would be protected from the sun in the summer. Outdoor furniture was provided for residents' use in this space. Residents also had the use of the campus facilities including an activation centre and mature grounds with footpaths. Some new furniture was observed since the previous inspection and the centre was seen to be well maintained, bright, nicely decorated, and very clean throughout.

On the morning of the inspection, the inspector met with some residents who were enjoying their morning coffee and getting ready for the day. One resident had plans to go out for breakfast and told the inspector they were looking forward to this. They showed the inspector some items of importance to them. They were seen to leave and return to the centre later in the day and to engage in banter with the staff supporting them and the inspector. Some other residents visited the activation centre if they wished during the day or went out on other planned excursions such

as shopping and coffee out. Most residents' returned to the centre for lunch and were heard to be provided options in relation to their meals, drinks and when they wished to eat. The inspector observed that residents were supported in a person centred manner during meals and in line with best practice. For example, protected mealtimes were in place and it was evident that staff were mindful of this.

In the afternoon, a number of residents took a rest or a nap after lunch in their bedrooms and were later observed to spend time in the communal areas of the centre if they wished. Residents were seen to be offered activities such as movies, games and art and staff interactions were kind and respectful, with time provided to residents for positive interactions. Throughout the inspection, there was a generally calm and unhurried atmosphere in the house and residents presented as content and happy in their homes. On one occasion, a resident was seen to become anxious while they were getting ready to go out and the inspector heard staff reassuring the resident. One resident was seen to be waiting in the hallway as they were looking forward to a planned shopping trip. They were also provided with reassurance and the inspector noted that plans were in place to facilitate this residents' requests in relation to this activity and they were seen to depart and return to the centre for this.

No family members were present to meet with the inspector on the day of the inspection. However, eight provider surveys completed by family members and residents' representatives were reviewed, alongside 8 surveys completed by residents with staff support. Overall these contained very positive feedback in relation to the service provided in the centre including comments related to residents activities, presentation and personalised care being provided. The inspector was informed about a complaint had recently been received from a family member in relation to specific aspects of the care provided to their relative during a period of illness. The provider had responded to this in a timely manner and at the time of this inspection were completing a review to ascertain if any actions or learning was required.

Overall, this inspection found that there was evidence of very good compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded services that met their current assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection showed that the management systems in place in this centre were ensuring that the individuals living in this centre were being provided with a safe and good quality service by a responsive local management team.

Documentation reviewed during the inspection included resident information, the annual review, audits, team meeting minutes and other oversight documentation. Governance and management arrangements were in place for the centre to ensure that care and support practices were subject to regular monitoring and oversight. There was a clear management structure in place. The person in charge maintained a strong presence in the centre and was supported by a Clinical Nurse Manager 1 (CNM1) and established core staff team in the day-to-day operations of the centre. Both the person in charge and person participating in the management of the centre (PPIM) who held a regional manager role with the provider were based on this campus. They reported to a Chief Operations Officer and Chief Executive who in turn reported to a board of directors.

Staffing arrangements were in place to meet the needs of the eight people living in the centre. Residents are generally supported by four to five staff by day and three staff by night. Staff confirmed that they were well supported in the centre and had access to training to support them in their roles and formal supervision when required.

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

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 information was reviewed by the inspector and found to contain all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person 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. The person in charge had remit over three designated centres at the time of this inspection. Evidence of the person's qualifications, experience and skills was

submitted for review by the inspector as part of the renewal of registration application for this centre. The person in charge was full time in their role.

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 and size and layout of the centre. There was a planned and actual roster maintained in the centre and a core staff team in place meant that continuity of care and support was provided to the residents. Nursing supports were provided for on the staff team and there were additional clinical supports available if required through the management team and the providers' structures.

A sample of five weeks of the centre roster was reviewed and this showed that staffing levels were good in the centre. Generally four to five staff members were on duty by day and three staff provided supports by night. These included a nurse that was based in this centre but also provided supports to another designated centre located on the same campus. The management of the centre told the inspector that there were 4 vacancies on the staff team and that these were generally covered by relief staff or regular agency staff. There was ongoing recruitment by the provider reported and two new staff were due to commence in the centre in the month following the inspection. Rosters showed that agency staff were usually rostered by night with regular staff to limit the impact of this and maintain consistency of support for residents. Staff spoken with indicated that the staffing levels in the centre were sufficient to provide for good care and support of residents and reported that safe staffing levels would always be maintained.

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 at the time of this inspection.

The inspector reviewed records related to training for 20 core and relief staff that worked in the centre. The records viewed indicated that staff had access to and had completed training in keys areas to provide for safe care and support for residents. This included training in safeguarding, manual handling, fire safety, and training to support staff in managing behaviours that challenge. Staff were also seen to have

access to refresher training as required. Three staff were seen to be due manual handling training and this had been booked.

Staff spoken with confirmed that they had taken part in performance management meetings as per the providers policy and that they were well supported by the management in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were ensuring that the service provided was appropriate to residents' needs. The provider had ensured that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. There was evidence of effective use of resources. For example, staffing levels were planned around the residents' assessed needs, transport was utilised throughout the day, and the facilities provided were seen to be well used by residents during the inspection including the sensory room and hydrotherapy bath. Actions from the previous compliance plan response had been completed.

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 in November 2025, showed that the provider had good oversight of the service and the care and support being provided. Some changes to the providers' oversight and audit systems were seen to be impacting positively to enhance the oversight of this centre.

Staff spoken with reported that the person in charge and management team were responsive to any issues raised. A supervision schedule was in place and all staff had taken part in recent appraisals.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre. A minor amendment was made on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the notifications submitted to the Chief Inspector in respect of the centre alongside incident records since the previous inspection, a sample of restriction logs and a sample of daily notes. There were systems in place to record and track information required for notifiable incidents including restrictive practice logs and body charts. The information reviewed indicated that required incidents had been reported by the person in charge to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

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

There was a complaints log in place and this was reviewed by the inspector. It was seen that overall complaints were recorded as appropriate in this log, including any actions taken of foot of the complaint, the outcome of the complaint and the satisfaction of the complainant. Some information relating to one open complaint was not fully clear and the inspector requested some further information in relation to this and received this after the inspection. There was evidence that action was taken on foot of complaints received, including investigation into the complaint if required, and ongoing communication with complainants while complaints were being investigated.

The person in charge spoke about how complaints that had been received in the designated centre were responded to and was knowledgeable about the complaints recorded.

Judgment: Compliant

Quality and safety

Safe and good quality supports were being provided to the eight people living in this centre at the time of this inspection. Care was provided by a consistent and committed core staff team and this supported the effective day-to-day care and support seen to be offered residents.

The individuals living in this centre benefited from a premises that met their needs and had access to transport to facilitate community access. Personal plans were in place that provided guidance to staff about how to support them in a manner that promoted their rights and overall well-being.

Staffing supports were designed around residents' daily routines and assessed needs. There were systems in place to manage risk and access to allied health services including positive behaviour support, general practitioner and nursing services, psychiatry, dentist, physiotherapy, and occupational therapy. Residents told the inspector that they liked their home and were well supported by the staff team.

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

Regulation 13: General welfare and development

Overall, from what the inspector observed, residents were supported in line with their assessed needs in this centre. Residents were provided with opportunities for occupation and activity. Efforts were being made to enhance the service provided to residents and some ongoing improvement initiatives were noted. For example, one resident had recently completed their first successful overnight holiday away from the centre the previous year and was reported to have enjoyed this.

Residents were supported to maintain important relationships. For example, the inspector was told that one resident visited a family member in a nursing home every month and used video calls to maintain contact also and this resident communicated with the inspector about how important this was to them. Another

resident had also travelled a distance to visit their elderly parent and family members in their home town in the week prior to the inspection.

There was a dedicated activity coordinator for this centre and this meant that residents' had opportunities to leave the centre and campus regularly and access the community. The inspector had an opportunity to meet with this individual and found they were very committed in their role. On the day of the inspection, the inspector observed some residents leaving the centre for external activities and also residents' partaking in in-house activities. For example, in the afternoon, some residents enjoyed a movie and others were seen participating in various tabletop activities with staff in the dining room. Some residents tended to prefer to remain in specific areas of the centre for the most part. Staff were seen to interact with these residents and specialised seating had recently been replaced for one resident who spent a significant amount of time in a communal area of the centre. There were no restrictions on this resident leaving this area and this appeared to be in line with their own preferences. They were also heard to be offered an opportunity to leave the centre during the inspection.

Judgment: Compliant

Regulation 17: Premises

The registered provider was ensuring that the premises was designed and laid out to meet the aims and objectives of the service and the number and current assessed needs of the residents that lived there. The centre was designed to accommodate residents with varying mobility needs including overhead hoisting facilities if required.

A walk around of the premises was completed by the inspector. The premises was seen to be overall well maintained and of a suitable size to meet the needs of the eight residents that lived there at the time of the inspection. Two residents shared a large bedroom as part of a longstanding arrangement and during the feedback meeting it was outlined to the inspector the plans in place to address this in the future while having least impact on the current residents. There was no evidence that this was impacting on a very significant manner on either resident and there were measures in place to afford privacy to residents.

Resident bedrooms and living areas were seen to be decorated nicely with efforts to make the centre homely. Bedrooms were personalised according to residents' individual personalities and preferences and residents had photographs and personal objects on display in their bedrooms. Overall, the centre was observed to be very clean on the day of the inspection and dedicated household staff were assigned to the centre. There were pleasant outdoor areas available for the use of residents. Good laundry facilities and waste disposal facilities were provided.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that an appropriate resident's 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 registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider has a risk management policy in place that provided for the identification, assessment and review of risk in the centre. The same policy also outlines control measures for specific risks as required including self-harm and accidental injury.

Overall, risk was seen to be well managed in this centre and there were systems in place to manage risk. A risk register was maintained in the centre to track and review risk and this was reviewed by the inspector. Individual risks assessments were in place also and viewed in residents' files. Falls assessments were completed for residents and updated following new incidents and a management plans to address an identified falls risk for a resident was viewed in their file. Risk identified during the previous inspection had been addressed. A review of incident records indicated that reflective learning was taking place and trending of incidents was identifying potential actions that were required.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place and that adequate precautions were taken against the risk of fire. Arrangements were in place for maintaining fire equipment and reviewing and testing fire equipment. The inspector observed a competent professional was on site to carry out a test of some of the systems on the day of the inspection. Fire doors in place throughout the centre provided for containment in the event of an outbreak of fire in the centre.

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers, break glass units were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers identified when they were next due servicing and records reviewed showed that regular checks by a fire safety company were completed on the equipment in place. Personal emergency evacuation plans were reviewed for a sample of two residents and seen to provide clear and relevant guidance to staff. These had recently been updated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents. A sample of the documentation in place was reviewed including three person centred plans, support plans for two residents and one medical file. Person centred plans included information relating to residents' annual review meeting with their circle of support and the goals residents had set or were supported to set by people who knew them well. Support plans in place provided good guidance and were seen to be up-to-date and relevant to the residents they were in place for. There was ample photographic evidence to document residents' goals and how these were achieved and accessible plans were in place that would suit residents' with specific communication needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. A review of the training matrix showed that staff had received training relevant to this area. Positive behaviour support was provided in the centre, and positive behaviour support plans were in place where required and the inspector saw that where indicated, responsive behaviours, including self-injurious behaviours were monitored to inform and update plans in place. One residents' presentation had changed in the period leading up to the inspection and a significant increase in self-injurious behaviours had been recorded. This had been identified and action was seen to be taken in response to this.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' rights were seen to be protected in this centre. All residents now had access to their own monies and work was ongoing at provider level in relation to this. During the inspection, residents were seen to be treated respectfully and care was provided in a dignified and person centred manner. The staff team presented as very committed to upholding the rights of the residents' they supported and spoke about residents' in a respectful manner.

While some institutional type practices persisted in this campus based centre, such as one shared bedroom and food delivered from central kitchens and stores, overall residents were seen to be provided with opportunities to exercise control over day-to-day decisions and presented as content and happy in their homes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant