

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:	Unannounced
Date of inspection:	28 April 2025
Centre ID:	OSV-0005629
Fieldwork ID:	MON-0046068

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
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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
Monday 28 April 2025	10:00hrs to 18:25hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what inspectors observed, residents in this centre were offered a safe and good quality service that took into account their individual needs and preferences. Residents were seen to be provided with opportunities to engage in activity within their local community and safeguarding was seen to be considered. Overall, strong measures were in place to safeguard residents and manage risk in this centre. Some issues were identified in relation to a fire door and transport.

The centre accommodates eight adult residents and was fully occupied at the time of this inspection. The centre provided full time residential services and residents had access to 24 hour nursing supports. Many residents were wheelchair users and all residents utilised mobility equipment to some degree.

This centre comprises one unit, a large bungalow built around a central courtyard located on a campus setting in a large city. The premises was seen to provide appropriate space and facilities to residents and was suited to the number and assessed needs of residents. Most residents now have their own bedrooms but two residents remained sharing a bedroom, which was a long standing arrangement. The inspector was told that privacy screens were used when needed in this bedroom to ensure that residents' privacy and dignity would be respected at all times. Residents had access to a number of bathrooms with shower and toilet facilities and also one hydrotherapy bath. Residents had access to a number of communal areas, including two sitting room/lounge areas, a large hallway with seating, a large dining room and a sensory room. There was also a kitchen, utility room and staff office. Communal areas and bedrooms were seen to be appropriately furnished at the time of this inspection. Residents had appropriate facilities for visiting if required.

Overall, efforts had been made to provide for a homely environment for the residents that lived in this centre, and residents were observed to be content and comfortable in their home. It was seen that efforts had been to personalise residents' bedrooms. For example, photographs were on display of residents and important people in their lives and soft furnishings and décor were age appropriate and reflected residents' personalities. Residents were observed to use the communal areas throughout the day. Some bedrooms opened out onto a small central courtyard and this was seen to be bright and pleasant. Staff told the inspector that residents would use this area during the summer and there were plans to upgrade some items of summer furniture for the coming season. Other facilities were available to residents on the campus, including a day service/activation building, administration offices for management and communal walkways and paths with mature trees and lawn areas.

All residents were present in the centre when the inspection commenced. Some residents were waiting to leave for day services and one resident was preparing to go on an overnight break. When discussing this with this resident it was evident that they were very excited about this. One resident had returned from a hospital stay

the previous day and was in bed but got up later in the morning and during interactions with the inspector and staff indicated that they were content to be back in the centre. The inspector had an opportunity to observe and interact with all of the residents during the inspection and residents' wishes in this regard were respected. Residents were observed relaxing in communal areas, watching tv, listening to music, enjoying morning mochas and relaxing in the sensory room during the inspection. Although the centre was busy due to the number of staff and residents and residents care and support needs, the environment in the centre was seen to be calm and relaxed.

The inspector observed a number of interactions between staff and residents that indicated that residents were comfortable and familiar with the staff that supported them. Staff were observed to be familiar with residents' communication styles and preferences and to support residents in a respectful manner and staff were seen to be responsive to residents' needs.

Aside from the person in charge, the inspector spoke in detail with four staff members and met with the regional manager, who was a person participating in the management of the centre also. All staff spoken with reported that they felt residents were safe and well cared for in the centre and that the provider was responsive to any issues or concerns raised. These staff also told the inspector that they would be comfortable to raise concerns, including safeguarding concerns or complaints and all were positive about the training provided to them to support them in their role.

Overall, the findings on this inspection indicated that residents were afforded a safe service and had a good quality of life in this centre and there was good compliance with the regulations. 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 good quality services, safe and effective services were being provided to residents. This inspection found good compliance with the regulations. This was an unannounced adult safeguarding inspection. The previous inspection of this centre took place in March 2023 and this inspection found an improved level of compliance since that inspection.

Documentation reviewed during the inspection included resident information, safeguarding documentation, the annual review, the report of the unannounced six-monthly provider visit, audit schedule and incident reports. There was evidence that

the provider was identifying issues and taking action in response to them and that ongoing consideration was being given to safeguarding residents in this centre.

There was a clear management structure present and there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre. The person in charge reported to a regional manager, who was a named person participating in the management of the centre (PPIM). The regional manager reported to a Chief Operations Officer. They in turn reported to a Chief Executive (CE) and a Board of Directors.

The person in charge had remit over two designated centres at the time of this inspection, but was also providing interim oversight for another designated centre on the same campus due to a vacancy in the person in charge role for that centre. They told the inspector about the arrangements the provider had in place to support them in their role, including the support of a CNM1 and staff nurses on site.

The person in charge was present on the day of the inspection and was seen to be very familiar with the assessed needs of residents and knowledgeable about care and support residents required in the centre. A staff nurse was also present in the centre for the duration of the inspection and facilitated the inspection also. All staff met with during the inspection were familiar with residents' needs and preferences and reported that they were well supported by the management structures in the centre.

The centre was seen to be adequately resourced at the time of this inspection and staffing levels and competencies were seen to provide for a good quality and personalised service. The training needs of staff were being appropriately considered and all staff had completed training in the area of safeguarding.

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

Regulation 15: Staffing

The inspector reviewed a sample of seven weeks planned and actual rosters and saw that staffing levels were in line with the statement of purpose for the centre and were sufficient to provide for a safe service for residents. The number and skill mix of staff was appropriate to meet the needs of residents. The staff team consisted of health care assistants and nursing staff. Generally, four to five staff supported residents by day in the centre, and at night three waking night staff, including a staff nurse, was available to residents. Nursing supports were rostered in the centre on a 24 hour basis. The nursing support at night were shared with another designated centre but were based in this centre due to the medical needs of some residents living there. Rosters indicated that staffing levels were maintained at

these levels. The staff team was supplemented by student nurses, a full time activation staff member assigned specifically to this centre, and a household staff member that carried out regular cleaning duties in the centre. The inspector was told by management and staff in the centre that maintaining full staffing levels was an ongoing challenge but that staffing in the centre was always maintained at safe levels. The person in charge reported a low turnover among the staff team. There was one health care assistant vacancy reported by the person in charge at the time of this inspection and this was covered by relief and agency staff. Some agency staff supplemented the core staff team and the inspector was told that these were usually familiar to the centre and would always work with familiar staff present also. It was seen that efforts were made to roster agency staff at night time, when the impact on residents would be reduced. The rosters viewed indicated that this was generally the case also. Staff working in the centre reported that they had taken part in a good induction to the centre.

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.

The inspector reviewed records related to training for 31 staff that were also named on the centre roster including relief staff and three new staff members had recently been recruited to the service. The records viewed indicated that staff had access to and had completed training in key 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. The records relating to three new staff members showed that these staff were in the process of completing the training required to carry out their roles and that all new staff completed safeguarding training as part of the induction process.

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. Assurances were provided by the provider that all staff working in the centre had received appropriate garda vetting disclosures.

The National Standards for Adult Safeguarding were viewed in the office and seen to be available to staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the provider was ensuring that this designated centre was overall adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. The premises was suited to residents' needs and staffing levels were sufficient to ensure residents' were safe. Some issues in relation to the transport available to residents are covered under Regulation 9.

Management systems were in place to ensure that the service provided was appropriate to residents' needs and that the service's approach to safeguarding was appropriate, consistent and effectively monitored. There was a clear governance structure in place that set out the lines of accountability within the service. The provider had appointed a designated officer to promote and manage safeguarding within the service. This individuals' details were displayed prominently in the service and all staff spoken with were aware of safeguarding procedures and how to raise a concern if needed.

Management systems in place were ensuring that the service provided was appropriate to residents' needs. 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.

An annual review had been completed in respect of the centre in December 2024 and the inspector reviewed this document. This included evidence of consultation with residents and their family members and it was noted that resident feedback contained in this review was very positive. Unannounced six-monthly visits were being conducted by a representative of the provider and a report on the most recent of these, completed in December 2024, was reviewed. Action plans arising from these outlined completed or outstanding actions required to address any issues identified.

Staff members spoken to in the centre reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team.

Judgment: Compliant

Quality and safety

Safe and good quality supports were being provided to the eight residents that availed of residential services in this centre. The wellbeing and welfare of residents

in this centre was maintained by a very good standard of care and support, provided by a consistent and committed core staff team. A high level of compliance with the regulations was found during this inspection. Overall, strong measures were in place to safeguard residents and manage risk in this centre. However, a fire door was observed to be wedged open and some issues identified in relation to transporting residents had not been risk assessed.

Residents were benefiting from a premises that provided a good standard of accommodation and continued to meet their assessed needs in relation to their environment. Staff and some residents told the inspector that they participated in activities of their own choosing on campus and in the community. For example, one resident communicated with the inspector about an overnight stay in a hotel that was happening on the day of the inspection. There were no open safeguarding plans or open complaints at the time of this inspection. The staff and management team told the inspector that there was a strong culture that promoted safeguarding and rights in the centre.

Individualised personal plans and positive behaviour support plans were in place that provided clear guidance to staff about how to support residents in a manner that promoted their safety and wellbeing.

The inspector saw that residents were comfortable, content and appeared happy in their home. One resident was vocal on the morning of the inspection and staff were seen to be responsive to this resident and support them in line with their assessed needs. Risk management systems were in place that balanced the need to keep residents safe, while promoting residents independence and respecting the choices that residents made for themselves. For example, some residents used mobility equipment outside of the house but mobilised with staff assistance in the house, in line with the recommendations in place from allied health professionals.

Records provided indicated that all staff working in the centre had completed training in safeguarding and were appropriately Garda vetted. The staff spoken with during this inspection demonstrated a good working knowledge of safeguarding procedures and complaints procedures and presented as being very aware of these topics and how to manage any issues, should they arise.

Overall, it was seen that proactive measures were taken in the centre to keep residents safe and reduce the risk of potential harm. Residents had access to a defibrillator and oxygen on site if required during a medical event. There was ample information on display for staff that would support them in offering a safe service to residents, including information about safeguarding procedures, emergency contacts and procedures such as body fluid exposure procedure and evacuation procedures.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were observed to be

very familiar with and respectful of residents' communication methods and styles. The inspector reviewed the communication guidance in residents' personal plans and information and saw that relevant guidance was available to staff in relation to supporting residents to communicate. For example, residents' behaviour support plans included guidance for staff around communication and communication needs were considered when supporting residents to reduce incidents of self-injurious behaviour.

Rosters reviewed showed that familiar staff were allocated to the centre on an ongoing basis and that efforts were made to ensure that the relief and agency staff that worked in the centre were also familiar with these residents and would be familiar with their communication styles.

Residents had access to media such as television, newspapers and radio. Residents had access to mobile devices if they wished. Easy to read safeguarding information was viewed on display in the centre.

It is acknowledged that most of the residents living in this centre would find it difficult to report or communicate verbally about a safeguarding concern. Staff met with during this inspection presented as strong advocates for residents and as very aware of residents' usual presentations and communication styles and staff were able to tell the inspector about how they would know when residents were communicating that they were unhappy about something.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises of the designated centre was appropriate to the number and needs of the residents in the centre in accordance with the statement of purpose. For example, overall the premises was well equipped to cater for residents in a manner that promoted privacy and dignity and residents living in the centre had access to good multidisciplinary supports. Two residents shared a bedroom and privacy screens were used to promote these resident's privacy and dignity in their personal spaces. Other examples of how the premises was safe and suitable for residents included:

- Overhead hoists were available to residents if required and residents had access to a hydrotherapy bath and shower facilities.
- Equipment such as tailored seating and Hi-Lo beds were provided for residents as required
- Equipment was seen to be well maintained and regularly serviced
- The premises was spacious and accessible for residents and the mobility equipment they used.
- Residents had enough communal spaces to spend time together or apart if they wished.

- A dining room was observed to have enough seating so that all residents could enjoy meals together if they wished.
- The premises was seen to be clean throughout and was overall well maintained.
- Waste facilities were provided, including for hazardous waste and sharps.
- Appropriate laundry and kitchen facilities were provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy and procedure in place to safeguard residents. This provided for the identification, assessment and review of risk in the centre, including reference to risks related to self-harm, accidental injury and safeguarding.

The inspector reviewed the incident reports for a six month period. There was clear evidence that incidents that occurred in the centre were reviewed and learning and actions arising from review of incidents was documented. The incident reports reviewed indicated that the staff and management team were responsive to residents and their needs. For example, the documentation showed that positive behaviour support plans were followed in response to self injurious behaviour and pain relief was considered and offered when indicated as required.

Individualised risk assessments were viewed in residents' files and a local risk register was in also in place and reviewed by the inspector. Risk assessments were seen to be subject to regular review and updating and included control measures in place to reduce or mitigate against identified risks. For example, separate waste facilities were in place to manage biological hazards and these were observed in the centre. A number of examples of good practice in relation to risk management were observed during this inspection. For example, protected mealtimes were in place to ensure that residents could be properly supported in line with their feeding, eating and drinking guidelines, weekly sling and hoist checks were documented and a full electrical review had been recently completed in the centre.

However, some risks to residents were identified during the inspection that required addressing.

- A fire door was noted to be wedged open by a chair in one bedroom while it was being aired out. The staff nurse removed the chair when it was pointed out by the inspector. The resident was not present in the room at the time this was observed and the inspector was told that their bedroom door was always closed when the resident was present in their bedroom. However, poor staff awareness and staff practice in this area could present a risk to residents in the event of an outbreak of fire in the centre, particularly to

those residents who were unable to independently mobilise and were reliant on staff support to evacuate the building.

- Also a risk relating to the manual handling and transfer of residents into the centre transport had been identified and was discussed with the person in charge on the day of the inspection but had not yet been risk assessed at the time of this inspection. This will be discussed further under Regulation 9.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Ongoing consideration was being given to resident numbers to ensure a safe service could be provided to all residents, and staffing levels were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents. The number of residents accommodated in the centre had decreased over a number of years and most residents now had their own bedrooms. The inspector was told that in the event that resident numbers decreased in the centre, the one remaining shared bedroom would be converted to a single bedroom and all residents would then have their own bedrooms. The centre was suited for the purpose of residents aging in place and this would provide for consistency of care and support for residents.

The person in charge had ensured that the centre was suitable for the purposes of meeting the assessed needs of each resident. The inspector saw that individualised plans were in place for residents. A sample of three residents personal plans and files were reviewed during this inspection. Annual multi-disciplinary team meetings were completed for residents that identified assessed needs and any changes in support requirements. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. Support plans were in place that provided good guidance to staff about how best to meet residents' assessed needs. This meant that the care and support offered to residents was evidence based and person centred.

There was some evidence that residents were provided with opportunities to participate in the person centred planning process and personal plans were seen to be in an easy-to-read format and contained pictures to make them more accessible to residents. There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process within the previous year and there was evidence of progression, completion and ongoing review of goals. For example, residents had set goals that included short breaks away.

Goals were identified based on residents' assessed needs and preferences. Where residents communication skills limited their ability to set goals for themselves, consideration was given to residents preferences and capacities when setting goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

For the most part, 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. While there were generally no peer to peer incidents reported in this centre, some residents presented with behaviours that could impact their own wellbeing, including self-injurious behaviours. Residents had access to allied health professionals to support them with managing behaviours of concern including mental health supports such as psychiatry. Where required, residents had positive behaviour support plans or multi element behaviour support plans in place to support them to manage their behaviour.

The inspector reviewed four of these plans and saw that they provided good guidance for staff. 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 responsive behaviours. For example, new staff working in the centre received a comprehensive induction that included a number of shifts working alongside familiar staff. This provided for consistency of care and ensured that all staff working in the centre were familiar with how best to support residents in line with their specific assessed needs. One resident had received input from an occupational therapist in relation to their sensory needs and had been prescribed specific seating. This had resulted in a significant reduction in responsive behaviours by this resident and the inspector saw this resident relaxing and spending time in this specialised seating during the inspection. These measures reduced the likelihood and impact of residents presenting with responsive behaviours that could have a negative impact on themselves or others. However one residents' positive behaviour support plan was overdue for review. The support plan available in the centre on the day of the inspection was dated February 2023 and a review date of August 2023 was indicated on this. There was evidence that action had been taken to address this and the information received by the inspector indicated that the information contained in these plans remained relevant and that this plan was under review at the time of the inspection.

Incident records reviewed in the centre, indicated that such guidance and strategies were being followed in practice. Training records indicated that staff had access to and had completed training in this area also.

Judgment: Substantially compliant

Regulation 8: Protection

The findings of this inspection indicated that the registered provider had appropriate measures in place to protect residents from abuse. The person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Guidance on supporting residents with intimate personal care was contained within residents' personal plans.

The provider had in place a safeguarding policy. At the time of this inspection there were no open safeguarding concerns. The inspector reviewed the safeguarding documentation in the centre and saw that no safeguarding concerns had been raised since the previous inspection of this centre. Management and staff confirmed that this was accurate and a review of a sample of incident reports and daily reports found no evidence that safeguarding concerns were not being identified or reported.

The provider had a system in place to respond to and notify relevant bodies of any concerns raised. Staff working in the centre had completed relevant safeguarding training. Staff and management spoken with during the inspection were familiar with safeguarding procedures and reported that residents were safe and well protected in the centre. Residents communicated with also told the inspector that they felt safe in their home.

From documentation reviewed in the centre including incident reports, and speaking to residents, staff and management, the inspector saw that there was a prompt response and ongoing learning following any incidents or near misses that occurred in the centre. Assurances were provided by the provider that all staff working in the centre had received appropriate Garda vetting disclosures.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that each resident's privacy and dignity was being respected in relation to their living arrangements and efforts were being made to ensure that each resident had the freedom to exercise choice and control in his or her daily life. From what the inspector observed and was told during this inspection it was evident that there was a strong rights based culture present among the staff team in this centre and the evidence found on this inspection indicated that residents' rights were respected in this centre.

Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For example, staff were seen and heard to consult with residents about activities and

mealtimes. Overall, the layout of the centre also provided each resident with ample living space and provided for privacy to be afforded to residents. Although two residents shared a bedroom, this was a long standing arrangement and there were no indications that these residents were unhappy with this. Privacy screens were used in the shared bedroom. Staff spoken to during the inspection presented a positive overview of residents and their lived experiences, and had a strong awareness of residents' preferences and communication styles.

Measures were taken to safeguard residents' rights to be involved in and make decisions about their own lives. Capacity assessments had been completed that covered areas such as finances and medications. The inspector was told that residents were provided with advocacy services if required and there was advocacy information on display in the centre. As outlined under Regulation 10, staff presented as strong advocates for residents who did not communicate verbally.

A full-time activation staff member was assigned to support residents to attend activities and access the community and the inspector observed residents leaving the centre during the inspection to attend on campus and community based activities. However, the inspector saw and was told that residents did not have access to hydraulic lifts on the centre transport and staff and management reported this did present some challenges and could be a barrier on occasion to residents accessing transport more regularly. Some residents used large and heavy power wheelchairs and it could be difficult for staff to safely transfer these residents into the centre transport. This also meant that at least two staff were required to take residents that used wheelchairs out safely as a second staff member was required to mitigate against the risk of a wheelchair tipping backwards should a staff member slip or suffer injury while pushing these heavy chair manually up the wheelchair ramp provided. The space taken up by these chairs also limited the number of residents that could use the transport at any one time. This meant that using the transport required careful planning to ensure that staffing levels both in the centre, and on the transport, were at appropriate levels to ensure the safety of all residents at all times. This meant the opportunities for residents to spontaneously leave the centre were reduced as staffing had to be planned in advance and time limits could be in place during activities to ensure that all residents care and support needs could be met if two staff left the centre with a small number or single resident.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 19 OSV-0005629

Inspection ID: MON-0046068

Date of inspection: 28/04/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none">• A staff meeting will be held to address staff awareness of fire risk management within the designated centre in accordance with the risk management policy. To be completed on 13.06.2025	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none">• One resident positive behaviour plan which continues to be relevant is under review by the positive behaviour therapist. To be completed by 31.07.2025	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none">• A risk assessment will be submitted to the Transport Department and the Executive team to address the size of the transport and the installment of a hydraulic lift which will	

incorporate a review of the transport within the designated centre. To be completed by 20.06.2025

- A staff meeting on 13.06.2025 will address planning outings in advance to ensure adequate staffing to support all residents within the designated centre. To be completed on 13.06.2025

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	13/06/2025
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.	Substantially Compliant	Yellow	31/07/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	20/06/2025

	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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