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 South 8
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	31 March 2026
Centre ID:	OSV-0007806
Fieldwork ID:	MON-0041516

About the designated centre

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

The designated centre was located in a suburban area of Cork City. The centre was comprised of two adjacent individual houses. Each house had three floors. One house was a home for four adults and the other house supported three adults. Each house had a small secure back garden with a shed. The ground floor of each house had a hallway, living room, kitchen, toilet and laundry room. The first floor comprised of three single bedrooms and a bathroom in one house while the second house had two single bedrooms, a bathroom and a staff office. The second floor of each house contained a large single bedroom. The houses had a parking area / courtyard to the front. The development was part of a gated community. There was transport available to residents. The staff complement consisted of social care and care assistants. There was also supports available as required from nursing staff. Residents were supported by staff members by day and each house had a waking staff at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 March 2026	09:45hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's compliance with the regulations and to inform the decision in relation to the renewing of the registration of the designated centre. The centre was previously inspected in September 2024 as part of the current registration cycle. That was a focused adult safeguarding inspection, part of the Chief Inspector of Social Services review of service provision in designated centres. The provider was found to be fully complaint with regulations that were reviewed during that inspection.

A high level of compliance with the regulations was identified on the inspection day. Residents were supported by the staff team to receive a high quality of care and support in their homes. It was evident that residents had been supported to maintain links with relatives and friends, make connections in their local community, and that they were included in decisions relating to their care and support.

One resident had moved out of the designated centre during 2025 and was living independently in the community which had been a long term goal for the resident. The inspector was informed it had been a successful transition and the person maintained contact with the current residents which included visiting the designated centre when a peer was celebrating their birthday the weekend before this inspection.

The inspector had been informed in advance by the person in charge that two of the residents had been unwell in one of the houses in the days before this inspection. Infection prevention and control measures had been in place and public health were aware of the cases. It was deemed to have been an extension of an outbreak of Norovirus in the day service that the residents attended. The outbreak was declared over on the day of this inspection by the public health team. The staff team were continuing to monitor the residents, terminal cleaning had been completed on two occasions in the designated centre. One resident who lived in the same house had not become ill and another resident had decided to remain at home with relatives for an extra few days and was not in the designated centre on the day of the inspection.

The inspector was introduced to six of the residents at different times during the day that did not impact their routine. One resident who had recently moved into the designated centre spoke with the inspector before they left to attend their day service. They spoke about activities they liked to do in their day service which included dancing and music. They were getting used to the local community, enjoyed walks in a local park and went to a local barbers. The inspector met with the resident again in the afternoon. They informed the inspector that they had enjoyed their day and was observed to be independently preparing a snack in the kitchen.

One resident spoke with the inspector during the morning. They were being supported by a staff member familiar to them and spoke of how they had chosen not to attend their day service. The resident explained they liked music but did not want to join a music group. There was a picture of the resident in particular sporting gear, but they informed the inspector that they did not have an interest in the sport at the moment. The resident did speak about their interest in movies and games. The inspector met the resident again in the afternoon when they were sitting with a peer and staff in the sitting room.

The return of the third resident living in the same house was marked with jovial chatter and laughing. The resident was interacting with the staff and another peer that was present, talking about their day and enjoying a hot drink. The resident also showed the inspector their bedroom, spoke about a recent holiday to another country, and informed the inspector they were very happy living in their home. They got on well with the resident who had moved into the house in November 2025. The resident spoke about a complaint they had made when there had been a delay in staff collecting them from soccer practice on one occasion. The resident informed the inspector that staff now stay with them during the practice session so the issue had not occurred again.

The inspector was introduced to the three residents that were present in the second house in the afternoon. One of the residents used sign language and limited words to communicate. This resident was able to express themselves very well, they informed the inspector about the dress that they were wearing and who had given it to them, referred to a newsletter that they had about baking and what they would like to make. Staff assisted the inspector to understand some of what was being communicated by the resident. One resident had attended a dental appointment in the morning and had also enjoyed a head massage treatment in a beauticians afterwards. Staff explained how the resident enjoyed listening to audio books and had either a speaker or headphones to listen to these books. The resident who had impaired vision was supported to put on the headphones while the inspector was present to help maintain a calm and quiet environment for them when additional people were in the room. The third resident was relaxing in the sitting room with personal possessions, the lighting was subdued, curtains drawn, soft music was playing on the television and there were lights reflecting around the room to create a relaxing atmosphere. The resident indicated that they did not wish to engage with the inspector at that time and this was respected.

The person in charge and the staff team were met during the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interaction with the residents.

The premises was well maintained. Recent upgrades to flooring in one of the kitchens and power hosing of the rear garden spaces had been completed. These had been identified as actions on the two most recent internal six monthly audits that had been completed by the provider. Both houses were decorated to reflect the

interests and personal choices of the residents who lived there. The houses were well ventilated, clean and had a homely atmosphere.

The inspector reviewed seven completed Health Information and Quality Authority (HIQA) resident questionnaires which the residents had either completed independently or been supported by staff or a relative to complete. All of the responses were positive in nature regarding their homes, the staff supporting them and their ability to make choices in their daily lives. One resident had added additional comments which referred to them liking their home. These included " I like my bedroom" and " I love the food". However, one resident responded " It could be better" regarding the question-: Can you see visitors in private?. The staff team were aware of this matter as it had also been identified in the annual report for 2025 and the inspector was informed a review was taking place at the time of this inspection regarding the possibility of the provision of additional space in the garden area of one of the houses.

In summary, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. Residents were being supported by a core group of staff and were supported to make choices in their daily lives. For example, the residents were engaging in social activities of their choice and participating in community sporting groups if they choose to do so. Some gaps in documentation relating to health care and risk assessments were identified and these will be discussed in the quality and safety section of the report.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a consistent staff team. There had been some recent changes to the local management team. All residents were observed to be familiar with the person in charge and person participating in management during the inspection.

The provider was aware of the regulatory requirements to complete an annual report and internal provider led audits every six months. The inspector reviewed the last three internal six monthly audits completed in the designated centre on 30 January 2026, 20 November 2025 and 21 May 2025. The auditors had identified some repeated actions in the audits reviewed that had not been adequately addressed since the previous internal audit. For example, actions regarding the premises had been identified in the November 2025 audit and had not been addressed by the January 2026 audit. These issues had been addressed prior to this

inspection. The inspector was informed during the feedback of the provider's priority system that was in place regarding issues/actions pertaining to facilities. The person participating in management had ensured ongoing review of the actions identified in these audits and provided documented details of updates and completed dates of actions.

The provider had ensured an annual report on the services being provided during 2025 in the designated centre was completed. The auditor had identified many positive outcomes for residents during the year which included holidays, supports with job coaching, athletic achievements and attending a variety of social events throughout the year. Actions identified in the annual report had been addressed which included updates to documents such as the statement of purpose and resident guide.

The inspector did not review Regulation 31: Notifications during this inspection. The findings of the Health Information and Quality Authority (HIQA) inspection in April 2023 had identified non compliance with the regulation. The inspector acknowledges that the actions outlined by the provider in their compliance plan response to the Chief Inspector of Social Services at that time were found to be in place during this most recent inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. The inspector acknowledges that the current person in charge had worked in the role with the provider in other designated centres for a few years. Their appointment as person in charge to this designated centre had only occurred in the weeks prior to this inspection

- They demonstrated their ability to effectively manage the designated centre.
- They were familiar with the assessed needs of the residents and demonstrated throughout the inspection how they communicated effectively with all parties including, residents and their family representatives, the staff team and management.

- Their remit was over this designated centre and two other designated centres located within the environs of the city.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in-line with the statement of purpose. There was a consistent core group of staff working in the designated centre. The inspector acknowledges there had been an increased dependency on agency staff for one week during February 2026 in one of the houses. There was always at least one familiar staff member from the core staff team on duty during this time.

There were no staff vacancies at the time of this inspection. One social care worker role had been filled in the weeks prior to this inspection. The provider had ensured suitable arrangements were in place for residents to be supported by nursing staff as required and when required.

The staff rota was reviewed on various dates from 23 February 2026 to 4 April 2026, six weeks. This review showed consistent staff members and staff levels were used for the designated centre. Staffing levels matched those as set out in the designated centre's statement of purpose. The staff member's working with residents during the inspection knew them well and spoke with inspector about their interests and how they support them with their individual activities. Staff present on the day spoke about the flexible approach provided to residents if they choose to attend their day service either for a full day, part of the day or remain at home.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 14 members. This included the person in charge, social care leader, social care worker, health care workers. This also included two regular relief health care workers.

- The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as safeguarding and fire safety training.
- Over 80% of the staff team had completed training in positive behaviour support with two staff booked to complete this training during April 2026.

- Gaps in staff training had been identified in the most recent internal audit of January 2026. The auditors detailed the training where gaps had been identified on the training matrix which included manual handling and safety intervention. It was evident the person participating in management and the person in charge had sought to address these gaps. Dates for planned training in the weeks after this inspection were documented in the training matrix reviewed by the inspector. The inspector acknowledges that the local management team and provider were striving to address the training requirements of the staff team and had systems in place to ensure ongoing oversight.
- The inspector was unable to view the supervision dates for staff that had taken place during 2025. However, the provider's internal audit in January 2026 had noted that the supervisions had taken place during 2025 for the staff team. The person in charge provided the dates for supervisions that had already taken place in March 2026 for 10 of the staff team. Mid-year reviews for these staff were scheduled to take place in September 2026. One new staff member was in the process of their probationary supervision with their next scheduled meeting to take place in May 2026 and one relief staff was scheduled to have their three month assessment completed in June 2026.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was in place and maintained to reflect current residents in receipt of services. All information as required in paragraph (3) of Schedule 3 was included for all of the residents. In addition, details of a resident who had been discharged during 2025 were also available for review by the inspector. The format of the provider's directory provided details such as date of admission, date of discharge and location of where a resident was discharged /transferred to. The directory also documented when residents were not residing in the designated centre such as when staying with relatives.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and this information was submitted as part of the application to renew the registration.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a governance structure in place with staff members reporting to a person in charge. The person in charge had support from senior management within the organisation.

The registered provider's internal unannounced visits were taking place with the last three visits completed in May and November 2025 and January 2026. Updates on progress and actions completed were documented. The inspector was informed of the provider's internal prioritisation regarding facilities when repeat actions had been identified in the most recent internal audits completed in November 2025 and January 2026. Actions identified on these audits had been addressed by the time of this inspection.

The annual review of the quality and safety of care and support in the designated centre was completed for 2025. This annual review contained information on what the residents were undertaking in the centre which included attending social events such as concerts, sporting fixtures and holidays abroad.

The person participating in management and the person in charge had ensured the schedule of audits as outlined by the provider had been completed each month. These included clinical audits, pharmacy audits and safeguarding audits. Minimal actions had been identified on the audits reviewed by the inspector and all issues had been documented as been addressed by the person responsible.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Since the previous HIQA inspection completed in September 2024, one resident had been admitted to the designated centre where they received full-time residential support. Staff spoken with noted that the resident appeared to have settled into their new home. An admission plan had been developed for the resident at the time of their move from another designated centre. This admission plan was reviewed by the inspector on the inspection day. It included the details of an assessment of the resident's needs, and a visit to the designated centre before their admission. The registered provider had ensured that the admission of this resident took into account the assessed needs of the other two residents already living in the house. The resident reported to the inspector they were very happy living in their new home, liked their new day service and was getting used to the local community around them.

The inspector reviewed all of the residents' agreements which outlined the terms on which they would reside in Cork City South 8. The terms of the agreements included

the supports the residents received in their home. This was consistent with the centre's statement of purpose. It was discussed during the feedback that one of the contracts did not have a date documented of when it was signed by the resident and the witness.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations. Some minor changes were discussed with the person in charge during the inspection and these were addressed and a revised version of the document was to be re-submitted as part of the application to renew the registration.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy was in place for the management of complaints.

- Details of who the complaint officer was were observed to be available within the designated centre. Easy-to-read information was available for residents to access in both houses.
- There were no open complaints at the time of this inspection. There had been two complaints made in 2025, actions had been taken to reduce the risk of similar situations arising and this had been effective. Both complainants were satisfied with the outcomes.
- There was one complaint made to date in 2026. A resident was concerned about familiar staff not being on duty to support them during a period of unplanned staff leave. This was reviewed and one familiar staff member changed their regular shift on a short term basis to ensure a familiar staff was on duty in the house at all times. The resident was reported to be happy with the resolution and actions taken.

Judgment: Compliant

Quality and safety

Overall, residents were being supported to receive care in-line with their assessed needs. This included supporting one resident in their home when they declined to attend their day service. Residents were able to self-direct their planned activities, routines and maintain regular contact with friends and relatives. Residents had access to a transport vehicle and were located close to a public transport routes. Residents were supported to make decisions, change plans and organise activities of their choice with the flexible approach of the staff team.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. For example, ensuring noise levels were maintained to a low level for one resident who did not tolerate busy and noisy locations very well at times. This resident was provided with headphones when required to reduce the amount of noise they were being exposed to when they displayed via vocalisations or facial gestures that indicated they were not happy. Staff were observed to be aware and responded quickly when this occurred while the inspector was present in the house.

The premises was well maintained, residents were provided with their own personalised bedrooms and communal space was available in both houses. The inspector was informed there was a review in progress regarding the possible provision of an additional space in the rear garden in one of the houses. Upgrade works including internal painting had been completed since the previous HIQA inspection.

Regulation 13: General welfare and development

The registered provider ensured residents were supported to make choices in their daily lives, in-line with their expressed wishes and assessed needs. Residents were supported by a staff member during the day if they remained in the designated centre to assist them in engaging in meaningful activities, accessing community groups and social locations.

- One resident had ongoing contact with staff in their day service during a period where they had declined to attend. The staff member visited the resident each week in the designated centre, giving them updates on the latest news about what was happening in the day service, what events were planned and if the resident would like to attend. This maintained an open network/link for the resident to re-join their day service at a time that suited them.
- In addition, alternative activities and community groups such as exercise groups were available for residents to attend if they wished to do so.
- Some of the residents were being supported to engage with the provider's jobs coach to seek suitable employment opportunities.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well maintained, ventilated and comfortable. The houses were located in a small gated residential area in the city.

- Each resident had been supported to decorate their bedroom in-line with their preferences. There were personal possessions, photographs and other decor to create a homely atmosphere in both houses.
- The person in charge ensured any issues relating to the premises were addressed. This included power hosing the garden areas to the rear of both properties and replacement of the flooring in one kitchen.
- At the time of this inspection, consideration was being given to provide an additional room in the rear garden of one of the houses to provide an alternative space for the residents to use. This was an outcome of suggestions made by relatives during the annual review.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate easy to understand format. Minor changes were discussed with the person in charge during the inspection and a revised version was requested to be submitted.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been subject to regular review with the most recent review taking place in March 2026. The register and individual risk assessments identified hazards, assessed risks, put measures and actions in place to control these risks.

There were no escalated risks at the time of this inspection.

However, further review of the individual risks and control measures in place for one resident required further review. The name documented in a falls risk did not

correspond with the resident for whom the risk was developed for. In addition, the vulnerabilities of the same resident did not reflect a known medical condition that would increase their risk of harm/injury.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Staff were completing fire safety checks as required by the provider. Fire doors checked during the inspection by the inspector were operating correctly.

All residents had personal emergency evacuation plans in place which were subject to recent review and reflected changing needs of residents where required. Residents were provided with easy-to-understand information.The residents were participating in the fire safety drills in the centre and minimum levels of staff were used for some of these drills. Details documented included the senario and the exits used by residents and staff. Where learning had been identified this was evidenced to be part of the drills subsequently taking place. This included group responses from both houses in the event of an alarm being activated.

The emergency plan in the event of a fire was displayed in the centre. There was a fire safety overview guidance for staff and fire evacuation procedure, which identified where the residents may go and stay if the designated centre needed to be evacuated. A general emergency evacuation plan had also been developed for the designated centre in March 2026. However, no staff had signed the record sheet at the back of the general emergency plan to document the plan had been read and understood when reviewed by the inspector. This was discussed during the feedback meeting at the end of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed personal plans of three residents during the inspection. These plans were found to be reflective of the individual about whom they were written. The personal plans were both in electronic and written format. Some of the residents had linked electronic profiles to their day service which facilitated the sharing of information on how the resident had engaged in their activities, participated with peers or generally overall well being.

- The profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes and dislikes.
- Residents were being supported by key workers to identify meaningful goals. This included a review of goals achieved in the previous year and ways to build on future goals such as attending more concerts, engage in more social activities and maintaining relationships with important people in their lives.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to make choices regarding healthy eating and exercise routines.

- The provider had ensured input from nursing staff during a period of unplanned leave by the community nurse. This included a clinical nurse manager and assistant director of nursing.
- All residents had an annual health check completed.

The provider has systems in place for residents to attend healthcare professionals. However, details of when a resident last visited a dentist were not available at the time of the inspection. The inspector was informed that the resident was possibly going to attend a dentist located near the designated centre but no appointment had been made at the time of the inspection. Another resident had a dexa scan completed on 8 April 2024 and it was documented on that report a repeat scan was to be completed in two years. While the resident was being supported to manage their bone health over the last two years, there was no update of a repeat scan being organised for the resident in the resident's relevant health care plan at the time of the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed up-to-date training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were two open safeguarding plans at the time of this inspection. These were subject to ongoing review and details of actions taken to support the residents and reduce the risk of similar incidents occurring were detailed.

Staff spoken too were knowledgeable of the specific safeguarding plans in place
- Staff spoken too were also aware of the possible indicators of abuse taking place and the process to report any concerns if required.
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review and ensured each resident's independence was being promoted where possible.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the designated centre. Each resident was involved in regular meetings in suitable formats where plans were made for the coming week, meal planning and information sharing on topics such as safeguarding and fire safety. In addition, where changes were required to be made residents were consulted. Often the changes were at the request of the resident, such as a change to attending their day service. The flexibility of this approach offered residents opportunities to make daily decisions and choices to enjoy meaningful activities and have a good quality of life.

- Residents were supported to maintain friendships with important people in their lives which included peers and friends.
- The resident who had moved into the designated centre in November 2025 described their new home as a great place to live. Staff reported the resident was enjoying spending time in their home and bedroom without interruption from others.
- Residents were being supported in -line with their expressed wishes regarding the management of their finances. For example, one resident had specific arrangements in place to assist them with their finances and ensure a named staff member supported them when checking their financial statements.
- One resident expressed their plans to try to return to their previous employment. Staff were aware of the ongoing supports required by this resident at the time of this inspection and these were being led by the resident themselves in the decisions they were making.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	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	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City South 8 OSV-0007806

Inspection ID: MON-0041516

Date of inspection: 31/03/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: To prevent recurrence, the provider will implement the following actions to ensure risks are appropriately managed and mitigated. • A full review of all residents' risk assessments will be completed to ensure accuracy, consistency, and alignment with individual clinical needs. • Additional oversight has been introduced whereby all newly completed or reviewed risk assessments are checked by the Person in Charge prior to finalisation. • Staff role and responsibility will be an agenda item at the next staff meeting to ensure all documentation is resident-specific, accurate, and reflective of known risks, including medical conditions that may increase vulnerability.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: • The resident's dental history was reviewed, and an appointment was made for the resident to attend on 1.05.2026. Details of the appointment has been documented in the resident's diary of health appointments. • The resident requiring a repeat DEXA scan has had their health care plan reviewed, and follow-up action has been taken which involved a referral by the residents GP. • A diary system has been reinforced to ensure that pending health care appointments and reviews are tracked, followed up, and updated promptly within residents' health	

action plans.
• At staff meetings an agenda item regarding documentation and the importance of maintaining comprehensive and current healthcare documentation will be discussed. This will continue to be monitored through audits and ongoing management oversight.

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	15/06/2026
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/07/2026