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 9
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	06 May 2026
Centre ID:	OSV-0008689
Fieldwork ID:	MON-0042193

About the designated centre

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

Cork City South 9 is a designated centre operated by Horizons. It provides a community residential service to three adults with a disability. The centre is a bungalow located in a housing estate in Co. Cork. The centre is located close to amenities such as shops, cafes and public transport. The centre comprises of three resident bedrooms, kitchen/dining room, sitting room and shared bathroom. There is an enclosed garden space to the rear of the house which is wheelchair accessible. The staff team consists of care assistants, social care workers and a social care leader. Residents also have access to a nurse as required. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Wednesday 6 May 2026	09:15hrs to 16:15hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was carried out by one inspector over one day.

The centre was registered in December 2023 and this was the second inspection of the centre. The three residents living in this centre had previously lived together in a congregated setting. Overall, the inspector found that the residents received a good standard of care and support in their home. However, improvement was required in protection to ensure that the service provided was a safe service to all residents.

On the day of the inspection, the inspector had the opportunity to meet and spend time with all three residents. The inspector also spoke with one staff member, the person in charge and the regional manager.

On arrival, the inspector met with and had tea with one resident. The resident informed the inspector that they were retired and spoke about their plans for the day including going to an appointment and a coffee afterwards. They planned to go to bingo later in the day. The resident told the inspector about the various community groups they were involved in. The resident stated that they liked living in the house but appeared uneasy when asked about the people they share their house with.

A short time later, a second resident came into the kitchen to have a cup of tea and meet with the inspector before going to day services. The resident showed the inspector their bedroom which was decorated with pictures of important events and people in their lives. They also told the inspector about their involvement and achievements in the Special Olympics. The resident noted that they liked following travelling streamers. They said that they loved living in the centre. The resident was then supported to go to their day service.

In the afternoon, the inspector met with the third resident when they returned from their day services. The resident told the inspector about their day, people important to them and where they were from. The resident spoke with the inspector about their goals and noted one was their preference to go on a holiday individually.

The inspector also reviewed three questionnaires completed by residents, some with the support of staff. The residents' questionnaires had positive feedback on many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, one resident noted that at times they do not get along with the people they live with.

The inspector completed a walk though of the premises accompanied by the person in charge. The centre was found to be well maintained, clean and decorated in a

homely manner. The centre consists of kitchen/dining room, sitting room, three resident bedrooms and a shared bathroom. There was a wheelchair accessible small garden area to the back of the property.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the provider was monitoring the the care and support provided to residents. However, improvement was required in relation to the systems in place to ensure that the service provided a safe service to all residents. In addition, some improvement was required in the training and development of the staff team.

There was a clearly defined governance and management structure in place. There was evidence of regular quality assurance audits taking place including the annual report 2025 and provider unannounced six-monthly visits, as required by the regulations. However, there was a pattern of incidents, which at times, impacted negatively on residents, which in turn had become a safeguarding issue. While it was evident that this issue had been identified, improvement was required in relation to the systems in place to ensure a safe service was being experienced by all residents.

The person in charge maintained a planned and actual roster. The inspector reviewed a sample of the staff roster and found that, on the day of inspection, there was sufficient staff who were appropriately skilled to meet the assessed needs of the residents. There was an established small staff team which ensured continuity of care and support to residents. Throughout the course of the inspection, positive interactions were observed between residents and the staff team.

From a review of training records, it was demonstrated that the majority of the staff team in the centre had up-to-date training. However, some improvement was required. For example, there were some gaps in training in manual handling and safe administration of medication.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for two other designated centres.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. The three residents were supported by one staff during the day, one sleepover staff at night. The three residents could spend time in their home without staff support for periods of time. Residents were supported by a team of social care workers and care assistants and had access to a community nurse when required.

From a review of the roster for March 2026 to May 2026, it was evident that there was a small established staff team in place. At the time of the inspection, the inspector was informed that the centre was operating with no vacancies. Where cover was required this was covered by the staff team, regular relief staff or regular agency.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date mandatory training including fire safety, safeguarding, de-escalation and intervention techniques and safe administration of medication.

Where members of the staff team required refresher training in areas including manual handling and safe administration of medication, this had been self-identified and plans were in place to address same. However, on the day of inspection, two certificates for safeguarding training were not available for review.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to the Regional Manager, who in turn reported to the Chief Operations Officer

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review 2025. The provider had also carried out six-monthly provider visits in December 2025 and April 2026 respectively. The identified areas for improvement and developed action plans to address same.

However, improvement was required in relation to the management systems in place to ensure that the service provided a safe service to all residents. For example, there was a pattern of incidents which had a negative impact on the lived experience for residents in the centre. This had been identified by the provider in the annual report 2025 and the last two six-monthly audits. While a referral had been made for clinical support, bespoke safeguarding training was planned for May 2026 and alternative placements for one residents was in the early stages of consideration, a compatibility assessment and a review of safeguarding plans had not been completed in line with recommendations made from the National Safeguarding Team in January 2026. Overall, the inspector found the management system did not ensure that the service provided was safe for all residents at all times.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the residents living in the centre received care and support which was person centred. However, improvement was required to ensure all residents were in receipt of a service that ensured they had the best possible lived experience in the centre.

As noted, there was a pattern of incidents which was impacting negatively on their lives and the opportunities they had to feel safe in their home. While the provider had taken some actions, further work was required to ensure that the service provided a safe service to all residents.

The inspector reviewed a sample of plans an found that each resident had an up to-date assessment of need in place. This assessment informed the residents' personal plans which were found to be up-to-date and appropriately guided the staff team in supporting residents with identified health and social care needs.

The inspector found that the premises was clean, generally well maintained and presented in a homely manner. There was appropriate fire safety systems in place.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of the residents. The designated centre comprised of a kitchen/dining room, a sitting room, three resident bedrooms and a bathroom. There was a wheelchair accessible small garden area to the back of the property. The centre was found to be well maintained, clean and decorated in a homely manner.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment including emergency lighting, fire alarm and extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan in place which outlined the supports for each resident to evacuate the designated centre. Centre records demonstrated the fire drills were carried out regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of needs in place which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed a sample from the three residents' personal files and

found that they where up to date, appropriately identified the residents needs and guided the staff team on how to support the residents.

Each resident had been supported to develop goals they wished to achieve. Goals included going on holidays, sky dive and visiting family. There was evidence of progression of the residents' goals and work completed to achieve these.

Judgment: Compliant

Regulation 8: Protection

The systems in place to protect residents required improvement. There was a pattern of incidents which had a negative impact on the lived experience of residents.

The inspector reviewed eight incidents of negative interactions between the residents from January 2026 to May 2026 and found that incidents and accidents were appropriately recorded, reviewed, reported and a safeguarding plan developed. However, in January 2026, the National Safeguarding Team made recommendations for a compatibility review and to consider reviewing the safeguarding plan given the nature and possible targeted nature of the concerns. At the time of the inspection, the compatibility review and review of safeguarding plans had not been completed.

Also, one resident noted in their questionnaire for this inspection that at times they do not get along with others living in the centre.

Overall, further work was required to ensure all residents were safe in their home.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Cork City South 9 OSV-0008689

Inspection ID: MON-0042193

Date of inspection: 06/05/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • A audit of staff training has been completed. • The two outstanding safeguarding certificates have been sourced and added to the staff training files and the training matrix updated. • Monthly review of the training matrix will be maintained by the PIC. • A system of training expiry notifications has been implemented to identify refresher training requirements in advance. • Training records will be discussed as part of regular supervision and governance oversight meetings between the PIC and PPIM	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has reviewed the management systems within the designated centre to ensure that the service provided is safe, appropriate to residents' assessed needs, consistent, and effectively monitored. • To strengthen local oversight systems, a triangulation process and a revised incident reporting and tracking document have been introduced to better identify, monitor and respond to risks. These are reviewed at the monthly Health and Safety meetings to ensure effective governance and oversight and timely action.	

• A compatibility assessment is currently underway and in the final stages of completion. • The PIC will ensure all safeguarding control measures are clear, implemented, and regularly reviewed. • Evenings and weekends staff are utilised when resources are available. .

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• The Horizons Decongregation Lead commenced a compatibility assessment process in January 2026 through a structured discovery and information-gathering process.
• The Decongregation Lead has an established knowledge of the residents, having been actively involved in a previous decongregation project in which the residents participated.
• The compatibility assessment has evolved and expanded over the assessment period to include a multidisciplinary team approach and to ensure a comprehensive evaluation of residents' needs, preferences, relationships, compatibility considerations, safeguarding and quality of life.
• The compatibility assessment remains in progress and is scheduled for completion by 31 July 2026.The outcome of the assessment will inform decision-making regarding future living arrangements and support measures to ensure residents are safeguarded and protected in accordance with Regulation 8: Protection.
• The findings, outcomes, and recommendations arising from the compatibility assessment will be reviewed by the Person in Charge (PIC) and the PPIM. Appropriate actions will be implemented within agreed timeframes and monitored through local governance arrangements. Where identified actions fall outside the scope of local governance structures, the provider's risk escalation process will be utilised to ensure risks are appropriately escalated, and addressed at provider level.
• The Advocacy Officer, has engaged with residents regarding their right to access independent advocacy services. Information on external advocacy supports has been provided to two of the residents and residents have been offered the opportunity to engage with an independent advocate should they wish to do so. Residents have acknowledged receipt of this information and are currently considering their options. Horizons Advocacy Officer will meet with residents again on 10.07.2026 to review their wishes and support any resident who chooses to access external advocacy services.
• The wider Multidisciplinary Team continue to support residents to ensure that appropriate supportive measures are in place to strengthen safeguarding arrangements and promote the safety, welfare and rights of all residents. This collaborative approach involves Psychology, Social Work, Positive Behaviour Support (PBS), Advocacy, the Person in Charge (PIC), the Person Participating in Management (PPIM), and the staff team. The most recent meeting took place on the 01.07.2026 with the next review meeting scheduled for 15.07.2026.
• Through this process a co-created safeguarding initiative has been established, with residents playing a central role in its development and implementation. This work will be driven through weekly residents' forum, either in group meetings or individual consultations. The forum will be resident-led, ensuring that individuals have a meaningful

voice in decisions that affect their daily lives and safeguarding arrangements. These meetings will provide opportunities for residents to identify and select activities, events and areas of personal interest available within their local communities.
• The overarching objective of these measures is to proactively reduce safeguarding risks by promoting social inclusion, positive engagement, community participation and individual choice during the evenings and at the weekend. By increasing opportunities for residents to access community-based activities and develop meaningful social connections to enhance quality of life and strengthen protective factors that contribute to a safe and person-centred living environment.
• Progress and effectiveness of safeguarding measures will be monitored through MDT reviews, resident feedback, key worker meetings, and oversight by the PIC and PPIM.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/11/2026