Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 25
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 July 2026
Centre ID:	OSV-0008690
Fieldwork ID:	MON-0042197

About the designated centre

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

Cork City North 25 is a designated centre operated by Horizons. It provides a community residential service for a maximum of three adults with a disability. The centre is located on the outskirts of Cork City with access to a variety of local amenities including shops, pubs, clubs and parks. The centre is a detached bungalow consisting of a kitchen-dining area, sitting room, two bathrooms and three individual resident bedrooms. The designated centre is staffed by social care workers and care workers. The staff team are supported by a 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
Tuesday 7 July 2026	09:45hrs to 17:30hrs	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 inspector was accompanied by a colleague in a observer role which was agreed with the provider before the inspection.

The designated centre was registered in December 2023. The three residents living in this centre had previously lived together in a congregated setting. This was the second inspection of the centre since opening.

Overall, the inspector found that the residents received a good standard of care and support in their home. However, some improvement was needed in safeguarding and fire safety.

On the day of the inspection, the inspector had the opportunity to meet and spend time with the two residents. The inspector was informed that one resident had left the service to go on a planned holiday in Killarney. The inspector also spoke with two staff members and the person in charge.

On arrival to the house, the two residents were having a lie in and preparing for the day. The inspector was informed that the three residents were retired and were supported by the staff team with activation and accessing the community.

The inspector completed a walk through of the house accompanied by the person in charge. The house was a detached bungalow located on its own grounds and comprised of a kitchen-dining area, sitting room, three resident bedrooms and two shared bathrooms. The resident bedrooms were decorated with their own personal belongings and in line with their preferences. Overall, the house was well-maintained and decorated in a homely manner with flower pots at the front of the house and pictures of people important to the residents and personal possessions throughout the house. There was a secure garden to the rear of the centre with that residents could use if they wished.

Later in the morning, the inspector met with the two residents in the sitting room as they were colouring and completing a word search after having their breakfast. The two residents were retired and spoke with the inspector about their previous employment. The residents spoke of what they liked to watch on TV, people important to them and the activities they liked including attending a social club, accessing the community and going to local restaurants and bars. The two residents said that they liked living in the house and their bedrooms. However, one resident noted that at times they do not get along with one of their peers.

In the afternoon, the inspector observed the two residents leaving the centre to access the community to have lunch. The inspector then met the residents as they returned home. They appeared content to be returning to the designated centre and spoke about where they went and what they had for lunch. Throughout the day, residents appeared to be very comfortable in their home and in the presence of the staff team.

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. Two residents noted that there are a lot of different staff coming everyday. In addition, two residents noted that at times they did not get along with the people they lived with and sometimes it could be better.

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 inspection found there was a defined management structure in place with suitable systems implemented to monitor the effectiveness of the services being delivered. This ensured that the service provided to residents was person-centred and of good quality.

The centre was managed by an appropriately qualified and experienced person in charge who was regularly on-site and demonstrated a good knowledge of the residents and their assessed needs. Quality assurance audits were taking place to assess and monitor the service. The audits included the annual review for 2025 and six-monthly provider audits. These audits identified areas for improvement and developed actions plans to address same.

On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. The staffing levels had recently been increased to meet the changing needs of residents. Throughout the inspection positive interactions were observed between the residents and the staff team and they had a good rapport with the residents. The inspector also reviewed a sample of training records which demonstrated that, for the most part, the staff team had up-to-date training. This meant that the staff team had up to date skills and knowledge to support the residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge who was suitably qualified and experienced for the role. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

At the time of the inspection, the person in charge was responsible for three other designated centres and was supported in their role by a Clinical Nurse Manager 2. The inspector was informed that the provider had advanced plans in place to reduce the responsibility of the person in charge to two designated centres to strengthen the governance and management arrangements.

Judgment: Compliant

Regulation 15: Staffing

The three residents were retired and supported by the staff team with activities of daily life and accessing the community. The three residents were supported by two staff during the day and two staff in the evening. At night, the three residents were supported by two waking night staff. There was also a nursing staff available to the centre during the day and night which was shared with one other designated centre located nearby.

At the time of the inspection, the centre was operating with one whole time equivalent vacancy. Where required these shifts were covered by the staff team, relief staff and agency staff. The inspector was informed that the provider was actively recruiting to fill the vacancy. A risk assessment regarding staffing completed in June 2026 identified that staffing as a high risk and identified controls to manage the risk including the introduction of additional staff during the day and night. At the time of the inspection, the staffing levels had been recently increased during the day and night due to changing needs residents.

The person in charge maintained a planned and actual roster. From a review of the roster for May 2026 and June 2026, it was evident that there were sufficient staffing levels to meet the needs of residents. The roster demonstrated that there was a reliance on relief and agency staff to maintain the roster. Two residents noted in their questionnaires that at times there is a lot of change in the staff team.

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, manual handling, de-escalation and intervention techniques and safe administration of medication. Where members of the staff team required refresher training, this had been self-identified and plans were in place to address same.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the risk of injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time appropriately qualified and experienced person in charge who was supported in their role by a Clinical Nurse Manager 2. 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 for 2025. The provider had also carried out six-monthly provider visits in November 2025 and May 2026, respectively. The audits identified areas for improvement and developed action plans to address same. For example, reviewing personal care plans and staff training.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre for the period of January 2026 to July 2026 and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment. However, some improvement was required in safeguarding and fire safety.

The inspector reviewed a sample of the residents' personal files which comprised of an up to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their needs.

There were systems in place to safeguard residents. For example, a review of incident and accident records demonstrated that they were appropriately managed and responded to. Safeguarding plans were in place to manage identified safeguarding concerns. However, two residents communicated that at times they do not get along with their peer. The inspector found that the compatibility of the resident group required review.

There was suitable fire safety equipment in place and regular fire drills had been carried out. However, some improvement was required to demonstrate that all persons could evacuate in a safe and timely manner.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The centre is a detached bungalow consisting of a kitchen-dining area, sitting room, two bathrooms and three individual resident bedrooms. The house was observed to be well maintained, clean and well-furnished throughout. The premises was decorated in a homely manner and residents' rooms were seen to be decorated in line with their preferences. On the day of the inspection, the inspector was informed on plans for an overhead hoist to be fitted the day following the inspection in line with the changing needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20 including a summary of the services and facilities, the terms and conditions, the arrangements for consultation with residents, how to access inspection reports, the complaints procedure and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the risks and control measures in place. For example, the inspector reviewed risk assessments in place for safeguarding, slip, trips and falls and changing needs.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective

evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place.

However, some improvement was required in the information recorded in the fire drills to demonstrate that the all persons could evacuate the service in a safe and timely manner. For example, a recent night-time drill recorded time of shared nurse arriving to the centre and not time that all persons evacuated the centre.

Judgment: Substantially 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 the three residents' personal files and found that they were up to date, appropriately identified the residents needs and guided the staff team on how to support the residents. For example, personal support plans were in place communication, personal care, moving and handling and health needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had safeguarding systems in place. There was evidence that incidents were appropriately managed, responded to and recorded. All staff had received training in safeguarding vulnerable adults. Staff were found to be knowledgeable in relation to keeping the residents safe and on how to report allegations of abuse. Safeguarding plans were in place to respond to identified safeguarding concerns.

However, the compatibility of the resident group required review. In the previous year, the provider submitted 17 incidents to the Chief Inspector regarding negative interactions between residents. On the day of the inspection, one resident told the inspector that they liked their home but at times did not get on with their peer. In addition, two residents questionnaires noted that at times they do not get along with the people they lived with and sometimes it could be better. The compatibility of the resident group was self-identified by the provider as an area for attention and in July 2026, the provider submitted an internal referral to the multidisciplinary team to explore the compatibility of the resident group.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Cork City North 25 OSV-0008690

Inspection ID: MON-0042197

Date of inspection: 07/07/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: CNM2 organised and completed team meetings with staff to discuss correct completion of relevant fire drill forms on 17/07/2026 and 04/08/2026. Additionally, a Quality and Safety Meeting was held on 19/08/2026 which included instructions on fire safety, safe evacuation and fire drills. All staff will complete practical Fire Safety / Fire Warden training by the end of Q4 2026. A minimum of one daytime and one night-time evacuation drill will be completed by 30 November 2026. Each drill record will document the evacuation in line with requirements, highlight any difficulties identified and accordingly, resulting corrective actions will be completed. The PIC will review each drill record against residents' current PEEPs. Any identified deficit will result in an updated PEEP, risk assessment or evacuation arrangement and a repeat drill. The Regional Manager will verify completion and effectiveness by 15 December 2026.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The compatibility between the residents will be assessed through consultations between each resident and PIC, CNM2 and Regional Manager. The consultation will be held between September 2026 and October 2026 to capture the residents' will and preference and discuss any proposed solution with them. A new Compatibility Assessment Tool will be implemented to identify any incompatibility between residents. Pending completion of the compatibility review, the PIC will maintain and review the existing safeguarding plans and individual risk assessments, ensuring that immediate controls remain proportionate and reflect each resident's assessed needs, rights, will and preferences. Advocacy, social work and decision-support input will be offered where appropriate. A multidisciplinary meeting is scheduled for 8 September 2026 for the resident who has expressed a wish to explore alternative accommodation. No decision regarding accommodation will be predetermined, and all available options will be considered with the resident. A documented action plan will then identify agreed measures, responsible persons and	

completion dates. The provider's ATD process will consider any proposed transfer or accommodation option. Effectiveness will be monitored monthly through incident trends, safeguarding-plan reviews and individual consultation, with a provider review completed by 31 March 2027.

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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/12/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2027