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:	East County Cork 4
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 July 2026
Centre ID:	OSV-0008693
Fieldwork ID:	MON-0042190

About the designated centre

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

This designated centre is a two bedroom, double storey home located in a new housing estate in the suburbs of a large city. Full time residential services are provided to 2 adult females with an intellectual disability. The centre is a newly built double story home consisting of 2 single occupancy bedrooms. There are separate living, dining/kitchen and bathroom facilities for residents. There is an office space in the centre. Each resident has access to telephone, TV, radio and Internet. There is an enclosed garden space to the rear. The residential centre is open 7 days a week 365 days a year. The centre is staffed by a staff team comprising the person in charge, social care workers and care assistants. Nursing supports are not provided in the centre but access to nursing supports are available as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 July 2026	09:30hrs to 17:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed the two residents living in this centre continued to receive a high-quality individualised service that was tailored to their needs and wishes. Management systems in place were ensuring a safe and effective service and this inspection found excellent compliance with the regulations.

This designated centre comprises a modern detached two-storey house located in a residential housing estate of a city, close to local amenities and public transport links. Both residents have large single bedrooms and there is also a staff office, a kitchen, sitting-room and bathrooms. Parking is available to the front of the house and there is a private garden area to the rear. Since the previous inspection, some work had been completed to the garden area and residents had the use of a patio and outdoor seating area.

Both residents met with the inspector and the inspector spent much of the inspection in the communal areas and garden area of the house reviewing documentation and observing and chatting with both individuals as they went about their daily routines. The inspector also spoke with the staff member working with the residents and the person in charge and a regional manager who was appointed as a person participating in the management of the centre (PPIM).

The inspector saw that both of the people living in the centre were enjoying active lives and had good autonomy over their own lives. Residents were consulted with about the things that mattered to them and told the inspector that their rights were well respected in the centre.

On arrival to the centre, one resident was making their breakfast and was later seen to enjoy a coffee on the patio and chatting to staff about their plans for the day. The other resident was seen to get up in their own time and also enjoy breakfast and time chatting with the inspector and staff. On the day of the inspection, one resident attended hydrotherapy in the morning and relaxed in the centre in the afternoon while the other resident attended a hair appointment in the local hair salon. One resident attended day services on a part time basis and told the inspector that they had enjoyed a day out in a tourist town on the day before the inspection with a group of friends.

During conversations with the inspector, one resident told the inspector that she was now enjoying planning and preparing meals in the slow cooker and sometimes cooked for herself and her friends. Both individuals spoke very positively about their lives in the centre and told the inspector that they felt safe and happy there, could make choices for themselves, and were very well supported by staff. One held a key role in an advocacy group and talked about attending a recent conference held in Dublin as part of this.

Both residents were happy for the inspector to view their rooms and these were decorated by residents to reflect their own unique personalities and preferences. The inspector was shown a number of photographs of important people and events. One of them told the inspector about a recent trip they had taken to Rome and the Vatican and the other spoke about a trip to Derry for a soccer match. Both were taking overnight breaks and holidays several times a year and these were planned in line with their own preferences and goals.

When asked if there was anything they felt could be improved in the centre, one resident mentioned some frustration with the car breaking down recently and that sometimes staff had to come from another nearby designated centre to give out medication due to recent staff changes. They also mentioned that they would like the garden fence to be painted a brighter colour to match the shed and the inspector was told that there were plans for this to be completed. Overall, however, residents told the inspector that they were very happy living in their home and with the service provided to them. They both told the inspector that the staff working with them were very good to them and that they would be comfortable to talk to staff or management if they had any issues to raise. Both felt they were well informed and well consulted with and it was evident that both residents knew the local management team well and were familiar with them.

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

Capacity and capability

The findings of this inspection showed that the management systems in place in this centre were ensuring that the two individuals living in this centre were being provided with a safe and good quality service. This inspection found the management team were providing very good oversight of the service and overall excellent compliance with the regulations inspected against.

Documentation reviewed during the inspection included resident information, staff rosters and training records, the provider's annual review and other provider oversight documentation. Documentation was up to date, relevant to the residents living there, and clearly laid out. There was evidence that the provider and the management team were responding to any issues that arose and maintained a strong presence in the centre.

At the time of this inspection there was a clear management structure present following some changes since the previous inspection. Staffing arrangements were in place to meet the needs of the residents in the centre and provide for a good quality and personalised service that provided residents with opportunities for

autonomy. Staffing levels were appropriate to meet the needs of the residents and training needs of staff were appropriately considered.

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

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. This application was reviewed by the inspector and found to contain all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain very good oversight of the centre. The person in charge had remit over two designated centres at the time of this inspection. Evidence of the person's qualifications, experience and skills had previously been submitted and reviewed by the inspector.

Judgment: Compliant

Regulation 15: Staffing

The registered provider was ensuring that the number of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre.

A planned and actual staff rota was maintained in the centre and an eight week sample of these rotas were reviewed by the inspector. This showed that the centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Residents were supported by a team consisting of social care workers and health care assistants. Staffing arrangements were in place to cater for residents' needs and planned schedules. Generally one staff member supported residents in the centre, with additional staffing or the support of the

person in charge as required. A waking night staff was available to the two residents if required.

There was one social care worker vacancy in the centre at the time of the inspection. This was filled by a regular experienced member of staff and was not impacting on residents at the time of the inspection. It was clear from speaking to and observing the staff member on duty during this inspection that they had the knowledge and skills required to support the residents of this centre. Rosters demonstrated that continuity of care was important and well considered in the centre. Relief staff were employed from a regular pool of staff and agency staff were rarely employed. Supports were also available from a linked designated located close to this centre if required.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. The inspector viewed a training matrix for six staff that were also named on the centre roster, including relief staff, and compared a sample of these against training certificates kept on file for staff. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff.

Mandatory training provided included training in the areas of fire safety and evacuation, safeguarding and positive behaviour support, All of the mandatory training reviewed was fully up to date.

A supervision schedule was in place that showed all staff were receiving formal supervision in line with the provider's policy. The person in charge confirmed that they regularly met their own line manager also.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. Management systems were in place to ensure that the service provided was appropriate to residents' needs. Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the two most recent six-monthly unannounced inspection, showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were effective.

There was a clear governance structure in place and the centre was overall adequately resourced to provide a good quality service to residents. Since the previous inspection, the centre had been provided with their own vehicle, having previously shared a vehicle with a neighbouring centre. While some issues had arisen with this vehicle that meant it had been unavailable for a period for repair, alternative arrangements had been put in place to reduce the impact of this on residents.

The local management team were seen to maintain very good oversight of this centre. Since the previous inspection, there had been a change to the person in charge appointed to the centre but due to a provider oversight this had not been notified to the Chief Inspector of Social Services in a timely manner. Action had been taken in respect of this matter in another designated centre. This was discussed with the provider during the feedback meeting for this inspection and the inspector was told how enhanced governance systems now in place would mitigate against the risk of future occurrences.

The staff member present during the inspection spoke with the inspector and reported that they felt comfortable to raise concerns and that issues raised were taken seriously and responded to by the management of the centre. They were aware of the reporting structures in place.

Unannounced six-monthly visits were being conducted by a representative of the provider and the written report of the two most recent of these was reviewed by the inspector. There was an action plan arising from these visits to record issues identified and the documentation in place demonstrated that the provider was taking action to address identified issues.

An annual review had been completed in respect of the centre and this included details of consultation with family members and representatives of residents about the care and support being offered in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an in-date complaints policy and procedure. Easy-to-read guidance in relation to 'making a complaint' was available to the residents.

A complaints log was reviewed by the inspector. It was seen that five complaints were recorded as appropriate in this log, including any actions taken of foot of the complaint, the outcome of the complaint and the satisfaction of the complainant. Complaints were seen to be responded to promptly with action taken if required and there was evidence of advocacy input in relation to a complaint also.

Opportunities to raise complaints were available to residents through regular resident meetings and the inspector saw some of these records also. Residents confirmed they would be comfortable to raise issues or concerns. The person in charge spoke about how complaints that had been received in the designated centre were responded to and was knowledgeable about the complaints recorded.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of the two residents living in this centre was maintained by a high standard of evidence-based care and support. Safe and good quality services were being provided at the time of this announced inspection.

Residents were supported by a familiar and consistent staff team in the centre and there was overall a low turnover of staff reported. A staff member working with

residents on the day of the inspection were observed to be very familiar with residents and their preferences and support needs. Management, staff and residents presented as having a strong awareness of human rights. It was clear that very strong efforts were made to consult with residents in relation to the care and supports provided to them and to involve residents in decisions about their day-to-day life.

Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, support plans, health action plans, goal planning and risk assessments. The documentation viewed was seen to be well maintained, and information about residents was up-to-date and person-focused.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals, and residents spoke to the inspector about how they were setting and achieving goals. Support plans were in place to guide staff in relation to supporting residents.There was evidence that residents had good access to healthcare supports, including access to allied health professionals as required.

The staff member and management spoke about residents in a respectful person focused manner. Residents told the inspector that they felt safe and well cared for in this centre and the evidence found during this inspection also showed that residents were being provided with high quality, person centred services.

Regulation 12: Personal possessions

Residents had access to appropriate storage for their personal belongings and retained control over their own possessions. There was furniture chosen by residents for storage in each bedroom. There was access to laundry facilities. The person in charge was ensuring that residents were supported to manage their finances in line with their own wishes. Residents had access to their own money and both confirmed that they were satisfied with the arrangements in place. One resident was supported by the provider to manage their finances and there were systems in place around this.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support and providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were supported in line with their assessed needs and wishes and told the inspector about what this looked like in their daily lives. Plans in place reviewed by the inspector reflected this information. Residents were involved in community based activities, including accessing local services and day services if they wished, and took regular overnight breaks and holidays. One resident spoke to the inspector about how much they were learning through their role as a advocacy representative for the provider. Residents were supported to maintain personal relationships and told the inspector that they could visit family and friends if they wished.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. A walk around of the premises was completed by the inspector. The premises was clean, nicely decorated, well maintained and of a suitable size and layout to meet the needs of the two residents that lived in this centre at the time of the inspection.

There was a suitable outdoor areas available for the use of residents and some enhancements had been made to this since the previous inspection, with some further work of a cosmetic nature planned.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted and reviewed as part of the application for the registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

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

Risk was seen to be well managed in this centre and the inspector saw evidence that positive risk taking was promoted in this centre. Individualised risk assessments were viewed in residents' files and risk was clearly identified in personal plans. Emergency information and a missing person's protocol were viewed on file for both residents.

The risk register was reviewed by the inspector. This was seen to be reviewed regularly by the person in charge and included details of control measures that were in place to manage risk in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. The inspector completed a walk around of the centre and reviewed fire safety documentation in place in the centre and staff training records. Precautions against the risk of fire had been considered and put in place including fire fighting equipment. Arrangements had been made for maintaining fire equipment, reviewing fire precautions, testing fire equipment, detecting containing and extinguishing fires, giving warning of fires and evacuating the centre where necessary. The provider had also ensured staff had received suitable training in this area.

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers and fire doors were present and observed as operating on the day of the inspection. Labels on the fire-fighting equipment such as fire extinguishers identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained and records viewed showed that quarterly checks by a fire safety company were completed on the fire alarm system. Checks were being completed by staff of fire fighting equipment in place and evacuation routes. Residents and staff had taken part in regular fire evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured there were appropriate and suitable practices relating to the medicines management in the centre. The inspector reviewed the management of medicines in the centre, including records kept in respect of medicines administered and stored in the centre.

Examples of good practice included:

- Secure facilities to store medicines and a secure system of managing the keys was in place.
- Medicines storage was neatly organised and clean, with a separate area for each resident.
- Separate storage was available for pharmacy returns.
- A sample of medicines stored were reviewed and found to be in date and appropriately labelled. This included PRN medicines (medicines only taken as the need arises).
- Strong documentation systems to maintain oversight of medicines was in place and well-maintained.
- A medicines audit had been completed in March 2026.
- 'Capacity to self-medicate' assessments were completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident and that arrangements were in place to ensure the centre was suitable for the purposes of meeting the needs of each resident. This meant that the care and support offered to residents was evidence based and person centred.

Personal plans were in place for both residents and these were reviewed by the inspector. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. There was evidence that residents had been supported to set and achieve goals as part of the person-centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. Goals were identified based on residents' assessed needs and preferences. For example, a resident who told the inspector that they liked visiting religious places had achieved a goal to visit Rome.

Judgment: Compliant

Regulation 6: Health care

A sample of healthcare records were reviewed for both residents in the centre. There was detailed information recorded in each residents' personal file about their healthcare needs and how these were supported in the designated centre. Healthcare action plans were in place for identified healthcare needs and the inspector saw that the records reviewed showed that residents were supported to access appropriate healthcare access to allied healthcare professionals. Residents had received input from various disciplines including physiotherapy, dietetics and psychology. Staff had on-call options if nursing support was required. Residents had access to general practitioner services.

Judgment: Compliant

Regulation 8: Protection

The findings of this inspection indicated that the registered provider had appropriate measures in place to protect residents from abuse. The inspector reviewed records provided relating to the Garda Síochána (police) vetting of staff, a training matrix, resident information, and spoke with both residents and staff. From this the following was found:

- Staff working in the centre had completed relevant safeguarding training.
- Residents told the inspector that they felt they were safe and well protected in the centre.
- Staff spoken with were aware of safeguarding procedures.
- A safeguarding plan had been put in place where a safeguarding concern had been identified previously. There were no open safeguarding plans in place at the time of this inspection.
- Guidance on supporting residents with intimate personal care was contained within residents' personal plans.
- The provider had in place a policy in respect of the Garda vetting of staff all staff named on the staff roster had been appropriately vetted.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in this centre. Staff and management spoken with promoted a rights based culture in the centre and the inspector saw that residents were free to make choices in their own home and about their own lives. Residents spoke to the inspector about how they were supported and informed of their rights and told the inspector that they could make their own choices in the centre and consulted with about the things that were important to them or might impact them.

Residents were seen to be actively involved in planning daily activities and meals, grocery shopping and decorating their home and garden. One resident was an advocacy representative for their peers. A resident told the inspector that they could attend religious services if they wished and how they were supported to practice their faith in line with their own wishes.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant