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 26
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	26 May 2026
Centre ID:	OSV-0008698
Fieldwork ID:	MON-0042194

About the designated centre

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

Cork City North 26 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 a shared bathroom. There is a garden space to the rear of the house. The staff team consists of staff nurses, care assistants and social care workers. 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
Tuesday 26 May 2026	09:40hrs to 17:00hrs	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 opened in December 2023 and three residents were supported to transition from a congregated setting. This was the second inspection of the centre. The inspector had the opportunity to meet with two of the three residents on the day of the inspection. One resident was in hospital at the time of the inspection.

On arrival to the designated centre the inspector met one resident having breakfast in the dining room. The resident welcomed the inspector and they appeared relaxed in their home smiling and interacting with the staff team and management. The resident noted plans to go out for lunch in the afternoon and indicated that they would prefer to speak to the inspector later in the morning. This was respected. The inspector was informed that the second resident had returned to bed after being up early in the morning.

The inspector completed a walk through of the premises accompanied by the person in charge. As noted the centre was a detached bungalow which comprised of three resident bedrooms, sitting room, kitchen/dining room. Overall, the designated centre was well maintained, clean and decorated in a homely manner. The inspector observed flowers on the front window sills of the house and pictures of the residents and their belongings decorating the house. The resident bedrooms were personalised and decorated in line with resident preferences. For example, one resident had recently had their bedroom repainted in a colour they wanted. There was a garden to the rear of the centre. However, the provider self-identified challenges with accessing the garden due to mobility needs. There were plans in place to address this.

Later in the morning, the inspector had a opportunity to sit and chat with both residents individually in the sitting room. The first resident spoke about the centre and they noted that they were happy living in the centre. They spoke with the inspector about the services they lived in before and noted their wish to go travelling. The resident noted that while they were retired they attended a day service once a week to meet friends and were involved in a local senior citizens club.

The inspector then met with the second resident. The resident told the inspector that they got their first passport last year. The resident went to Rome and showed the inspector photos of them meeting the Pope. The resident noted that they had further plans to travel to Lourdes. The resident said that they liked living in the centre and their bedroom. They spoke with the inspector about meeting friends from their previous homes.

At lunch time the residents went for lunch out in the community and to enjoy the good weather. The inspector observed the residents leaving the centre with their staff team.

The inspector reviewed three questionnaires completed by three 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 they were uneasy regarding a financial incident which occurred in July 2025. The inspector was informed of how the provider had responded to and supported the resident regarding the incident.

Overall, the inspector found that the residents were receiving a quality person centred service. The residents appeared content and comfortable in their home. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, continued attention was required in the staffing arrangements.

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 there were management systems in place to ensure the provision of a good quality of care to the residents. However, the staffing arrangements required continued review.

There was a defined governance structure in place. The centre was managed by an appropriately qualified and experienced person in charge. Quality assurance audits were taking place to assess and monitor the service including the annual review for 2025 and six-monthly provider audits. These audits identified areas for improvement and developed actions plans to address same.

The inspector reviewed a sample of the staffing roster and found that there was an establishing staff team in place. However, the staffing arrangements required continued review. For example, at the time of the inspection, the centre was operating with two staff on leave and two whole time equivalent vacancies. This meant at times there was a reliance on the regular relief and agency staff to maintain the staffing complement.

The inspector 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 the skills and knowledge to support 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 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 another three other designated centres and was supported in their role in this designated centre by a Clinical Nurse Manager 2. The inspector was informed that the remit of the person in charge was a temporary arrangement and would be reduced following further planned reconfiguration.

Judgment: Compliant

Regulation 15: Staffing

The three residents were supported by two staff during the day and one staff at night time. 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 two whole time equivalent vacancies and two staff on long term leave. The inspector was informed that one staff member had recently started, one new staff member was planned to start in the centre the week following the inspection and a staff member on leave was due to return to the service. The provider was also in the process of ongoing recruitment to fill the vacancies.

The inspector found that some improvement was required in the continuity of care and support. The residents care plans reviewed highlighted the need for familiar staffing in supporting residents with personal care and health care supports.

The vacancies and long term leave were covered by the staff team and agency staff. From a review of the roster for April 2016 and May 2026, it was evident that for the most part the planned staffing levels were maintained. However, the inspector identified two occasions where the planned shifts could not filled for the period reviewed.

Some staff spoken with noted that there can be pressures with staffing due to the reliance on agency and relief which at times can affect the care and support provided to the residents. In addition, the provider had completed risk assessments for staffing levels and risk to service user experience from challenges in staffing and skill mix in March 2026 which identified staffing levels as a high risk and the risk to service user experience as a medium risk. The controls in place to manage the risks were to block book agency staffing where possible and the ongoing recruitment campaigns.

Also, the inspector reviewed complaints regarding the consistency and skill mix of staffing. For example, in April 2026 a complaint noted that there was lots of faces due to the reliance on agency. In May 2026, another complaint noted that at times the residents could not always access the community due to lack of drivers. While the inspector acknowledges that residents could pay for taxis, at times the need for taxis was due to the skill mix of staffing.

The inspector was informed that the staffing arrangements were under regular review and would be reviewed again in light of the changing needs of residents.

Judgment: Not 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 and safe administration of medication. Where members of the staff team required refresher training in areas including de-escalation and intervention techniques 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. The audits identified areas for improvement and developed action plans to address same. These audits also included positive feedback from residents on the care and support provided.

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

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life.

The inspector found that the premises was designed and laid out to meet the needs of residents. The centre was clean, generally well maintained and presented in a homely manner. There was an enclosed garden to the rear of the centre with limited access for people who use mobility aids. The provider had self-identified access to the garden as an area for improvement and plans were in place to address same.

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 appropriate systems in place to keep the residents safe. For example, the residents communicated with the inspector that they liked living in the designated centre and residents appeared content in their home. A review of incident and accident records demonstrated that they were appropriately managed and responded to. There was suitable fire safety equipment in place and fire drills had been carried out.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner, well maintained and laid out to meet the needs of residents. The centre comprises of three resident bedrooms, kitchen/dining room, sitting room and a shared bathroom. There is a garden space to the rear of the house. However, some improvement was required in the accessing the garden for people who use mobility aids. This had been self-identified by the provider and plans were in place to address same.

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 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 in the centre. The provider had completed a recent night time evacuation with one staff and two residents in May 2026 to demonstrate that the all persons could evacuate the service in a safe and timely manner when the shared staff nurse was in the other designated centre located nearby.

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 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, meaningful goals were in place for each resident and included meeting friends and staff from previous placements and travelling.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. 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. The two residents told the inspector that they liked their home and were observed to appear relaxed and content in their home.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cork City North 26 OSV-0008698

Inspection ID: MON-0042194

Date of inspection: 26/05/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: At the time of the inspection, the centre was operating with x2 WTE Staff Nurse vacancies due to long term sick leave. The same two staff are due to return by 31/08/2026 as per return-to-work process. Ongoing recruitment to fill current vacancy x1 WTE for Social Care Worker to be completed by Q4 2026. Care assistant vacancy x1 WTE filled in June 2026. Ongoing recruitment for x1 Relief Care Assistant required to ensure continuity of care in case of staff absence, with subsequent reduction of use of Agency Staff in the designated centre. In the meantime, the PIC and the CNM2 will continue to ensure that familiar agency staff will be booked in line with the residents' will and preference.The staffing roster, skill mix and driver availability will be reviewed weekly by the Person in Charge to ensure residents can access planned community activities and receive supports in accordance with their assessed needs and personal plans. Any staffing deficits, agency use and community access restrictions will be monitored through local governance arrangements and escalated through the regional management structure where required.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/12/2026