



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 7
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	04 February 2026
Centre ID:	OSV-0008955
Fieldwork ID:	MON-0048635

About the designated centre

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

West County Cork 7 is part of Horizons residential services based in west Cork. The designated centre is a detached bungalow. The house is a designated residential centre for 3 people with intellectual disability and/or autism aged over the age of 18 years. Each resident has their own individual personalised bedrooms. There is a sitting room, kitchen / dining, bathroom and three bedrooms one of which is ensuite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 4 February 2026	10:00hrs to 16:00hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was a short term announced inspection for the designated centre, as it was the first inspection following its registration in May 2025. The residents moved into the designated centre in January 2026. It was clear from meeting the staff and residents in the designated centre that it had been setup and was run in a person centred manner for the residents.

The premises was well designed and maintained. There was an issue in a bathroom on the day of the inspection and was being dealt with by a plumber, this was repaired before the end of the inspection. The designated centre was tastefully furnished with bedrooms that had ample storage space for the residents. The residents had personalised their own bedrooms and were still in the process of deciding what other items they may put in there. The residents had their own seating areas in their own bedrooms and had televisions in each bedroom. Residents had the choice to relax in their own bedroom or together in the sitting room of the designated centre. Residents had decorated their bedrooms with pictures and medals from sporting events they had participated in. The designated centre was homely and comfortable for the residents. There were two bathrooms and a well equipped modern kitchen available for the residents to use in the designated centre.

The designated centre was registered for three residents and there were three residents present on the day of the inspection. The three residents were met when they returned from their morning activities. The residents spoke with the inspector about how they were proud of their new home. They showed the inspector their bedrooms and the items that were bought for their home such as beds, couches and bed clothes. The residents spoke to the inspector about the busy morning they had before they returned to the designated centre. They had attending an activity and then went for lunch in the organisation's restaurant where they met some of their friends. They also visited a garden centre where they bought plants for their home and garden.

When the residents returned they sat and had tea in their dining area and spent time talking to the inspector. There were listening to music and singing along with the music. The residents expressed that they were very happy in their home and appeared to be very comfortable and relaxed there.

There was easy to read information available to residents such as their own personal plan in their room. Information regarding such items as the confidential recipient, complaints and the designated officer was also on display in an easy to read format throughout the centre.

The inspector spoke with two staff members in the designated centre. The staff spoken with told the inspector that they were able to offer residents a good choice of activities and there was ample transport available to the residents. Current staffing

rotas were reviewed and these showed that there were adequate staff currently in the centre to support the residents.

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

There was an appropriate management structure in place in the designated centre. The person in charge was knowledgeable of the residents and their needs. There was a staff team in place with the skill mix to support the residents and were also knowledgeable of the residents and their needs. The majority of the staff had moved with the residents from their previous designated centre and assisted with their transition to their new home. The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

The staff and management teams in the designated centre were well known to the residents and the residents were very comfortable in their presence.

Documentation relating to the designated centre was current and under review such as the directory of residents, statement of purpose and the contracts for the provision of services. These documents met the requirements of the regulations and were reviewed in a timely manner in line with the regulations also. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided.

Regulation 14: Persons in charge

There was a person in charge appointed to the designated centre, also currently worked in two other designated centres. The person in charge was suitably qualified and had the relevant skills and experience required by the regulations.

It was evident that the person in charge knew the residents and their individual needs well and was working to ensure there was a person centred service in the designated centre. The person in charge was heavily involved in the transition of the residents to this designated centre and ensuring that this transition went smoothly and the residents fully contributed to their move.

Judgment: Compliant

Regulation 15: Staffing

The staff skill mix, which included nursing and social care staff, was appropriate for the residents. There was a planned and actual staff rota available in the designated centre. The staffing rota was reviewed from when the designated centre was opened and the planned rota for the two weeks following the inspection. There was adequate and consistent staff available to the residents. Staff that were spoken with on the day of the inspection knew the residents and their needs well. The staff members had also been involved in the transition and had previously worked with the residents in their previous home.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider was ensuring that the staff team were receiving appropriate training to meet the residents' needs. There were effective systems in place for training and development of the staff team. The person in charge maintained a record of the training received by staff members in the designated centre. The inspector viewed the training records for all eight staff working in the designated centre. Training being provided to staff included fire safety, manual handling and safeguarding. One staff member did require training in relation to managing behaviours that challenge, this was scheduled for the staff member soon after the inspection.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. There was a schedule shown to the inspector on the day of the inspection for the completion of supervision for the staff members in the designated centre for the current year.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory of residents was made available to the inspector on the day of the inspection. The information required under Schedule 3 of

the regulations was included in the directory for example, the name and address of the resident and their next of kin.

Judgment: Compliant

Regulation 23: Governance and management

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

As this was a new designated centre and was not open 12 months an annual review of the quality and safety of care and support in the designated was yet to be completed. An unannounced visit by the registered provider had been completed in November 2025 before the residents had moved into the designated centre.

A schedule of audits was maintained in the designated centre which was in line with registered provider's schedule. Examples of audits being completed to ensure the safety of the service included management of finances, clinical care, incidents and rights restriction audits.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured the residents' transition to the designated centre was completed in a manner which fully involved the residents. The residents and their family members had visited the designated centre before moving in there. Residents that were chosen to live together were know to have similar interests.

The registered provider had in place contracts of care which identified the supports that would be provided to the residents and fees that would be charged. The contracts of care were in line with the residents' needs and also in line with the designated centre's statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been

reviewed in the last 12 months. The statement of purpose contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had goals for the year created and these goals were realistic and reviewed. It was evident that the resident were fully involved and informed in their move to their new designated centre.

The premises was well maintained and was providing residents with sufficient communal and private space. The fire safety equipment in the designated centre was serviced and was in good working order.

Risk was well managed in the centre and measures were in place for safeguarding of residents. There was information for residents available for residents in the form of a resident's guide. This information guide was present in the designated centre and had been reviewed within the last 12 months.

Regulation 10: Communication

The registered provider and the person in charge had ensured the communication needs of the residents were well met. Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with. The residents likes and dislikes and what made them happy was clearly documented in their personal plans.

Residents had access to the Internet and each of the residents had a television in their as well as in their sitting room.

Judgment: Compliant

Regulation 17: Premises

The registered provider had maintained the premises well. The designated centre was designed and laid out to meet the number and needs of residents living in the centre. There was ample communal and private spaces for the residents. The residents had chosen their bedrooms furnishing and had chosen their own furniture for the rest of their home. The residents were still buying items for their such as plants which they returned with on the day of inspection. The centre was clean with modern decoration. Resident mobility aids were in place such as grab rails in the bathroom, these were in place as part of future proofing the home for the residents.

Maintenance personnel were in the designated centre during the inspection to repair a toilet that was not operating correctly. This was repaired before the end of the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide in relation to this designated centre. A copy of this guide was available to the residents in the designated centre. This guide outlined included the information required by the regulation including the services and facilities provided and the arrangements for visitors in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been reviewed in the previous 12 months. The register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks.

There was suitable risk management policy put in place by the registered provider which contained identified and contained the control measures for specified risks required under the regulation.

Judgment: Compliant

Regulation 28: Fire precautions

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

All residents had personal emergency evacuation plans in place which were reviewed in the last 12 months.

The emergency plan in the event of a fire was displayed throughout the centre. There was a fire safety overview guidance for staff and fire evacuation procedure, which identified where the residents may go and stay if the designated centre needed to be evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year.

All residents had person centred planning meetings completed in the last 12 months. Goals for the year had been created and the achievement of these goals were reviewed throughout the year. Residents undertook enjoyable activities and residents appeared to enjoy and participate in sports such as boccia. Residents' personal plans contained pictures of the activities undertaken by residents such as going on holidays and attending football matches. Pictures showing how the residents house move went were also contained in their personal plans, such as pictures of residents shopping for furniture.

Residents communication needs were well documented in their personal plans. There was a comprehensive document called "how I communicate" which captured the residents' communication needs. Staff were seen to interact with residents in a manner that suited their communication needs.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that the residents were fully involved in setting up the designated centre. Residents had been to shop for and pick the items for the home. Pictures of these events along with the residents having a ceremony to open the designated centre were shown to the inspector on the day. There was adequate private space for the residents in the designated centre.

Residents were involved in training in the centre such as fire safety training and road safety training. Residents had also undertaken training in advocacy and certificates for the training they received were contained in their personal plans.

Residents had been consulted with and gave consent for how the service was run. An example of this was that the residents did not give consent to have checks and night time. There was also proof of consent given for managing residents' finances and their health care provision. There was easy to read information on many topics, such as safeguarding, available to residents throughout the designated centre. All three residents in the centre had access to a bank account in their own name.

The residents were seen to have bought their own items for their home such as seating in their bedrooms. Residents had access to the Internet and each resident had their own television.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant