



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 2
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	09 May 2025
Centre ID:	OSV-0003288
Fieldwork ID:	MON-0045619

About the designated centre

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

West County Cork 2 is located in a town and consists of a purpose-built one storey house. The centre has a maximum capacity of 13 residents and mainly provides full-time residential support for residents but provides respite for one resident from Friday evenings to Monday mornings and holiday periods. The residents who avail of this centre are over the age of 18, both male and female with intellectual disability and multiple and complex needs. Each resident has their own individual bedroom and other rooms in the centre include bathrooms, a kitchen, a dining room, a sitting room, an occupational area, a sensory room, an activity room and staff rooms. Residents are supported by the person in charge, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
--	----

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
Friday 9 May 2025	09:15hrs to 18:05hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

No direct feedback from residents during this inspection was obtained given their needs. However, staff members present during this inspection were respectful in the supports they provided to residents. Such supports were commented on positively by residents' relatives based on documentation reviewed.

At the time of this inspection 10 residents were living in this centre on a full-time basis with one resident attending the centre for respite every week from Friday afternoon until Monday morning. On the day of this inspection, all of these 11 residents were present in the centre. While the inspector did greet all residents during the inspection, direct interaction was limited as most residents did not interact directly with the inspector nor communicate verbally. As such the inspector relied on discussion with staff, documentation and observations to get a sense what it was like for residents to live in this centre.

During the course of the inspection the following was observed:

- Some periods of the day were noted to be busy with staff conducting various activities such as administering medicines, preparing food, completing documentation and supporting residents with personal care.
- Some residents were seen to spend time in the centre's sitting watching television and most residential residents spent the inspection day in the centre.
- One resident was seen to do some colouring and staff helped the resident to put the colouring they had done on display on a wall in the sitting room. The same resident was also encouraged to go outside to do some watering of plants.
- Two residents left the centre on foot with a staff member to attend a local men's shed for part of the inspection.
- As had been seen during previous inspections of this centre, one resident spent the entire day in bed. The inspector was informed that this was due to the health needs of the residents. Different member of staff were seen to enter the resident's room at various points during the day to support the resident with personal care and to spend time with them.
- One resident appeared interested in the inspector's presence and came up to him at multiple points during the inspection while the inspector was in communal areas of the centre. The same resident also came into an office area as the inspector was speaking with individual members of staff and during a feedback meeting at the end of the inspection.
- Staff were seen to support residents with meals. For example, two staff were observed sitting beside residents as they were in bed to give the residents their breakfast.
- During the early afternoon of the inspection, some residents were supported by staff to sit outside in the shade in a rear patio area as the sun was shining.

- The respite resident arrived at the centre in the afternoon of the inspection. They were seen twice by the inspector and noted to smile on each occasion. On the second of these occasions, this resident also hugged a member of the centre's management.
- At different points during the inspection day, one resident was heard vocalising, sometimes at a high pitch. Such vocalisations could be clearly heard throughout the centre. At one point the resident sat on the floor of the entrance lobby and started vocalising. This lasted for 15 minutes until a staff member took the resident out for a drive in the centre's one dedicated vehicle.

Aside from such observations, it was also seen and heard during the inspection that staff members on duty were positive and respectful in their interactions with residents. For example, when the inspector arrived at the centre, he was informed by a staff member that residents were being supported with personal care and showers at the time. As a result, the inspector was requested to remain in a particular area of the centre during this time to help ensure residents' privacy. This request was followed by the inspector. The staff member made a similar request to two maintenance personnel who arrived at the centre also to install hoists in two bathrooms.

The premises provided for residents was seen to be reasonably presented on the day of the inspection. Thirteen individual resident bedrooms were present in the centre, two of which were not being used at the time of the inspection. Communal areas included a sitting room, a dining room, an occupational area, a sensory room and an activity room. All of these rooms were seen to be used during the course of the inspection with the exception of the activity room which was noted to have much of its space taken up by wheelchair storage. In the sensory room it was also observed that the panel of a press door was peeling off.

An annual review that had been completed for the centre in November 2024 that included some resident feedback in the form of surveys that had been completed for residents by staff. From these it was stated that residents were comfortable with staff but it was indicated that some residents did not like loud noises and would like activation staff. The outcome of four surveys from family members were also referenced in the annual review. These surveys indicated that residents' relatives were happy overall with the quality of care but did highlight an increase in staffing levels as an area for improvement. A letter was also seen during the inspection from the relative of a former resident praising the care and support given to the resident by staff and the provider over a number of years.

In summary, the most recent annual review for the centre referenced some resident and family members wanting more staff for the centre. Residents' relatives did give positive feedback about the care provided in the centre. Most residential residents spent the day in the centre but three did leave the centre to go for a drive or to attend a local men's shed.

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

Some stated actions from a project plan, aimed at improved compliance in the centre, had been completed. Despite this, some regulatory actions remained, some of which were similar to previous inspections particularly related to staffing,

This centre has been previously inspected in May 2024 where some areas of good supports were found. However, the inspection did find some staffing issues which were impacting residents, the provision of community activities varied and risk management was an area in need of improvement amongst other regulatory actions. Despite some similar issues having been raised previously during a May 2023 inspection also, the provider's compliance plan response to the chief inspector to the May 2024 inspection did not assure in some areas. As a result, the provider was issued with a warning letter in October 2024 warning that if the provider did not come into compliance in specific regulations, then the Chief Inspector of Social Services could cancel the registration of the centre or attached an additional condition of registration. Prior to this warning letter being issued, the provider had applied to renew the registration of the centre.

In response to this warning letter, the provider indicated that they had developed a project plan to support achieving compliance and were committed to enhancing the lived experience of the residents. A copy of this project plan was subsequently requested and received which outlined specific actions that the provider was going to take along with associated time frames for these. Having considered this project plan, the decision was made by the Chief Inspector to renew the registration of the centre until November 2027 but with a restrictive condition requiring the provider to implement this plan by 30 April 2025. The purpose of the current inspection was to assess progress with this project plan. Given previous regulatory engagement, the inspection focused primarily on the six regulations mentioned in the warning letter.

The current inspection found that a number of actions from the project plan had been implemented and improvement was found in some areas, such as the respite resident being provided with a contract for the provision of services. However, some actions from the project plan not been completed while regulatory actions remained in areas that had been actioned during the May 2023 and May 2024 inspections of the centre. This was most evident related to the staffing arrangements for the centre with the findings of the current inspection again indicating that additional activation and dining staff were needed for the centre. Overall, the findings of the current inspection had a number of similarities to those from the May 2024 inspection. This indicated that further improvement was needed to comply with regulations and the centre's restrictive condition.

Regulation 15: Staffing

Based on discussions during this inspection with staff and a staff mapping that had been completed in April 2025, the front-line staff team for this centre was made up of staff nurses and care assistants. This was the case during the May 2023 and May 2024 inspections of this centre. It was also reflected in the statement of purpose for this centre which outlined the minimum staffing levels in the centre as six staff by day and three staff by night. The residents living in this centre had high needs and the majority of residents needed the support of two staff for certain activities such as transfers and aspects of personal care. In addition to such tasks, front-line staff in the centre were also responsible for other matters in the centre such as cooking and supporting residents with activities.

It was observed during this inspection that this was a busy centre. For example, early into the inspection it appeared that most staff were in resident bedrooms supporting personal care while at one point in the afternoon, all staff present were seen making meals, cleaning, completing paperwork or preparing medicines. During the inspection, the inspector spoke with four different members of front-line staff, with such staff highlighting the challenges in carrying out personal care tasks for residents given the level of support they needed while also being responsible for providing meals and activities for residents. In particular it was highlighted that while efforts were made to support residents with activities and goals, it could be hard to do these. Similar issues had been raised in May 2023 and May 2024 inspections. This is also discussed further under Regulation 13 General welfare and development.

On the current inspection it was found that there was a red/high rated risk related to residents' welfare with dedicated activation staff and domestic staff highlighted as being needed to mitigate the risk. Matters related to such staff had been escalated twice within the provider in March 2025 and April 2025 with the inspector informed that this escalated risk remained open at the time of this inspection. In response to this risk, it was indicated that there had been engagement with some local groups to provide more opportunities for activation and that a bench marking exercise had been completed to compare this centre's staffing resources against another of the provider's centres. While such information was noted, the findings of this inspection related to dedicated activation staff and domestic staff were unchanged from past inspections.

It was acknowledged that the numbers of residents availing of residential support in the centre had decreased from 11 to 10 since the previous inspection. It was also highlighted though that the respite resident was previously provided with dedicated 1:1 staff support but that this staffing support was no longer being provided at the time of this inspection. Such 1:1 staff support was not part of the dedicated front-line staff team for this centre and as a result, one staff member outlined how front-line staff for the centre now had to ensure supervision of this resident when they were in the centre. In line with the project plan submitted previously for the centre, the provision of respite in this centre was to stop by 31 March 2025 after the

provider had received funding to open another designated centre on a full-time basis. This had yet to happen though due to recruitment challenges and it was unknown when respite in West County Cork 2 would cease.

Aside from such matters, it was identified during this inspection that the minimum staffing levels as outlined in the centre's statement of purpose were not always in place. For example, staff members spoken with indicated that at times staffing by day could be five staff rather than six. The inspector reviewed staff rotas for the week before and week of this inspection and noted two occasions when staffing had been lower than six. Discussions with staff and rotas reviewed did indicate though that the provision of nursing staff by day had improved since the May 2024 inspection. However, a risk relating to nursing staff had been recently escalated as a staff nurse working in the centre was due to commence a period of extended leave.

Regarding night staffing levels, this had been raised as a particular concern from a fire safety perspective in previous inspections in August 2021 and April 2022. Following the latter inspection the provider committed to having three staff on duty at night in the centre. While this was found to have been in place during the May 2023 inspection, the May 2024 inspection highlighted that there had been one occasion when only night staff were on duty. Comments made by staff on the current inspection, indicated that there had been further occasions where this had happened in more recent times. As a result, the inspector requested confirmation of the number of times only two staff had been on duty in the centre since 1 November 2024. In response, it was indicated that this had happened once on 31 January 2025 and that three staff had been on duty on all other occasions.

Judgment: Not compliant

Regulation 23: Governance and management

Since the May 2024 inspection, an annual review for the centre and a provider six monthly unannounced visit to the centre, both of which are regulatory requirements, had both been completed in November 2024. Both of these were reflected in written reports that were present in the centre on the day of inspection. It was seen that the annual review assessed the centre against relevant national standards while also providing for consultation with residents and their families. The unannounced visit report was seen to consider matters relevant to the quality and safety of care and support provided in the centre in areas such as rights, residents' activities and staffing. The November 2024 provider unannounced identified a number of areas in need of improvement and under this regulation a plan must be put in place to address such matter. No action plan related to this was seen during the inspection day. This was subsequently provided the day following this inspection.

As mentioned earlier in this report, this centre was registered with a restrictive condition which required the provider to implement a project plan. During the inspection the inspector followed up on a specific actions highlighted in this project.

In doing so he also requested an updated version of this project plan and specific documentation/information to evidence that such actions had been done. Some of the documentation/information requested was available on the day of inspection with others provided in the days following the inspection. Overall, the documentation/information indicated that the some actions had been done but others had not. Those actions that had been completed included:

- The person in charge maintaining a local database of Garda Síochána (police) vetting for staff.
- A reduction in the remit of a person participating in management.
- Medication audits being completed in June 2024 and January 2025.
- Personal plans being developed in an accessible format.
- Particular health assessments for residents being up-to-date.
- Staff meetings occurring quarterly.
- The completion of staffing mapping and a bench marking exercise.
- A protocol for the notification of incidents had been introduced.
- Completing a review of the shutter between the kitchen and dining room.

Examples of actions that had not been completed and were overdue the original suggested time frames as per the project plan included:

- The clinical supervision of all nursing staff had not been commenced.
- Job descriptions for some staff positions had not been completed.
- Respite was continuing in the centre despite an indication previously given that it would end by the end of March 2025.
- An audit of resident forums had not been completed.
- A community mapping exercise had not been completed.

In the response to the warning letter issued in October 2024, the provider indicated that this project plan was intended to support achieving compliance. While some improvement was identified on the current inspection compared to the May 2024, in areas such as risk management and contracts, there remained regulatory actions on this inspection and it was not demonstrated that the implementation of this plan had improved compliance in relevant areas. For example, despite the introduction of a protocol for the notification of incidents, Regulation 31 Notification of incidents was found to be non-compliant on this inspection. In addition, despite different staffing reviews having been conducted as per the project plan, the findings of this inspection for Regulation 15 Staffing were similar previous inspections.

Furthermore, some of the evidence gathered during this inspection also suggested that there was not appropriate nor timely follow-up action taken in response to issues identified. For example:

- A review of cleaning carried out an external company in the centre was conducted in December 2024. The outcome of this review was that the nine hours per week of cleaning by this external company was not sufficient. Following the inspection, the inspector queried how this matter had been followed up since then. In response it was indicated that the current number

of cleaning hours remained at nine hours per week and that the matter had been highlighted internally by the provider with a further update awaited.

- As part of the project plan a bench marking exercise had been completed related to staff. On the inspection, it was indicated that this bench marking exercise had only been completed the month before this inspection and that a plan still had to be developed following this. The updated version of the overall project plan provided during this inspection suggested that the bench marking exercise had been initially completed in December 2024.
- The November 2024 provider unannounced visit included an action for a discussion to be held with staff around what safeguarding was for the residents of this centre. The action plan for this unannounced visit indicated that this had been discussed with staff during a staff meeting on 20 February 2025. Notes of this meeting were provided which made no explicit reference to this matter being discussed with staff. While some other safeguarding matters were referenced in the notes of the February 2025 meeting, these were the same matters as the previous staff meeting from November 2024.

As such, these findings did not provide assurances that the management systems in operation for the centre were bringing about compliance with identified actions, the regulations nor the restrictive condition for the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

During the May 2024, it was identified that the resident who availed of respite in this centre did not have a contract of the provisions of services in place for this centre. Such contractors are important in setting out the services to be provided to a resident in a designated centre and the fees to be charged. On the current inspection, it was found that a contract for this centre had been put in place and was signed to indicate that it had been agreed to.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose present in multiple locations of the centre during the inspection was dated November 2024. This did contain most of the required information such as the criteria used for admission, the arrangements for residents to attend religious services and the fire precautions for the centre. However, it was noted that this statement of purpose did not include current information relating to the centre's certificate of registration. For example, it made no reference to the restrictive condition attached for the centre and put the centre's registration end

date as November 2024. The statement of purpose also outline the staffing arrangements for the centre in full-time equivalent but these were not consistent with a review of nursing staff completed in August 2024 nor a staff mapping exercise that was completed in April 2025.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

During the two previous inspections, it was identified that some restrictive practices in use in the centre had not been notified to the Chief Inspector on a quarterly basis as required. No issues relating to the notification of such restrictions were evident on the current inspection. However, this regulation also required certain injuries to be notified to the Chief Inspector on a quarterly basis. While injuries of this nature for the first quarter of 2025 had been notified on 30 April 2025, when reviewing incident records the inspector identified an injury from February 2025 which had not been notified.

Judgment: Not compliant

Quality and safety

Residents were being supported to participate in some activities away from the centre although there remained some challenges in this area. Some improvement was found related to certain risk assessments but other risk assessments required reviewed while some high rated risk remained since the previous inspection.

Improvement was found during this inspection relating to external activities with residents highlighted as attending men's and women's sheds. However, some challenges were raised in supporting residents to avail of external activities and achieve goals identified as part of a personal planning process. This was linked to the staffing arrangements for the centre. The centre did have one vehicle specifically assigned to it that could be used for activities away from the centre but there was an identified rights restriction in the centre for one resident relating to the centre not having a second vehicle. Some relevant risk assessments relating to this resident's potential impact on other residents had been completed. It was noted though from documentation reviewed that some risk assessments were overdue a review or had not been reviewed to take account of relevant incidents. Some of these risk assessments covered red/high rated risks in the centre which had not been appropriately mitigated since the May 2024 inspection. One of these related to environmental disturbance.

As highlighted earlier in this report, one resident was heard vocalising at different points during the inspection. One staff member stated that the resident's vocalisations on the day of the inspection were "a quiet day" for the resident. Staff spoken with during the inspection indicated that such vocalisations did impact other residents although that it would be hard to determine how much as other residents did not communicate verbally. Since the May 2024 inspection, the inspector had received two notifications of a safeguarding nature where the vocalisations of this resident had impacted others. Aside from these on the current inspection, it was also suggested in the weeks leading up to this inspection the vocalisations of this resident had disrupted the sleep of another resident at night. While previous instances of this had been regarded as safeguarding concerns in the centre, the more recent instance was not regarded as a safeguarding concern following consultation with the provider's designated officer (person who reviews safeguarding concerns). It was noted that following this more recent instance, one of the residents involved had moved bedroom.

The potential impact of the vocalising resident had been highlighted in previous inspection reports and in the reports of provider unannounced visits. Since the May 2024 inspection, the provider had explored the possibility of soundproofing part of the centre to lessen any impact from this resident on peers. Soundproofing was previously raised as a possibility during the May 2023 inspection but no soundproofing had yet to take place. A proposal though had been recently completed which would involve some premises works to create a soundproofed area for this resident that included an en suite bathroom for them. The intention behind this en suite bathroom was to better promote the privacy of the resident given their particular needs. It was unclear if this proposal would proceed as it was dependant on two vacancies in the centre not being filled.

Aside from the vocalising resident, other records reviewed indicated that the presentation of another resident could impact other residents in the centre. This included one incident from January 2025 where this resident presented with behaviour that challenges that adversely impacted another resident in their home. Two further incidents reports were read from January 2025 and March 2025 where the same resident presented with behaviour that challenges. Both of these incidents described how this resident was invading the personal space of others with one indicating that residents had been removed for their safety. For the March 2025 incident staff had made complaints on behalf of two residents as a result of the incident.

Neither the January 2025 nor the March 2025 incidents had notified to the Chief Inspector as safeguarding concerns. Such matters were highlighted during the inspection particularly related to the March 2025 incident given the complaints made. The inspector was subsequently informed during the inspection that the provider's designated officer had no record of being contacted in relation to the March 2025 incident. The inspector subsequently sought clarification as to whether these two incidents were of a safeguarding nature. Following the inspection, it was indicated that neither the January 2025 nor March 2025 incidents were regarded as safeguarding concerns following consultation with the provider's designated officer.

Regulation 13: General welfare and development

During this inspection the internal and external activity records for three residents for March, April and May 2025 were reviewed. Similar to the previous inspection, it was found that residents were recorded as participating frequent internal activity records. These included watching television, listening to the radio, colouring and throwing balls. There were some occasions though where residents were not recorded as participating in any internal activity. For example, for one resident no internal activities were recorded for four days in March 2025. External activity records for these three residents indicated that drives and walks were the dominant external activity that residents did. However, it was noted that, compared to the May 2024 inspection, some additional external activities were listed as being done. These included meals out, going to a pub, attending a rallying event, road bowling and a men's shed. The latter was something that two residents attended on the day of this inspection with the inspector also informed that some residents had also attended a women's shed. It was also highlighted that the provider was seeking to encourage positive risk taking.

However, taking into account the finding under Regulation 15 Staffing relating to activation staff, staff spoken with did highlight how it could be difficult to pursue some external activities given staffing levels. For example, it was highlight how attempts were made to get a resident to use a hydro pool but that this was hard to arrange as two staff would be needed for this. Further discussions with staff and documentation reviewed also highlighted how some goals identified for residents through a person centred-planning process had not progressed. For example, one resident had a goal identified in October 2024 to go an overnight stay away but a goal review sheet for this had no entries to indicate what progress had been made. The same resident had a goal to attend a day services which had been in place at the time of the May 2024. At the time of the current inspection the resident, who multiple staff indicated could benefit from a day service, was still not attending a day service. It was suggested to the inspector that the resident would start attending a day service operated by the provider once a manager started in a local day service. It had been highlighted during the May 2024 inspection that were this resident to attend a day service, then they would need a staff member to support. On the current inspection, a member of the centre's management insisted that such a staffing resource would not be required.

Judgment: Substantially compliant

Regulation 17: Premises

While the premises provided for residents was seen to be reasonably presented on the day of the inspection, some maintenance issues were highlighted as being

outstanding. These included some floors and laminate wardrobes that needed replacing. During the inspection, it was observed that some of the floors in the centre were older in style and appearance while the panel of a press door was peeling off.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Documentation reviewed confirmed that risk assessments had been in place for individual residents relating to the potential impact from a resident who vocalised. This was an improvement from the previous inspection. It was noted though that another resident had a risk assessment in place relating to the potential impact that this resident's presentation could have on others. This risk assessment had not been reviewed to reflect relevant incidents and related complaints regarding this resident impacting other residents. The centre had an overall risk register which had been reviewed in December 2024. Corresponding risk assessments for identified risks in this risk register were in place but it was seen that some risk assessments were overdue a review since March 2025.

One of the risk assessments that was overdue was a risk assessment related to environmental disturbance. This was rated as a red/high rated risk. An additional control measure highlighted to mitigate the impact of this risk was to conduct an assessment around soundproofing. Documentation reviewed during this inspection indicated that such an assessment had been completed a recent proposal related to this had been completed. It was unclear though if this proposal would proceed with this matter related to the resident who vocalised loudly. Given that staff spoken with indicated that this resident's vocalisations impacted others and the risks related to this had been assessed as high, it was not demonstrated that the provider had taken sufficient measures to reduce the impact of this. Other red/high rated risk had also been identified in the centre based on documentation reviewed. These covered areas such as the welfare of residents, work related stress and food hygiene. Similar red/high rated risks were seen during the May 2024 inspection with some of these related to staffing matters as discussed under Regulation 15 Staffing. Given the ongoing presence of these red/high rated risks, appropriate measures had not been taken to reduce the risk associated in these areas.

Judgment: Not compliant

Regulation 9: Residents' rights

Documentation related to a soundproofing proposal for a vocalising resident highlighted how the resident would seek to leave the centre to go for drives and

could vocalise if this was not possible. This centre had only one dedicated vehicle provided for it although it was highlighted that the centre could access vehicles from the provider's day services at weekends. Despite this, it was an identified rights restrictions for the centre, that the presence of only one dedicated vehicle for the centre could mean that the resident could sometime not leave the centre when they wanted to do so. The inspector read of one instance where the resident had been unable to leave the centre to go for a drive as the centre's vehicle was elsewhere. This resulted in the resident vocalising for three hours.

Similar issues were highlighted during the May 2024 inspection where it was indicated then that a request for a second vehicle had been made internally within the provider but that there had been no response to that request. On the current inspection, the inspector queried if there had been a response to this request but was informed that there had not been. This was despite some discussion being held around the resident potentially buying their own vehicle given the absence of a second vehicle specific to this centre. Consideration of such options, indicated that a rights restriction remained for the relevant resident given the availability of only one dedicated transport for this centre.

Aside from this, an incident record reviewed indicated that residents had been removed due to the presentation of another resident. While it was indicated this was being done for residents' safety, care was needed to ensure that such measures did not impact the rights of residents in their home.

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	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for West County Cork 2 OSV-0003288

Inspection ID: MON-0045619

Date of inspection: 09/05/2025

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">• The provider is dedicated to ensure the residents welfare is a priority in line with their wishes. Since the inspection the provider has signed off on a pilot community connector role aiming to commence by 30th September 2025. <p>The pilot Community Connector Role in West County Cork 2 aims to:</p> <ol style="list-style-type: none">1. Support residents to link/connect with programs, clubs and activities in the community.2. Through community mapping, build personal support networks in the community for people with disabilities.3. Facilitate community participation to enable residents to participate in community activities, ensuring that they have access to activities that align with their interests.4. Asset-Based Community Development: Using a person-centred approach, Community Connectors will identify the strengths and gifts of residents and apply this knowledge to promote reciprocal relationships of acceptance and belonging within the community.5. Safety and Risk Management: The community connector will make decisions about the safety and risk of community connections, ensuring residents are supported in a safe and respectful manner.6. The addition of a pilot community connector role will allow the core WCC2 staff team to focus more on daily support tasks including personal care and cooking. <ul style="list-style-type: none">• In relation to domestic staff, based on the outcome of a benchmarking exercise and the projected impact of the community connector role, the PIC and PPIM are developing a proposal, which will be submitted to the COO for consideration by the 31st July.• The PIC supported by the PPIM and the registered providers Human Resource Department will ensure all vacancies in the center are filled. 'Approval to hire' forms, as part of the Registered Providers recruitment process, have been completed and submitted for the staff nurse and care assistants who are on extended leave.	

<ul style="list-style-type: none"> • The PIC will ensure a maximum planned leave protocol is implemented in the designated centre. The PIC will also ensure to have a contingency plan for short term unexpected absences that includes a relief panel and agency staff if required. • Risk with regards to request for additional activation staff and dining staff will be continuously monitored by the PIC and PPIM. The additional of the pilot community connector role will mitigate • Regarding resident receiving weekend respite; funding for staffing was granted by the HSE in January 2025 to open another centre on a seven-day basis. Once opened, weekend respite in WCC 2 will stop. Due to recruitment challenges the dates have not been reached to open the other centre. The provider is continuing to advertise to fill these staffing positions. The provider has proposed a phased approach to opening this centre which was presented to the regulator on the 12th May 2025. <p>1:1 support for the respite resident was deemed necessary as the resident settled into WCC2. The resident has become familiar with the environment, staff team and other residents and no longer requires the support of a 1:1 staff. Levels of support staff will be continuously monitored while the respite residents' accesses WCC2.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Regarding resident receiving weekend respite, the providers actions to address this are outlined under Regulation 15: Staffing. • The provider is dedicated to ensure the residents welfare is a priority in line with their wishes, since the inspection the provider has signed off on a pilot community connector role for West Cork. Details of this are outlined in Regulation 15: Staffing. • Safeguarding is a standing agenda item for all staff meetings. All staff within the Centre have completed Safeguarding of Vulnerable Adults training. The latest staff meeting where safeguarding was discussed as part of the agenda was held on 22nd May 2025. Additionally, the Social Work Department are scheduled to facilitate a staff learning and information session on what determines safeguarding in the context of the residents in WCC2 by 18th July 2025. • Informal clinical supervision has commenced within the Centre lead out by the Assistant Director of Nursing. Areas of supervision include health, medication management and challenges with meeting changing needs of residents. Staff nurses group supervision will take place 3rd July 2025 around specific topics identified by the Centre. The providers senior nursing team will attend a three-day training programme on 	

formal clinical supervision in October 2025. This formal supervision framework will be rolled out from 30th November 2025.

- A benchmarking exercise that was carried out with a similar designated centre has been completed. A proposal is currently being developed and will be submitted to the COO for consideration by the 31st July.
- The provider has approved an increase of cleaning hours from 9 hours a week to 15 hours a week (5 days x 3 hours) for the designated Centre, this additional cleaning has commenced. This will be reviewed again in 6 months to ensure uplift is meeting the needs of the Centre.
- Job descriptions for staff positions are completed and with the Providers Executive Team for sign off.
- Advocacy Officer is scheduled to visit the WCC2 on 4th July to provide guidance to the PIC & staff team in relation to resident's forums for people that communicate differently. The advocacy officer is developing a resident forum audit based on FREDA principles for people that communicate differently. This will be shared with the PIC in order to complete resident's forum audit by 15th August 2025.
- The PIC supported by the PPIM will ensure management systems are in place in the designated Centre, with specific focus on ensuring:
 1. Notification of incidents are reported in line with regulation,
 2. Compliance/project plans are up to date with all actions
 3. Documentation of staff meeting is accurate

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The PIC and PPIM will complete a full review of the SOP and include information relating to the centre's certificate of registration and associated conditions.
- A review of the centre's staffing allocation has also been completed. The PIC and PPIM will ensure the SOP, rosters and staffing map WTE's are aligned.
- Approval to hire' forms as part of the Registered Providers recruitment process have been completed for staff nurse who is on a period of extended leave.

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC has included weekly protected time in their calendar to review NIMS to ensure full oversight requirements for quarterly notifications. • The PIC & PPIM will continue to meet monthly and where, notification of incidents, safeguarding and risk management will be an agenda item. 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> 1. The provider is dedicated to ensure the residents welfare is a priority in line with their wishes. Since the inspection the provider has signed off on a pilot community connector role for West Cork. Details of this are outlined under Regulation 15: Staffing. This pilot aims at improving the lived experience of residents by support residents to engage further with their community in line with their interests and goals. 2. The PIC will ensure that keyworkers follow through on supporting residents' goals through a stepped approach. Monthly reviews of resident's goals by the PIC with the keyworker and documenting same will support oversight and governance of this action. 3. Resident in question will commence attending Day Service from 5th August 2025. 4. The PIC is exploring options for the resident to be supported by a staff member and a volunteer/natural support/family member to the hydro therapy pool. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Facility Manager will carry out a walk-through of the designated Centre and map all maintenance issues which are outstanding with the PIC by 31st July 2025 • The maintenance walk through will also review storage space in the designated Centre. • Following the walk around, a maintenance plan and schedule will be provided for all agreed works. 	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Regarding the risk relating to environmental disturbances, an initial proposal has been received from an external contractor to dampen the sound in an area of the designated centre. A wider impact assessment, high level project plan and costing of works is required for the next phase of this proposal to determine if it is a viable option. The PIC supported by the PPIM and facilities manager will complete a proposal and submit to the executive team through the COO for consideration by 30th November 2025. • In the meantime, the PIC and PPIM will continue to explore alternative solutions to support the lived experience of the residents and mitigate risk associated with environmental disturbances. • The PIC has a risk review schedule in place which will support the continued oversight and updating of the risk registers, with a specific focus on monitoring high risks in the designated centre. <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • As part of the Community Connector pilot project the Designated Centre and residents will have further access to transport options. • The Centre will continue to have the opportunity to avail of vehicles from the providers day service during evenings, weekends and Day Service holiday closures. • The PIC will continue to liaise with the Designated Officer for guidance in relation any alleged incidents that occur considering any unplanned restrictive practices that may occur. • Regular residential forums continue to play a key role in ensuring the residents voice and the residents lived experience is central to supports in WCC2. 	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	10/10/2025
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	10/10/2025

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	31/01/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/01/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Not Compliant	Orange	30/11/2025

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2025
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	30/09/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	10/10/2025