



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

Issued by the Chief Inspector

Name of designated centre:	East County Cork 2
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	20 January 2026
Centre ID:	OSV-0003290
Fieldwork ID:	MON-0040513

About the designated centre

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

This is an adult short break / respite service for people in receipt of full-time day services operated by the same provider. Residents availing of short breaks have a diagnosis of an intellectual disability and / or autism. The designated centre can accommodate up to six adult residents at any one time, both male and female. The premises is located in a large coastal town adjacent to facilities and amenities. The premises comprises of two semi-detached houses over two floors, which presents as one large house. There is a kitchen / dining room and two living room spaces. There are five bedrooms upstairs, and one wheelchair-accessible bedroom downstairs. Toilet and bathroom facilities are located on both floors. There is also a staff office on the ground floor. There is a secure garden space to the rear of the property and parking for transport vehicles at the front. The residents are supported by a staff team both by day and waking staff at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 20 January 2026	09:50hrs to 18:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in October 2024 and June 2025 as part of the current registration cycle. The findings of both of these inspections had required actions to be taken by the provider. It was evidenced during this most recent inspection, improvements had been made which had positive outcomes for the residents availing of short breaks/ respite in this designated centre. For example, there was a dedicated transport vehicle available to the staff team since the start of January 2026. Upgrade and general maintenance works that had been completed since June 2025 to the premises were also noted by the inspector during the walk about with the person in charge.

There were no residents present at the time the inspector arrived. The inspector was greeted by the person in charge and person participating in management. Both persons provided information and documents as requested by the inspector throughout the inspection. A total of 53 residents were currently availing of short breaks in the designated centre as documented in the directory of residents. The inspector was informed that one resident had been discharged the week before this inspection as their assessed needs could no longer be supported in the designated centre. The provider was seeking to identify a more suitable respite service for the resident at the time of this inspection. Two residents had also been supported to access full time residential services during 2025 and two residents had recently commenced availing of short breaks in this designated centre.

In the afternoon, the inspector was introduced to the two residents availing of respite breaks when they arrived after attending their respective day services. The inspector had been informed this was the first night of the current respite break for both of the residents. One had a planned respite stay of three nights and the other six nights. Both residents were observed to be smiling and engaging with the two staff that were supporting them. The inspector overheard staff offering choice of bedrooms to both residents as personal belongings were being put into the chosen bedrooms. The residents were introduced to the inspector when they were ready. Both shook hands and greeted the inspector with either a smile or acknowledgement. Both residents communicated without words but were observed to express themselves with gestures, Lamh signs or vocalisations which staff supporting them were observed to understand.

The inspector was informed one resident had required admission to hospital in recent months due to illness and they had required a change to their medications. Staff spoke of the ongoing monitoring they planned to carry out during this respite stay for the resident as their previous stay they had noted the resident to be more tired than usual and not engaging in activities as they would usually do. The inspector observed the resident to be supported to make a choice of a preferred

movie with lots of songs on the television. The resident gestured to staff present to dance with them which two staff did at different times and the resident was smiling during this engagement. The inspector also observed staff to support the resident with other activities such as putting on their slippers and getting a drink as they settled into the centre.

The other resident also enjoyed music and had their own hand held piano which played musical tunes when the resident pressed particular buttons. The resident interacted with the inspector at times, showing how they were able to make music and allowed the inspector to view a book of photographs of important persons and events in their life. The staff were observed to offer the resident choice for their evening meal with pictures representing foods that the resident was known to like. The resident was then offered the opportunity to go to the local shop with a staff member in the transport vehicle to purchase their chosen food. The resident was observed to be excited about this spin and was smiling when they returned a short while later with their purchases.

The inspector spoke with a total of four members of staff during the inspection which included two staff providing direct support to the residents in the designated centre. Both outlined the positive impact in recent weeks for the residents with the availability of a dedicated transport vehicle. The daily routine could now be better tailored to suit the assessed needs of the individual residents availing of short breaks. For example, previously the staff had access to a vehicle used by a day service and there were time constraints to have the transport back by a certain time in the morning or was not available until a certain time in the afternoon on weekdays. Staff explained occasions had occurred where residents availing of respite breaks were often the last to be picked up from their day service in the afternoon. The staff were very happy to be able to arrive on time to collect the residents now to avoid causing any anxiety which could occur if residents were kept waiting to be collected. Staff also spoke of increased flexibility to be able to support group and individual activities in the local and the wider community. This included being able to offer opportunities in the evenings to engage in short social activities such as going to the shop as observed on the day of the inspection. Previously this would not have been as easy to complete.

Staff spoke of the process to make contact with relatives a week before the commencement of any planned short break to ensure the team had up-to-date information and were made aware of any special arrangements, preferences or changes to a resident's routine. This assisted the team to plan and prepare for each resident and provide an individualised, person centred service during the respite break. Staff were aware of friendships that some residents had and similar interests. Where possible short breaks were offered to support these friendships or enhance the enjoyment for residents who enjoyed similar activities. The person in charge worked closely with the provider's respite co-ordinator when short breaks were being planned approximately three months in advance to ensure the number and mix of residents on each respite break were being supported by the required staff resources and consider the assessed needs of each individual attending. For

example, if a resident required a down stairs bedroom only one such resident could attend as only one bedroom was located on the ground floor.

The staff spoken too were aware of the centre specific protocols in place which included medication management, end of shift handover and individual communication protocols with relatives. For example, one resident's family representatives had requested daily updates while their relative was staying in the designated centre, This was documented in the resident's personal plan known as a short breaks passport and staff were aware. Staff explained that all team members completed both day and night shifts on a rotational basis and this was working well to ensure all team members were aware of their role and responsibilities when on duty. For example, following a complaint regarding a resident's personal belongings a change in process had been implemented by the person in charge regarding recording each resident's personal belongings when they arrived at the start of their respite break. To enable day staff to support residents with their immediate needs and activities, it was the responsibility of the night staff to document residents personal belongings with the resident on the first night of their short break.

The inspector reviewed a total of 17 resident questionnaires that had been completed by either residents with support from relatives or by relatives on behalf of residents. Of these, 14 questionnaires were in the designated centre on the day of the inspection and three had been submitted electronically to the Health Information and Quality Authority (HIQA) prior to the inspection. All of the completed questionnaires had positive responses relating to the designated centre, staff team and the provision of services. Some responses reflected that actions had been taken following their completion of the provider's annual survey at the end of 2025. This included improved communication, improved information sharing between all parties and increased opportunities for healthy eating and activities. There were some additional comments which described the designated centre as a "home from home" and " specific dietary requirements always followed by staff". The inspector acknowledges that a number of comments related to the format of the HIQA questionnaire not being relevant to the individual about whom it was being completed for. Additional comments were also noted by the inspector but were not related to the provision of service in this designated centre.

Staff were also observed to follow a centre specific protocol during the inspection. There was a requirement to lock the office door when a staff member was checking a resident's medication at the start of their short break. A staff member was observed to follow that process, the person in charge and the other staff present supported the two residents during this time in communal areas in the designated centre. In addition, a resident required their evening medications to be administered as the inspection was ending and again the same staff member was observed to follow the centre specific protocol of bringing the resident into the office to give them their medications. The resident appeared to be relaxed and understood the process and it looked like this was a familiar routine for them when staying in the designated centre. The inspector left the office immediately to enable the resident to be given their prescribed medications.

In summary, there had been a change in the management structure since the previous HIQA inspection in June 2025. There was documented evidence of ongoing review and follow up on issues and actions identified by the provider's own audit system. The staff team spoke of the improvements and positive impact for residents with regards to daily routines and activities since the availability of a dedicated transport vehicle. The general maintenance and upgrade works that had been completed since the last inspection were also described as being positive to the inspector. In addition, the inspector observed one resident to take notice of the new floor covering that was in place on the stairs and another resident was observed to enjoy looking and gesturing towards canvas artwork on the walls that a member of staff had completed to enhance the decor.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a consistent staff team. The provider had measures in place to address the actions identified in the previous inspection that took place in June 2025 which included ensuring gaps in information within the short breaks passports for residents were updated. There was evidence of improvements taking place within the premises, increased resources such as transport and access to WiFi and effective systems to monitor the governance and oversight in the designated centre in recent months. The provider also had a system to monitor actions identified in the October 2024 inspection to ensure actions outlined in the compliance responses submitted to the Chief Inspector had been adequately addressed. Where the provider had identified further actions were required these had been addressed in recent months such as ensuring all residents had contracts of care in place. Eight residents had been identified in the annual report in October 2025 as requiring contracts of care to be completed.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months. Since the previous inspection six month un-announced audits were completed in June-July and December 2025. The auditors identified that further improvements and progress were required to address issues identified which included premises works, staff training and resources. The inspector was provided with an update on the progress and monitoring of these actions during the inspection. Most actions were completed and the provider was actively recruiting to fill a staff vacancy in the designated centre.

An annual review had been completed for the 12 month period up to October 2025. The auditor acknowledged the improvements that were evident for the residents which included an increase in the service being provided at full capacity since the start of 2025. Resident meetings were taking place at the start of each short break to capture how each resident would like to spend their time while in the designated centre. Some gaps in such meetings taking place had been identified during the summer months but had been consistently occurring in recent months. Input from family representatives had been obtained as part of the annual review. There were 30 responses received, most were positive in nature. However, a number of responses highlighted some areas for improvement. The person in charge contacted the respondees with 13 complaints subsequently being documented by the person in charge in December 2025. The issues raised were addressed to the satisfaction of all complainants and will be discussed further in Regulation 34: Complaints

The person in charge had ensured regular audits were taking place within the designated centre as required by the provider. Details of actions completed, in progress or barriers were clearly documented. Both the person participating in management and the person in charge met at least monthly to review actions arising out of completed audits. In addition, a medication audit had been completed by an assistant director of nursing in February 2025 and a clinical nurse specialist had completed an infection prevention and control audit in March 2025. Actions identified during both audits were found to have been addressed at the time of this inspection and the person in charge was responsible to organise repeat audits with the two departments for 2026.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role.

- They demonstrated their ability to effectively manage the designated centre.
- They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.

- Their remit was over this designated centre and one other designated centre located approximately 45 kilometers away.
- They demonstrated actions taken in recent months to address identified gaps in staff training and some documentation. They had provided support to the staff team to ensure consistency in documentation completion.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team comprised of the person in charge and 11 care assistants, of these one was employed as a regular relief staff member and one staff was on extended planned leave at the time of this inspection.
- Regular relief staff supported the core staff team when required which included supporting specific assessed needs of some residents. A total of 26 relief staff had worked in the designated centre since 1 October 2025. The person in charge ensured at least one familiar staff was on duty where possible to best support the residents availing of short breaks.
- There was one whole time equivalent vacancy at the time of this inspection. The inspector was informed the provider was actively seeking to recruit two additional social care workers for posts in this designated centre.
- The inspector was informed that the requirement for agency staff to work in the designated centre was rare with only one instance in the last six months. The person participating in management outlined the provider's processes in the event an agency staff was required to be rostered on duty in the designated centre. This included oversight by a dedicated resource in the provider's employment relations department to ensure all requirements including training and garda vetting had been completed by the agency staff member. The inspector was also informed that the provider adhered to the Health Services Executive (HSE) procedures regarding the use of agency staff and had assurances in place from the agencies that provided such services to the provider.
- The person in charge had made available to the inspector actual rosters since 1 December 2025 and planned rosters until 8 February 2026, 10 weeks. These reflected the number of residents being supported each night and changes made due to unplanned events/leave. The minimum staffing levels were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift, the location of the person in charge and reflected the hours when staff were attending scheduled training.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 12 members.

- The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety and safeguarding. One staff member was completing safety intervention training on the day of the inspection, all others members of the core staff team had completed this training.
- All staff in the centre had completed a range of non- mandatory training courses to support the specific assessed needs of the residents which included human rights, infection prevention and control and manual handling.
- The person in charge provided details of additional training undertaken by members of the core staff team which included nine staff had completed the safe administration of medications, eight had completed assisted decision making and food safety.
- The person in charge had undertaken training in performance achievement as part of their own professional development.
- The training records for the 26 relief staff were also provided to the inspector for review during the inspection. The inspector reviewed a selection of these records and all mandatory training appeared to be up-to-date for these staff.
- Gaps in staff training had been identified in the HIQA inspections in October 2024 and June 2025. The annual review in October 2025 noted training had been booked for staff and gaps were being addressed. This was evidenced to be working at the time of this inspection, the person in charge had an effective system in place to ensure staff training and refresher training was booked in advance as required.
- The person in charge had scheduled staff meetings that occurred regularly from October 2025 since they had commenced in their role. Topics discussed included safeguarding, learning and recommendations following complaints that had been made and the specific supports required by residents availing of respite services in the designated centre. This included communication with relatives, the effective management of personal possessions and dietary preferences and requirements. The inspector was made aware gaps in staff meetings had occurred between July and September 2025. This was prior to the current person in charge being in the role and the inspector was shown details of planned monthly inspections scheduled to take place in 2026.
- Most of the core staff team had participated in supervision during 2025. Two staff had not been part of the supervision process in 2025 and the person in charge had prioritised these staff in 2026. The person in charge had documented dates of the commencement of the supervision process of the

staff team and inspector was provided with a schedule of staff supervisions for 2026.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was in place and maintained to reflect residents in receipt of services. All information as required in paragraph (3) of Schedule 3 was included for each resident.

The details of the resident who recently transferred out of the service were also present for the inspector to review.

The person participating in management had completed a review of the directory at the start of January 2026

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. The documentation that was submitted by the provider as part of their application to renew the registration of the designated centre was valid until the end of December 2025. The provider subsequently submitted the insurance certificate relating to the property for 2026 once it was available to them in January 2026.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior manager. The current remit of the person in charge in this designated centre was over two designated centres.

- The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. This was evident to be in place in this designated centre on the day of the inspection. The person participating in management had electronic data which reflected actions that had previously been identified in the last

two HIQA inspections which were required to be addressed in this designated centre. Progress updates and completion status provided up-to-date information. In addition, the person participating in management outlined how the provider's electronic audit system would provide an alert to them if a scheduled audit had not been completed in the designated centre.

- The person in charge had a centre specific system in place to ensure ongoing oversight of actions arising out of audits being completed. There was documented evidence of actions being addressed or progress updates.
- The provider had completed an annual review in October 2025 which documented highlights of the year including the provision of respite breaks at full capacity with the recruitment of new staff since January 2025. The biggest challenge to both the residents and staff team was identified as being the lack of a dedicated transport vehicle. As already discussed in this report this has been addressed since January 2026 with a positive impact on recreational activities and attending day services.
- The person in charge demonstrated the ongoing work and progress being made to address gaps that had been identified in the annual review which included meaningful resident forums taking place at the start of respite stays, regular staff meetings taking place since October 2025 and ongoing support to the staff team to ensure consistency in the completion of documentation such as incidents forms.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had been provided with a written agreement outlining the services being provided to them.

The auditors of the annual report in October 2025 had identified that eight contracts of care remained outstanding at that time. This was addressed by the person in charge.

In addition, the person participating in management had completed a review of all contracts for residents currently availing of short breaks on 8 January 2026 to ensure they were reflective of the services being provided and were reflective of the name change of the provider that had occurred during 2024.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy was in place for the management of complaints.

- Details of who the complaint officer was were observed to be available within the designated centre. Easy -to -read information was available for residents to access.
- The person in charge had ensured regular review of the complaints log was taking place.
- The staff team had received a number of compliments, this was referred to in the annual report and the person in charge outlined plans to ensure any further compliments were going to be recorded going forward in 2026.
- The person in charge had reviewed responses from family representatives in surveys that had been returned as part of the annual review process in 2025. Thirteen complaints were subsequently documented by the person in charge on foot of the responses received. The issues raised included healthy food choices, personal possessions getting mixed up and improved communication from staff team on how residents got on during their short break. The person in charge contacted all thirteen respondents between the 4 and 5 of December 2025. The actions been taken were documented to address the issues raised in the surveys by each respondent. This included a new protocol for recording the personal possessions that residents brought to the designated centre. Individual short break passports were updated to reflect food choices, activity preferences and specific communication requirements requested by family representatives. All complaints were documented as being closed to the satisfaction of the complainant. Staff demonstrated their awareness during the inspection of revised protocols and preferences for individual residents that had been identified from the survey responses.
- Four other complaints had been received since the previous inspection in June 2025. These related to issues such as personal possessions, food choices and individual care needs. The person in charge spoke with all complainants to seek to understand the issues being raised. All complainants were reported to be satisfied with the resolution and actions being taken which included holding a staff meeting in October 2025 to discuss the complaints made.

Judgment: Compliant

Quality and safety

Overall, residents were being supported to receive care in-line with their assessed needs. This included being supported to attend day services if they wished to do so to maintain their regular routine. Most residents enjoyed engaging in social and community activities during their respite breaks.

Staff ensured each resident was consulted at the beginning of their respite break of what social activities they would like to participate in, meal preferences and if there were any activities they would like to complete while in the designated centre. This included assisting with household chores. Individual preferences of what chores a resident wished to engage in were documented. If a resident indicated they did not wish to participate in completing household chores this was documented in the resident meeting notes for the specific respite break.

There was evidence of learning for the staff team in recent months to ensure effective supports were consistently being provided to all residents in line with information provided as part of the pre-admission process. This included ensuring dietary plans and the required supports with activities of daily living were adhered to by all staff. The person in charge and the person participating in management were undertaking a review of all residents short breaks passports to ensure each residents documentation contained up-to-date information which included likes and dislikes as well as checking that all relevant sections of the short breaks passport had been completed in full. Internal audits had identified some gaps in the completion of required documentation and tasks in recent months, this included daily communication notes. In addition, incomplete appendices in the short breaks passport had been identified for some residents, such as consent, permissions, intimate care plans and personal emergency evacuation plans. The person in charge explained a full review of all short breaks passports was progressing and delegation to key workers of ongoing review of residents documents would be part of the responsibilities of the staff team. At least an annual review of each short passport is to be undertaken. All residents availing of short breaks in the designated centre had a multi-disciplinary meeting held in December 2025 which the person in charge attended.

The inspector reviewed four short breaks passports during the inspection. The information was reflective of individual assessed needs such as one resident required a staff trained in the safe administration of medications to be on duty during their respite break. Another resident's sleep pattern was reflective of their home pattern and staff were working to support the resident to provide them with re-assurance that staff were present and awake throughout the night while the resident was in bed. Another resident had become upset by the sound of the fire alarm during a fire drill, subsequently staff have used a similar alarm sound on their phone which is less impactful on the resident and provided easy-to-read information to aid this resident's understanding of the purpose of the fire drill.

The person in charge had implemented a change to some protocols within the designated centre since the previous inspection in June 2025. There had been a review of communication between the staff team during handovers to ensure all staff were provided with up-to-date information while providing support to each of the residents. The staff spoken to during the inspection were aware of personal preferences and choices of each resident. They were observed to ensure residents were informed prior to an activity taking place. For example, meal planning on the evening of the inspection was consultative in nature with the residents, choices were offered and both residents choices were facilitated.

The inspector did not review Regulation 29: Medicines and Pharmaceutical services during this inspection. However, it was evident actions taken to address issues identified during the October 2024 HIQA inspection remained in place and the staff team were aware of centre specific protocols regarding the safe administration and storage of medications. Nine of the core staff team had completed training in the safe administration of medications. Relief staff did not administer medications in this designated centre at the time of this inspection. If a nurse was required to administer specific medications there was a protocol in place and staff were also aware of this when speaking to the inspector during the inspection.

Regulation 10: Communication

The registered provider and staff team had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats for a range of topics including fire safety, safeguarding, advocacy and consent.

Residents also had access to telephone, television and Internet services in line with their assessed needs.

Each residents short breaks passport contained up-to-date information which detailed the preferences and communication techniques which effectively supported each individual.

In addition, the inspector was informed before meeting both of the residents by staff how each resident communicated and individual personality traits to be mindful of to aid with their engagement with the inspector.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that actions had been taken when family representatives had identified a number of occasions when their relatives personal

possessions were not returned or items not belonging to their relative were returned home with them at the end of their respite break. To address this issue, the person in charge implemented a change in the process of documenting the personal possessions that arrive with each resident. The night staff were required to ensure all personal possessions were documented on the first night of the short break. The person in charge was also reviewing the completion of these documents to ensure consistency and this was reported to be working well in recent months.

- All bedrooms had adequate space for residents to store their possessions
- The management of laundry was reflected in each resident's short breaks passport. For example, some families preferred if staff did not wash their relatives' clothes.
- Where a resident required support to safely store their finances this was facilitated by the staff team.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured residents availing of services in the designated centre were being supported with appropriate care taking into consideration their assessed needs and wishes. For example, following a multi-disciplinary meeting in December 2025 one resident who had a number of complex medical needs and had availed of respite breaks in the designated centre during 2025 was unable to have all of their assessed needs met in this designated centre. The person participating in management outlined how an alternative respite service was being reviewed for the resident at the time of this inspection.

- Two residents had transferred to full time residential services with the provider during 2025.
- The staff team ensured residents were supported to attend their respective day services which were located in a number of areas around Cork City.
- Residents were being supported to access community activities regularly during their short breaks. The staff team were confident increased flexibility provided with a dedicated transport vehicle would further enhance opportunities being able to be offered to residents. For example, the person in charge outlined how with agreement by all parties an outing could be planned for a resident and they could leave their day service early if there was a particular activity they wished to complete during their short break.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable.

- Internal maintenance had taken place since the previous inspection which included painting, replacement flooring in a number of areas including the stairs and the installation of privacy film on all windows. This increased the amount of light coming into the house as the previous window decor had been removed. The person in charge also had ordered new blinds and fire retardant curtains to complete the overall upgrade of the premises.
- External maintenance had also been completed in the secure garden area to the rear of the property. The person in charge outlined plans for the residents to engage in gardening activities in this space once the weather improved in the coming months.
- The design and layout of the designated centre included one downstairs bedroom which suited the assessed needs of residents availing of respite breaks. A change of purpose to one room upstairs to an office was reflected in the floor plans submitted as part of the renewal of application of registration for this designated centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured residents were being supported to make choices regarding their meals. This included buying, preparing and cooking their meals if they wished to do so.

- The person in charge ensured staff were aware of their responsibilities regarding the provision of food and drink which included safe storage. An action from the provider;s internal audit in June-July 2025 had identified not all open food items were been stored correctly and in line with the provider's procedures. This action was documented as being addressed immediately. On the day of the inspection all open food items were labelled with a date of opening and stored in hygenic conditions.
- Where a resident had individual dietary needs and preferences these were been adhered to. For example, a family representative had spoken with staff regarding a preference for their relative regarding a specific drink. The relative outlined in their response in the HIQA residents survey that staff had acknowledged the preference and updated the information so that all staff would be aware going forward. Another resident was provided with their own dietary requirements by their family and staff supported the resident to have these meals during their respite stay. Some other relatives had indicated they wished for healthier choices to be offered during the respite breaks. Staff were aware of these preferences and afforded the residents the opportunities to make choices while offering healthy options. For example, on the evening

of the inspection a staff member was discussing making home made chips with one of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate easy to understand format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk. This policy had been subject to recent review in March 2025.

- The person in charge and person participating in management had completed regular reviews of the centre specific and individual risk assessments of the residents since October 2025. The most recent review and update was on 19 January 2026 following the provision of a dedicated transport bus to the designated centre.
- The inspector was informed there was ongoing review of individual risks for residents was taking place to move away from generic risks and ensuring each risk was reflective of the individual for whom it was in place for.
- One risk that was rated as a medium risk related to staffing skill mix and this had been escalated to senior management in July 2025. The inspector was informed ongoing recruitment was in progress to address this matter, with the provider seeking to employ two social care workers to provide additional skill mix to the current team.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included a requirement for weekly, monthly, quarterly and annual checks

being completed. The provider also had a fire safety policy in place which was subject to recent review in June 2025.

- All residents had a personal emergency evacuation plan (PEEP) in place. These were subject to regular review and were reflective of the supports and prompts that may be required for each individual. For example, one resident had declined to evacuate on previous drills during 2025, in December 2025 their PEEP was updated to reflect additional encouragement may be needed to be provided. Another resident who may required emergency medication for a known medical condition had this alert in their PEEP to inform staff.
- No exits were observed to be obstructed during the inspection.
- All staff had completed up-to-date training in fire safety.
- Regular fire drills were taking place in the designated centre. Learning and recommendations had been documented and discussed with the staff team and residents following drills that had taken place. For example, staff were reminded not to use an exit located near the scenario following a drill in September 2025. The person in charge also had a colour coded list of all residents to ensure staff were aware of which resident needed to be involved in a fire drill in the coming months. The person in charge had identified that 13 residents had not participated in a fire drill during 2025. Since October 2025 a total of 39 had completed a fire drill with staff.
- Residents were reminded during their resident forum meetings of the importance of fire safety.
- The inspector acknowledges that a minimal staffing fire drill had been completed in December 2025 but of the three residents present, two were in the sitting room near an exit at the time of the drill taking place. This was discussed with the person in charge during the inspection as it was not reflective of a resident leaving their bedroom in the event of an evacuation being required with minimal staff on duty.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three short breaks passports for residents availing of respite breaks in the designated centre. In addition, the inspector also reviewed the short breaks passport of the resident who had been discharged from the service in January 2026.

- The short breaks passports were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes and dislikes.
- All residents had been supported to have a multi-disciplinary review in December 2025.
- The person in charge and person participating in management outlined the current review in progress to ensure all sections of every residents short

breaks passport was completed in full and contained all up-to-date information. Going forward each document would be subject to a minimum of an annual review which key workers would also be given increased responsibilities to maintain the documents with relevant and up-to-date information.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that staff had attended safety intervention training which included one staff completing the training on the day of the inspection.

- The inspector was informed 15 current residents availing of short breaks had positive behaviour support plans in place. These had been developed in-conjunction with their individual day services. An internal audit in December 2025 had identified that some of these plans had not been subject to review for a number of years. The person in charge contacted the relevant day service managers who confirmed the current positive behaviour support plans were effective, no changes were required and in the event a resident required review regarding their support plan in the designated centre this would be facilitated with the person in charge linking with the day service manager.
- The person in charge also ensured this information was communicated to relatives and provided information of the supports in place for their relative in the designated centre.
- The inspector was also informed a referral for specific support in the designated centre for an individual would be submitted if required.

Judgment: Compliant

Regulation 8: Protection

All staff had completed up-to-date training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were no open safeguarding plans on the day of the inspection. Three previous safeguarding concerns were closed to the health service executive safeguarding and protection team. The person in charge had documented the review and monitoring that had taken place in the following six months.
- The person in charge and respite co-ordinator did give consideration to group dynamics when organising respite breaks

- Available staff resources were also part of this consideration, for example, if a resident required increased staff supervision or had a known medical condition that required additional staff to be present on the transport.
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review and updating as changes occurred with individual assessed needs in recent months. For example, the use of an electric toothbrush for one resident on their next respite break to encourage improved dental hygiene while in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. Residents were involved in meetings at the start of their respite stay where plans were made for meal planning, activities and house hold chores. There was also information sharing on topics such as safeguarding, advocacy and fire safety.

- Residents whose assessed needs required them to use the downstairs bedroom were supported, this included when a family member had a concern about their relative using the stairs.
- Residents were observed to be offered choice during the inspection, which included the bedroom they would like to stay in, activities for the evening and meal choices.
- Residents were supported to attend for short breaks with friends who attended the same day service or with whom they had similar interests.
- Staff spoke of the positive impact for residents since the dedicated transport vehicle had become available. The daily routine of getting to and from day service was in line with residents routines and no longer rushed as had been previously the requirement at times.
- The staff spoke of the importance and positive impact of being able to pick each resident up at their day service on time. This assisted with a smooth transition into the designated centre and provided re-assurance to the resident. This also increased the flexibility and the opportunities to organise meaningful activities each day.
- The person in charge had ensured any issues or concerns raised pertaining to a resident that they had been made aware of were responded to, thus ensuring each resident could enjoy their respite break to the fullest.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant