



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

## Issued by the Chief Inspector

|                            |                     |
|----------------------------|---------------------|
| Name of designated centre: | North County Cork 4 |
| Name of provider:          | Horizons            |
| Address of centre:         | Cork                |
| Type of inspection:        | Unannounced         |
| Date of inspection:        | 25 February 2026    |
| Centre ID:                 | OSV-0003294         |
| Fieldwork ID:              | MON-0041207         |

## About the designated centre

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

North County Cork 4 is a large one-storey house located in a large town. The centre can provide residential services for a maximum of 10 residents of both genders, over the age of 18. Residents with intellectual disability and/or autism and a mental health diagnosis are supported in the centre. Support to residents is provided by the person in charge, staff nurses and care assistants, by day and night. Each resident has their own bedroom and other facilities in the centre include bathrooms, a living room, a dining room, a visitor room, a kitchen, a utility room and a staff office.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 10 |
|--|----|

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                          | Times of Inspection     | Inspector      | Role |
|-------------------------------|-------------------------|----------------|------|
| Wednesday 25<br>February 2026 | 09:20hrs to<br>17:15hrs | 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. This centre was registered to provide full-time residential services to a total of ten adult residents. There were no vacancies at the time of this inspection. The centre was previously inspected in July 2023 and January 2025 as part of the current registration cycle. The provider had addressed the actions identified in the January 2025 inspection which included upgrading the visitor room to improve the functionality of the room for the purpose for which it was intended.

A high level of compliance with the regulations was identified on the inspection day. Residents were supported by a consistent staff team familiar to the residents to receive a high quality of care and support in their home. It was evident that residents had been supported with the management of health care conditions, to make connections in their local community, and that they were included in decisions relating to their care and support.

On arrival the person in charge informed the inspector that seven of the residents had left to attend their day service which was located in an adjacent building. Three residents were being supported with their morning routine and the inspector met these residents at different times during the morning. The inspector was informed that there was a staggered approach to the morning routine which suited the residents. The residents who attended day service were supported to have their breakfast each morning and the remaining three residents were able to have a delayed morning routine which suited their assessed needs. They were then supported to have their breakfast later on when the designated centre was less busy.

The inspector observed staff to provide support to these three residents during the morning. This included ensuring a calm environment for the residents and supporting independence with activities while maintaining supervision. One resident initially greeted and shook hands with the inspector when introduced. The resident later requested the inspector leave the sitting room and this was responded to immediately. The same resident was observed a short while later resting on a couch.

The inspector introduced themselves to two other residents after they had finished their breakfast. The inspector observed one of these residents had a new wheel chair since the previous inspection which suited their assessed needs. When the inspector commented on this, the resident acknowledged that this was correct and indicated they were happy with their chair. The resident was also observed to smile at staff present and informed the inspector they were very happy living in the designated centre. The inspector greeted the third resident who had been very unwell at the time of the last inspection. Staff informed the inspector that the

resident was doing well at present and the resident was observed to make eye contact with both the staff and inspector. They also shook the inspector's hand and smiled during the interactions. The inspector was informed by the staff that the resident had regular visits from family members and the upgrade to the visitors room had improved the social experience for this family and others.

There was a noticeable increase in activity levels in the designated centre once the seven residents returned for their lunch in the middle of the day. It was evident residents had routines such as visiting their bedrooms, and had preferred places to sit while having their lunch. It was a social event, many chatting with peers and staff members. One resident was excited to talk about their plans for the following day to celebrate their birthday, another resident spoke to the inspector about their morning athletics which they had enjoyed.

Residents who preferred to be away from the large group had ample space in the large communal areas to remove themselves as they wished. The inspector observed two residents to do this after they had finished their meal. The inspector was invited to speak with some residents after they had finished their lunch. One resident had a lot of conversation with the inspector, outlining their employment, holidays and celebrations that they had last year and planned for this year. Later in the evening another resident spoke with the inspector as they completed some household chores in the kitchen. The resident stated they had a good day, had attended for a scheduled medical appointment, enjoyed a take away hot drink afterwards and was looking forward to attending a concert later in the evening in the locality with a few of their peers. The resident also spoke of how they had regular phone contact with a relative and enjoyed a weekly activity to purchase a magazine which was very important to them.

The person in charge and the staff team on duty were met during the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interaction with the residents throughout the inspection.

The premises was well maintained. The provider had addressed the actions identified in the previous Health Information and Quality Authority (HIQA) inspection that took place in January 2025. This included internal painting of a number of areas including bathrooms and communal hallways. The visitors room had been de-cluttered and new furniture in place to make the room more inviting for use for the purpose it was intended. Some furnishings had also been replaced in the communal areas which included curtains which added to the homely ambiance. The inspector was informed residents had actively been involved in the decision making and choices of fabrics.

The inspector was advised one resident did not wish visitors to enter their bedroom and this was respected. Other bedrooms visited evidenced personal choices and possessions reflecting individual interests. Some residents had double beds while others had single beds in-line with their preferences. Residents had photographs and personal items on display and also had seating for relaxation.

As this inspection was announced, residents were given the opportunity to complete residents surveys. Four completed questionnaires were submitted by post after the inspection. All responses were positive in nature, residents indicating they were happy living in the designated centre, they felt safe and were being supported by the staff team. One resident outlined holidays they had already taken and had planned for during 2026

In summary, the residents were being supported by a consistent staff team, familiar with individual preferences and routines. Residents were in receipt of person centred care while being supported in-line with their assessed needs. Residents were being supported to make decisions and choices in their everyday lives which included budgeting and saving for holidays for some of the residents. However, a minimal staffing drill with all ten of the residents had not been completed in the previous 12 months. This will be further discussed in the quality and safety section of this report.

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

Overall, this inspection found that the residents were in receipt of care and support from a consistent staff team. There was an appropriate management structure in place in the designated centre. The person in charge was knowledgeable of the residents and their needs. There was a staff team in place with the skill mix to support the residents and were also knowledgeable of the residents. The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

Documentation associated with the designated centre was current and under review such as the directory of residents, statement of purpose and contracts of care.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months. Internal provider-led audits had taken place in May and October 2025. The annual review had been completed in January 2026. Where actions had been identified these had been tracked and updated when completed by the person in charge. For example, the provider had submitted a time-line to the Chief Inspector of Social Services that the replacement of some flooring required in the designated centre would be addressed by 30 March 2025. While this time-line had not been achieved, the provider's auditors had identified this as an action in the October 2025 internal audit. The flooring was subsequently replaced and was observed to be in good condition at the time of this inspection.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. Updated/revised documentation was requested from the provider after the initial review of the application and during this inspection. The provider was required to re-submit a completed planning compliance declaration and revised floor plans of the designated centre to ensure the outline for the designated centre building which the provider was seeking to renew the registration was included in the floor plans. The inspector informed those attending the feedback meeting of the requirement for these documents and updated versions to be submitted to the Chief Inspector of Social Services to inform the decision to renew the registration of the designated centre.

Judgment: Substantially compliant

## Regulation 14: Persons in charge

The person in charge was appointed in the designated centre on a full time basis. Their remit was over this designated centre. The person in charge was suitably qualified and had the relevant skills and experience required by the regulations, such as professional qualifications and management experience.

It was evident that the person in charge knew the residents and their individual needs well and was working to ensure there was a person centred service in the designated centre. The person in charge also had systems in place to support the staff team.

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.

There was an actual and planned rota in place which reflected changes required to be made due to unforeseen events such as illness. The inspector reviewed a selection of dates from 2 February 2026 to 8 March 2026, four weeks. The information provided in each roster included details of the staff members providing

one-to-one supports to a named resident, kitchen duties, planned training as well as information pertaining to the start and end times of shifts completed by staff.

The delegation of duties among the staff team was reported to be working well in effectively supporting residents and reducing the requirements for some restrictive practices. For example, a dedicated staff member on duty during the day in the kitchen ensured residents were provided with the choice of meals they had requested. This also reduced the risk of cross contamination, facilitated residents to access the kitchen as they wished and participate in meal preparation with staff supervision.

Judgment: Compliant

### Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 21 members. This included the person in charge, staff nurses and care assistants.

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 the residents. These included training in areas such as fire evacuation, safety intervention and safeguarding. Manual handling training had also been completed by the staff team with training scheduled for two days after this inspection for staff whose training in this area had elapsed the week before this inspection. The inspector acknowledges that gaps in staff training had been identified during the provider's internal audits and the person in charge had addressed these in a timely manner.

- As nurses were on duty on all shifts both by day and night, the safe administration of medications was not required to be completed by the care assistants working in the designated centre. However, five care assistants had completed training in the administration of emergency medication. Site specific training had been identified for the staff team which included dysphagia, advocacy and assisted decision making. These had either been completed or were scheduled to take place in the weeks after this inspection.
- Staff supervisions were progressing in-line with the provider's protocols. All staff had been provided with supervisions during 2025 and the person in charge had scheduled such supervisions for 2026. The dates were made available to the inspector during the inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory of residents was made available to the inspector on the day of the inspection. The information required under Schedule 3 of the regulations was included in the directory. For example, the name and address of the residents and the dates they were admitted to residential services including this designated centre.

In addition, actions had been identified during the provider's last internal audit in October 2025. These actions had been documented to be addressed in a timely manner by the person in charge. All staff were ensuring all the required information was consistently being updated which included when a resident was not residing in the designated centre.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in-line with the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems in place in the designated centre ensured that the service provided to residents was safe, appropriate to residents' needs and effectively monitored. A clear governance structure was in place, as outlined in the centre's statement of purpose. All staff reported to the person in charge.

An annual review of the care and support provided to residents living in the designated centre had been completed by the registered provider in January 2026. This included consultation with residents living in North County Cork 4 and their representatives. In addition, six monthly unannounced visits had been completed in the centre in May and October 2025.

Staff team meetings were held frequently, occurring quarterly during 2025. Meetings held included meetings with the whole staff team, nursing staff and care assistants to ensure all grades of the staff team were met with regularly by the person in charge. The inspector reviewed records of the staff team meetings completed from

October 2025 to February 2026. These meetings included a review of accidents and incidents that had occurred in the centre, findings of completed audits and actions required, a specific protocol in place to support one resident during Christmas, safeguarding and complaints. It was also noted that staff were reminded they were responsible to ensure their training was up-to-date and discussions around key working and setting meaningful goals with residents was also part of the agendas reviewed.

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 inspector was aware that a revised format of this document was under review with the provider and once the revised format was agreed all residents in the designated centre would be provided with updated contracts.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been reviewed in January 2026. The current version contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The registered provider had ensured systems were in place to provide written notice to the Chief Inspector of Social Services within three days of adverse incidents occurring in the designated centre. The person in charge ensured ongoing review of documentation to ensure all required notifications were submitted as required by the regulations. Incidents reported since the previous HIQA inspection in January 2025 were reviewed by the inspector.

The Chief Inspector had been provided with a written report at the end of each quarter of the calendar year as required by the regulations. The information provided in these reports were found to be consistent with the findings of this inspection.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints policy had been subject to review by the registered provider in December 2025. This policy included details on the management of complaints in the organisation. An accessible complaints procedure was available to residents.

The inspector reviewed the complaints log in the centre since the previous inspection. There were no open complaints at the time of this inspection. There had been two complaints made regarding the same issue by two residents in June 2025. There was evidence of ongoing follow up in-line with the provider's policy which included the person in charge initiating the feedback process after five days when the issue could not be resolved locally. Updates on progress and consultation with the residents affected were consistently documented seeking to obtain a permanent resolution. On 9 February 2026 actions had been completed and the complaints were documented as being closed. The inspector did observe the satisfaction of the complainants was not documented on the provider's complaints form, but had been referred to in written updates in other sections of the complaints and this was discussed during the feedback meeting at the end of the inspection.

Judgment: Compliant

### Quality and safety

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

Residents' rights were respected and upheld in the centre, residents were actively engaged on decision making and consulted regarding many aspects of living in the designated centre. Residents had goals for the year created and these goals were realistic and reviewed regularly. Risk was well managed in the centre and measures were in place for safeguarding of residents. The information guide about the

designated centre was available to the residents and had been reviewed in the last 12 months.

The premises was well maintained and was providing residents with sufficient communal and private space. The fire safety equipment in the designated centre was serviced and was in good working order. Upgrade works including internal painting had been completed since the previous HIQA inspection.

The inspector reviewed some documentation relating to three residents during the inspection. It was evident through conversations with residents, staff and reviewing a variety of documents that each resident had ongoing input and supports from the multi-disciplinary team and allied healthcare professionals as required. This included a review prior to Christmas 2025 by a consultant for one resident to ensure a person centred protocol was in place to assist them through the holiday period. Other allied healthcare professionals such as the occupational therapist has been consulted to support the provision of a new wheelchair for one resident that better suited their assessed needs.

### Regulation 10: Communication

The registered provider and the person in charge had ensured the communication needs of the residents were well met. Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with. Staff were seen interacting with the residents in-line with their communication plans. This included staff allowing a resident time to repeat themselves when they were talking which was in-line with their communication passport.

Residents had access to their own televisions, phones, radios and had access to the Internet, if they chose to engage in such activities. Notice boards were used by residents for visual schedules. For example, the staff working that day in the centre and menu choices/meal planning were on display in the large dining area.

Judgment: Compliant

### Regulation 11: Visits

The registered provider had ensured residents were supported to maintain links with family members and their local community. The inspector was informed of planned visits to family homes which occurred regularly for some residents in-line with their will and preferences. Visitors were welcomed into the designated centre frequently to meet with residents. The upgraded visitor room had been used frequently to

provide a private area for residents to meet with their visitors, if they wished to do so.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents in the designated centre were involved in their care and support. The person in charge ensured that residents were supported to have access to opportunities for education, recreation and employment in-line with preferences and expressions of interest. The residents contributed to their personal plans. Residents meetings were occurring on a monthly basis, following consultation with the residents where topics such as residents rights, complaints and social outing planning were discussed. The residents were seen undertaking activities of interest during the inspection with the support of staff. From reviewing documentation and discussions with staff and residents, residents were undertaking new activities and engaging in activities that they enjoyed. Seven residents accessed their day service regularly, and one resident was supported to attend if they wished to do so. One resident was supported to have a retirement routine and undertook activities with staff in the designated centre.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had maintained the premises well. The designated centre was designed and laid out to meet the number and assessed needs of residents living in the centre. There was ample communal and private spaces for the residents. The designated centre was observed to be clean, well ventilated and homely in nature with photographs of residents enjoying a variety of social events visible in communal areas. The bedrooms of the residents were designed and decorated in a manner that reflected the interests and preferences of the residents. For example, some residents had double beds and each resident was supported to have space available for their personal items.

The provider had addressed the actions identified in the previous HIQA inspection. These included internal painting and the re-location of the staff lockers to facilitate storage of their personal possessions away from the visitors room. The provider had purchased new seating and furniture for the visitors room which ensured it was suitable for the purpose for which it was intended. In addition, an industrial washing machine and dryer had been purchased to support the laundry requirements of the designated centre. The provider had also addressed the flooring that had previously been identified as requiring replacement. The inspector acknowledges the provider

was aware through their own internal audit process that this action had not been completed by 30 March 2025 as previously advised to the Chief Inspector of Social Services following the January 2025 inspection.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a residents guide in relation to this designated centre. A copy of this guide was available to the residents in an easy-to-understand format. This guide included the information required by the regulation including the services and facilities provided and the arrangements for visitors in the designated centre. Minor changes were made on the day of the inspection and the revised version was re-submitted to the Chief Inspector of Social Services.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk management policy had been developed by the registered provider and this was subject to regular review. This contained the information specified under this regulation.

The centre specific risk register and individual residents' risk assessments had been subject to regular review with the most recent reviews taking place in October 2025. There were no high/escalated risks in the designated centre. The register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks. During the inspection the person in charge provided updated information and documentation regarding a control measure that was documented pertaining to the bone health of one of the residents. Also discussed with the person in charge following a review of another resident's risk assessments was to ensure control measures documented for individuals were reflective of their independence and assessed needs. For example, one resident walked independently into the local town and had their own mobile phone and was aware of road safety but this was not fully reflected in their relevant risk assessment.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Staff were completing fire safety checks on a daily basis in the designated centre. Fire doors were in the process of being checked by external contractors on the day of the inspection. Doors checked during the inspection by the inspector were found to be operating as required.

The emergency plan in the event of a fire was displayed throughout the centre. There was a fire safety overview guidance for staff and fire evacuation procedure, which identified where the residents may go and stay if the designated centre needed to be evacuated. All residents had personal emergency evacuation plans in place which were reviewed in the last 12 months. Details included if a resident was able to evacuate independently upon activation of the alarm, required verbal prompting, equipment such as a wheelchair or if they needed assistance from one of more staff.

The person in charge was conducting monthly fire safety audits since November 2025. There had been a revision to the form used to record fire drills taking place in the designated centre in recent months. The revised document provided information which included a scenario, details of where the residents were located at the time of the alarm being raised and the exits used by both residents and staff.

Regular fire drills were taking place. However, a minimal staff fire drill with all ten of the residents participating/being present had not been completed during the previous 12 months. The inspector acknowledges that eight residents had been present when a minimal staffing drill had taken place in March 2025 but this drill did not contain the details of how long it took to safely evacuate the residents.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year. Each resident had been provided with an easy-to-understand format of their personal plan if they wished to have one.

Residents undertook both enjoyable activities and were supported to engage in activities to aid increasing residents independence. For example, one resident had requested to make their own sandwiches and this was supported by the staff team. Residents were undertaking such activities as holidays to foreign countries, attend athletics and fitness classes in the community. One resident had gone on an overnight stay which they had not participated in previously. Plans were being made

with other residents to have nights away and sample new activities such as attending sporting fixtures, local concerts or shows.

The residents personal plans also contained information how residents like to be interacted with, how they like to communicate and how they wished to be communicated with. For example, one resident did not like to be rushed and the structuring of sentences when communicating with the resident was very important to them.

Audits of personal plans and staff training in goal setting as outlined by the provider following the previous HIQA inspection had been addressed. For example, 14 of the current staff team had completed the training.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that residents had access to appointments with allied health care professionals such as psychiatry.

- One resident had a behaviour support plan in place which had been subject to regular review reflective of the resident's changing assessed needs during 2025. The most recent review had taken place in January 2026 and was reflective of strategies to be implemented to best support the resident. This included ensuring the resident was referred to by their preferred title. Staff were to afford the resident time to complete activities and not to rush the resident. The use of easy-to-understand information to help the resident express themselves was also available.
- The person in charge had ensured ongoing review of restrictions that were in place within the designated centre. All restrictions had been notified to the Chief Inspector of Social Services and reviewed to ensure they were the least restrictive, This included only locking the kitchen door when staff were not present, However, due to the allocation of a staff member to duties during the day in the kitchen the requirement to lock the door was minimal.

Judgment: Compliant

### Regulation 8: Protection

There was no open safeguarding plans in the designated centre at the time of this inspection. One plan was closed to the Health service Executive (HSE) safeguarding

and protection team with the plan being monitored in-line with the provider's process.

Training records reviewed showed that the person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Safeguarding as a topic was discussed at the staff meetings. Easy-to-understand information was available to residents in relation to safeguarding.

Residents had intimate care plans in place, which explained what varying degrees of support residents needed in this area. The inspector reviewed three such plans which had been documented to have been reviewed as required.

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 designated centre. Each resident was involved in regular meetings where plans were made for the coming month, meals and social activity planning. There was also information sharing on topics such as safeguarding and fire safety.

- Residents had been supported to attain some personal goals which included joining community classes, visiting tourist locations and engaging in social activities such as attending concerts and festivals.
- Each resident had been afforded the opportunity to choose their own key worker who then assisted them with activities such as personal shopping, planning and attaining individual goals. There was evidence of consultation with residents in the development and review of their personal plans.
- The person in charge had ensured all residents were supported to have access and retained control of their personal possessions. This included being provided with support to manage their finances. Some residents had their own bank cards and all of the residents had consented to be supported by staff to securely store their money. Each resident was supported to access their finances as required. The inspector was provided with updates from the person in charge regarding residents who were being supported to exit the ward of court system.
- Residents had also been supported by an advocacy officer who provided information, education and tools to ensure informed decisions and consent regarding finances as required to the residents.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Substantially 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 31: Notification of incidents   | Compliant               |
| Regulation 34: Complaints procedure  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 11: Visits  | Compliant               |
| Regulation 13: General welfare and development                                     | Compliant               |
| Regulation 17: Premises  | Compliant               |
| Regulation 20: Information for residents   | Compliant               |
| Regulation 26: Risk management procedures  | Compliant               |
| Regulation 28: Fire precautions  | Substantially compliant |
| Regulation 5: Individual assessment and personal plan                              | Compliant               |
| Regulation 7: Positive behavioural support   | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Compliant               |

# Compliance Plan for North County Cork 4 OSV-0003294

Inspection ID: MON-0041207

Date of inspection: 25/02/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading  | Judgment                |
|---|-------------------------|
| Registration Regulation 5: Application for registration or renewal of registration  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>The appointed HIQA Administrator has submitted all requested documentation including the completed Planning Compliance Declaration and the revised floor plans, to support the application for renewal of registration.  </p>  |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Since the inspection, on 04.03.26 at 20.56hrs a minimal staff (x2) led fire drill involving all ten residents has been conducted and documented. Evacuation time recorded as 2 minutes and 8 seconds. All residents as per their individual PEEPs responded appropriately to the alarm, evacuated safely and adhered to staff guidance throughout the procedure. No issues of hazards were identified and staff reported that the drill ran effectively with clear communication and coordinated actions.  </p> |                         |

**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 |
|---------------------------------|--|-------------------------|-------------|--------------------------|
| Registration Regulation 5(3)(c) | In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by evidence that the designated centre complies with the Planning and Development Acts 2000-2013 and any building bye-laws that may be in force. | Substantially Compliant | Yellow      | 13/03/2026               |
| Regulation 28(4)(b)             | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are   | Substantially Compliant | Yellow      | 04/03/2026               |

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|--|--|--|--|--|
|  | aware of the procedure to be followed in the case of fire. |  |  |  |
|--|--|--|--|--|