Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 4
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	19 March 2026
Centre ID:	OSV-0003296
Fieldwork ID:	MON-0041437

About the designated centre

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

Cork City South 4 provides residential accommodation for adults, with a mild to moderate intellectual disability. The building is a detached two storey house and located on a corner site in a quiet residential estate, adjacent to a green area. Overnight accommodation consists of four single bedrooms. One is located downstairs and three are located upstairs. In addition, upstairs there is a bathroom and downstairs there is a kitchen, separate dining room and sitting room, bathroom and staff bedroom. There is a small patio area at the rear of the building, which is enjoyed by residents for relaxation and leisure when the weather is fine. Staff supports are provided by social care workers in the mornings, evenings and at weekends. Residents usually attend their day services during week days but can also be supported by staff during the day in the designated centre, if required. Staff are also present in the designated centre during the night to support residents if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 March 2026	09:00hrs to 18:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's compliance with the regulations and to inform the decision in relation to the renewing of the registration of the designated centre. The centre was previously inspected in October 2023 as part of the current registration cycle. The findings of that inspection had required actions to be taken by the provider. It was evidenced during this most recent inspection, those actions had been completed/addressed. This included providing a bespoke bed for one resident, ensuring all fire doors within the designated centre were subject to regular checks, were working effectively and were free from damage. During the most recent inspection, the inspector was informed and reviewed documentation outlining increased staff resources and ongoing review of supports being provided to residents who were experiencing a change to their assessed needs. However, during the inspection while speaking with residents, their relatives and members of the staff team it was evident that residents continued to be adversely impacted on occasions due to difficulties being experienced relating to community living while ensuring the will and preferences of all of the residents were being supported by the staff team and provider.

On the day of the inspection, the inspector met with all four residents living in the designated centre at the start of the inspection and again in the afternoon when all of the residents had returned from their day services. In addition, the inspector met with relatives of two of the residents during the morning when they visited the designated centre. Four staff members, including the person in charge and the person participating in management were also spoken to during the inspection. It was evident from the staff 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.

The inspector had been informed by the person in charge in advance of the inspection that the residents would like to meet prior to leaving for their day services on the morning of the inspection. This was facilitated. On arrival the four residents were in the dining room, chatting with the person in charge and the staff member who had been on duty since the previous evening. The residents welcomed the inspector to their home and spoke about their plans for the day. This included one resident going to work in the kitchen of their day service for a few hours while another was planning on having a social outing with a friend. The residents were observed to engage with the staff present who encouraged the residents to talk about their interests, activities they enjoyed and the household chores that they regularly completed. The inspector was informed knitting was a regular activity with one resident showing the inspector their current piece of work.

Following this group chat, one resident invited the inspector to see their bedroom which had new flooring recently installed. The resident liked the change and showed the inspector other upgrade works that had taken place since the previous

inspection. This included a bespoke bed with storage underneath and shelving installed on the walls. The resident did find the bedroom space small in nature and also spoke about their health, courses in advocacy that they had completed, previous employment and their plans to seek new employment with the assistance of a jobs coach. The resident outlined the important criteria for a new position would be that it was on a bus route to aid their ability to get to the location independently.

The inspector was introduced to two relatives who came to the designated centre during the morning. Both were spoken with individually but had similar points to make to the inspector. These included that their relatives were being supported by a dedicated staff team, were attending their day service located nearby and enjoyed regular visits from family. One person spoke of the changing needs of their relative and how it was more difficult to support the resident for overnight stays. They were concerned about the increased medical supports that may be required in the future for their relative. The other person spoke of the regular weekend visits their relative enjoyed at the family home. Both relatives had concerns about the provision of services in the designated centre during holiday times. The person in charge met with both relatives during the morning also and responded to these concerns. The relatives were informed the provider was committed to providing residential services throughout the year.

Both persons expressed some concern not only for their own relative but for the other residents living in the designated centre who had been adversely impacted by the behaviour of a peer when they were experiencing periods of increased anxiety. One person had made a complaint in February 2026 when they were concerned for the welfare of their relative and the adverse impact escalated behaviours were having. The resident had informed their relative they did not like the "shouting" and "banging". The other relative informed the inspector of being present in the designated centre on two occasions, when they could hear similar interactions taking place. While these adverse interactions did not appear to have directly impacted the resident at the time, the relative informed the inspector that they did observe a change in the resident's demeanour. Both relatives expressed concern for the welfare and well being of all of the residents during these periods.

The inspector spoke with all four residents individually in the afternoon at times that best suited them. All four residents expressed they liked their home and were being supported by the staff team. One resident was provided with their memory book to assist them to tell the inspector their story. This included naming relatives and smiling when looking at photographs of a milestone birthday they had celebrated. Another resident indicated they had no issues of concern, identified staff they would talk to if they needed to and liked to socialise with their friends. One resident was observed to become upset while speaking with the inspector. The resident expressed they did not like it when another peer was "shouting at staff". The resident spoke of being able to move away to another location in the house and how their peer would usually apologise after such incidents. The resident also stated the increase in staff was a big help for the residents to engage in their preferred activities. If one resident declined to join in a group activity a staff member could stay behind and the other residents could continue on with the planned activity. The

same resident also spoke of the friendship they shared with two residents living in the house.

Four completed Health Information and Quality Authority (HIQA) resident questionnaires were given to the inspector to review during the inspection. These had either been completed independently by the residents or with some support from staff members. All four residents provided positive responses regarding the staff supporting them. Most other responses were also positive in nature which included living in the designated centre. However, one resident responded " Could be better" when answering the following questions-: If people in your home are kind? Do you fell safe? and Do you get along with people that you live with?. Another resident was of the opinion that the food could be better. The inspector was provided with three additional provider questionnaires that had been completed by relatives for the recent annual review. Two of the questionnaires spoke of positive aspects for their relatives living in the house, this included regular contact by phone, being made feel welcome when visiting and having private space to meet with their relative. The third completed questionnaire outlined a number of specific issues. The staff team and provider were aware of the issues raised and were seeking to engage in constructive meetings with the relatives to ensure the well being and safety of their relative.

The premises was found to be well maintained. Internal painting had been completed in some areas since the last inspection in October 2023. The house was decorated to create a homely atmosphere which included vases of fresh flowers in communal areas that residents had received. The inspector was informed that carpets were being removed from all of the bedrooms and replaced with an alternative floor covering that would be easier to clean and maintain. This work was in progress at the time of the inspection with one bedroom completed. The inspector was also informed the downstairs bedroom had adequate space if additional equipment was required to support the resident living there who was presenting with changing needs. The staff team were endeavouring to be able to continue to support the resident in their home.

In summary, residents were being supported to live in the community by a core group of staff. Residents were regularly supported to make choices in their daily lives. The residents were frequently engaging in social activities of their choice and actively participating in community groups such as a local social club every fortnight. The staff team spoke of improvements for residents with the increased staffing resources during the day in recent months. For example, a staff member was available to support one resident to attend their day service each week day and provided additional support to them as required due to changes in their assessed needs. On the day of the inspection two residents walked to and from their day service together and another was supported to attend their day service in another location by transport provided by the provider. However, while ongoing efforts to ensure the well being of all residents were evident, not all residents felt safe in their home on occasions.

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 residents were in receipt of care and support from a consistent staff team. There had been some recent changes to the local management team. All residents were observed to be familiar with the person in charge and person participating in management during the inspection.

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 who were knowledgeable of the residents. The inspector was also informed a social care leader was scheduled to commence working in the designated centre in the weeks after this inspection. This is a new addition to the staff team and expected to add to the skill mix of the current team supporting the residents. The staff team had received training to support them in their roles. Oversight of training was being managed at the time of this inspection and future training dates for staff were planned.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months. The inspector reviewed the last two internal six monthly audits completed in the designated centre on 20 January 2026 and 10 September 2025. The auditors had identified some repeated actions in the September 2025 audit that had not been adequately addressed since the May 2025 internal audit. This included external garden and internal bathroom works. These issues had been documented as being addressed in the January 2026 audit. The person participating in management had ensured ongoing review of the actions identified in these audits and provided documented details of updates and completed dates of actions.

The provider had ensured an annual report on the services being provided during 2025 in the designated centre was completed. The auditor had identified a number of issues that required review which included gaps in staff training, supervision and incomplete details in the directory of residents. These issues had either been addressed or were in progress at the time of this inspection. However, the auditor did refer to findings that not all adverse events and incidents were managed, reviewed in a timely manner and outcomes identified to inform practice. A separate review of daily notes for Quarter 4 2025 was requested as part of the actions of the annual report.

Since the 10 January 2026 there had been 27 peer to-peer notifications of a safeguarding nature submitted to the Chief Inspector of Social Services. Of these, ten were retrospectively submitted as they had not been reported within three working days as required by the regulations. Upon further review the provider had

also identified not all minor injuries had been reported in the quarterly notifications which are also required to be submitted to the Chief Inspector. The staff team had attended additional training in safeguarding to assist them to effectively recognise, detect and respond to situations regarding safeguarding within the designated centre. Staff were also scheduled to attend further bespoke training in April 2026 specific to the designated centre to enhance the staff team response to senarios of a safeguarding nature that may occur.

Prior to this inspection the provider had identified that changes in local management structure during the end of 2025 did have an impact on the governance structure in the designated centre. The provider had taken steps to address this with appointing a new person in charge and recruiting for a social care leader to join the staff team. The provider had also allocated unfunded additional staff by day to support the four residents and enable increased opportunities for staff to provide one-to-one supports where required while also being able to support group activities such as social outings.

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. Minor changes required to statement of purpose were addressed on the day of the inspection.

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. The inspector acknowledges that the current person in charge was experienced in the role and had worked in the role with the provider for many years in other designated centres. Their appointment as person in charge to this designated centre had only occurred in the weeks prior to this inspection

- They demonstrated their ability to effectively manage the designated centre.
- They were familiar with the assessed needs of the residents and demonstrated throughout the inspection how they communicated effectively with all parties including, residents and their family representatives, the staff team and management.
- Their remit was over this designated centre and two other designated centres located approximately six kilometers away.

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, three care staff and one regular relief care staff.
- The provider had additional unfunded staff resources in place during the day to support the four residents. A staff was allocated from 10:00- 22:00 hrs, seven days each week. This was reported as being essential to support group and individual activities as well as the changing assessed needs of two residents.
- To enhance the skill mix of the staff team the provider had appointed a social care leader to work full time in the designated centre. This person was due to commence their role in the weeks after this inspection.
- There was an actual and planned rota in place which reflected changes required to be made due to unforeseen events such as illness. Where possible staff familiar to the residents worked in the designated centre. Any changes to the planned rota were communicated to each resident as far in advance as possible so they were informed of what staff would be supporting them.
- The inspector reviewed a selection of dates of actual and planned rosters from 1 to 29 March 2026, four weeks. The details provided in the rotas included planned training for the staff. It was discussed during the inspection with the person in charge that the time the sleep over shift finished each morning should be documented in the rota, either in the legend or on the rota itself to inform the reviewer what time the shift finished.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of five 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 safeguarding. Four staff had completed fire safety training, with one staff booked for refresher training on 25 March 2026 and a

new staff member booked to complete this training during induction on 27 March 2026.

- Four staff had completed up-to-date training in positive behaviour support with one staff booked to completed this training during their induction on 1 April 2026.
- Gaps in staff training had been identified in the annual review that had been completed in February 2026. The auditors had recommended a review of the training matrix. It was evident the person participating in management had sought to address these gaps since the annual report had been completed. Dates for planned training in the weeks after this inspection were documented in the training matrix reviewed by the inspector. The inspector acknowledges that the local management team and provider were striving to address the training requirements of the staff team and had systems in place to ensure ongoing oversight.
- Gaps in staff supervision had also been identified in the most recent annual review. The staff team had been supported to have a mid-year review in September/ October 2025. The inspector was provided with the dates the supervisions had occurred by the person participating in management during the inspection. Supervisions were scheduled for 2026 with one new staff in the process of their probationary supervision with their next scheduled meeting to take place in May 2026.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was in place and maintained to reflect current residents in receipt of services. All information as required in paragraph (3) of Schedule 3 was included for all residents at the time of this inspection. The format of the provider's directory provided details such as date of admission and periods of absences from the designated centre. An internal audit in January 2026 had identified some actions to ensure compliance with the regulation which included ensuring the date of admission for each resident was documented in the directory. These had been addressed by the person in charge at the time of the this inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and this information was submitted as part of the application to renew the registration.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a governance structure in place with staff members reporting to a person in charge. The person in charge had support from senior management within the organisation. The provider had responded to issues of concern/escalated risks that had been identified in the designated centre. A task force was set up in February 2026 with a member of senior management chairing the team. A centre specific process was put in place to manage the escalated risk in March 2026 with further review scheduled to take place in two months.

The registered provider's internal unannounced visits were taking place every six months with the last two visits completed in September 2025 and January 2026 as required. The reports were made available to the inspector and contained actions that the person in charge was working towards achieving such as updating health care management plans and following up on outstanding referrals for residents with allied healthcare professionals that had been recommended in October 2025 for one resident had been addressed. In addition, the provider had implemented a new tracking system on each resident's master database to ensure improved oversight of the progression of all referrals going forward. It was evident that a number of actions identified during the January 2026 internal audit occurred during a period of change in the governance structure during Quarter 4 2025. For example, monthly fire safety checks on fire equipment had not been completed. This resulted in periods during recent months where effective management systems were not consistently in place to ensure the service provided was safe, appropriate to the residents needs and effectively monitored.

The annual review of the quality and safety of care and support in the designated centre was completed in February 2026. This annual review contained information on what the residents were undertaking in the centre such as social events and celebrating milestone birthdays. The report also identified that a review of incidents, residents forum meetings, notifications and residents daily notes was to be completed to determine if instances of potential episodes where safeguarding consideration may have been required. The provider submitted 10 retrospective notifications of a safeguarding nature to the Chief Inspector of Social Services of incidents that had occurred in the designated centre. The inspector acknowledges that the provider has since taken measures to mitigate against similar gaps in effective monitoring in the designated centre.

Judgment: Substantially 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. These had been reviewed with each resident and signed during 2025. The documents included details of the current fees payable.

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. Some minor changes were discussed during the inspection which were addressed on the day of the inspection and required the provider to submit the revised version of the document after the inspection.

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-understand information was available for residents to access. All of the residents were aware of how to make a complaint and had been supported with the process by staff members where required.
- The inspector reviewed the complaints log for 2024, 2025 and 2026. There was one complaint made in 2024. This was reviewed in-line with the provider's policy, determined that the issue had occurred due to mis-communication and resolved. There were 23 complaints logged during 2025 and nine during 2026 up to the date of this inspection.
- Some complaints were logged by residents themselves, others by relatives on behalf of residents. Where complaints could be resolved at local level these were documented and closed out to the satisfaction of the complainant.
- Where local resolution could not be achieved these complaints were escalated in-line with the provider's policy. These included complaints regarding emotional well being of residents. Some complaints referred to residents being frightened or a change in atmosphere in the house. The provider

responded to these complaints by providing an additional staff resource each day to improve the ability of the staff team to meet the assessed needs of the residents.
- Where a complaint was made and mis-communication/ mis-understanding of the situation was identified these were responded to by the person in charge and an explanation given to the complainant.
- All complainants were responded to either in-person, on the phone or by email.
- Where required internal and external advocacy services were offered to the residents. One resident had attended external advocacy services on two occasions, the other three residents had declined accessing external advocacy services.

There was documented evidence that the staff team and provider were actively seeking to address issues raised in the complaints that were logged since the previous inspection.

Judgment: Compliant

Quality and safety

It was evident that the provider and staff team were actively engaging with residents to ensure their well being and safety. This included allied health care professionals and advanced nurse practicioners being available to support residents if requested to do so. However, while consideration was being given to all residents will and preferences in relation issues regarding their health care and decision making, occassions continued to arise where some residents did not feel safe in their home. The inspector observed through engagement with the residents during the inspection some aspects of their quality of life had been impacted since the previous inspection. For example, some residents had been unable to complete planned activities due to a resident declining to participate. This included three residents being unable to engage in a planned two night break away in February 2026 due to one resident declining to go at that time. The inspector acknowledges that alternative arrangements were made for three residents to be able to attend the planned concert which was a journey of one hour by transport. The residents returned to the designated centre after the concert after midnight. However, the planned short break was part of short term goals identified by the residents and had not been achieved by the time of this inspection.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. Staff outlined how residents were being supported with their preferred routines in the designated centre. In addition, staff ensured a staff member familiar to the residents was on duty at all times to assist with responding to periods of increased anxiety. The inspector was informed of some positive

outcomes for the residents. For example, one staff outlined how some of the residents had demonstrated more confidence in making decisions for themselves since the increased input from the provider's advocacy team in recent months. This included attending resident forum meetings and engaging in one-to-one meetings if the resident wished to attend such meetings.

Resident forums were occurring monthly which residents had decided was the frequency they wanted to have such meetings. Residents had also been supported to collectively develop house values which included shared responsibilities for household chores and consideration of how the residents would like to be treated in their home. Additionally, the inspector was informed by residents themselves that they had been supported to attain employment opportunities if they wished to do so. One resident was on a waiting list to join a college course in advocacy at the time of this inspection. Also, residents could remain in the designated centre during the day if they wished to do so.

Regulation 17: Premises

Overall, the designated centre was found to be clean, well maintained, ventilated and comfortable. The house was located in a mature residential area, close to local amenities such as public transport, parks and shops. Three residents attended a day service within walking distance of the designated centre.

- Each resident had been supported to decorate their bedroom in-line with their preferences.
- Replacement flooring in communal areas had been completed as outlined to the Chief Inspector of Social Services following the October 2023 inspection.
- External gardens areas were well maintained and internal painting had taken place.
- There were upgrade works in progress to remove carpet floor covering from the bedrooms and replace with alternative flooring that would assist with ease of cleaning for the residents and staff team. One bedroom had already had the flooring replaced at the time of the inspection and the resident informed the inspector they were happy with the finish.

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. A minor change was made to the document in advance of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been subject to regular review with the most recent review taking place in February 2026. The register and individual risk assessments identified hazards, assessed risks, put measures and actions in place to control these risks.

There were two escalated risks in the designated centre at the time of this inspection. Senior management were actively working to addressed these risks.

Due to the recent provision of unfunded additional staff resources a risk relating to the staffing levels and the service user experience had been reduced. There was evidence of ongoing monitoring of the effectiveness of control measures that were in place to support residents.

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

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Staff were completing fire safety checks on a daily basis in the designated centre. Fire doors checked during the inspection by the inspector were operating correctly. The provider had self identified that due to the impact of changes to the governance structure monthly fire checks had not consistently been completed during the latter part of 2025. All such checks had taken place during 2026 since the issue was identified.

All residents had personal emergency evacuation plans in place which were subject to recent review and reflected changing needs of residents where required. The residents were participating in the fire safety drills in the centre and minimum levels of staff were used for some of these drills.

The emergency plan in the event of a fire was displayed in 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. A general emergency evacuation plan had also been developed for

the designated centre. This required further review to ensure it accurately reflected the designated centre. This was addressed during the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of all four of the residents personal plans. Residents had given the inspector permission at the start of the inspection to review their personal documentation.

- The profiles were found to be person centred, inclusive of each resident who actively participated in the regular reviews taking place. The plans reviewed were 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. Where goals or steps to attaining individual goals had been made these were being updated in many instances. However, no updates regarding the planned short break away for residents in February 2026 was documented at the time of the inspection when the two night stay could not take place. The will be actioned under Regulation 9: Residents rights.
- Residents were being supported by key workers to identify meaningful goals. This included attending concerts, holidays, engage in more social activities such as swimming and maintaining relationships with important people in their lives.
- Residents had the support of the provider's multi-disciplinary team, which included occupational therapy, speech and language therapist and general practicitoners.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to make choices regarding healthy eating and exercise routines. The provider has systems in place for residents to attend healthcare professionals, in-line with their will and preference.

All residents had been supported to have annual health checks. The provider's nursing management team had developed strong working relationships with the community healthcare teams and were consistently linking with these team members to ensure the best outcomes for all residents.

One resident required increased inputs from nursing and other allied healthcare professionals to support them as a known healthcare condition progressed. Ongoing

discussions and review of the current services being provided to meet this resident's healthcare needs were documented and evident during discussions on the day of the inspection.

The inspector was informed by one of the residents that they were to complete daily exercises using specific equipment to manage a health condition. However, the staff team had not been made aware of this until three days prior to the inspection upon receipt of a completed resident survey by the resident's relatives. The person participating in management outlined this medical information was previously unknown and a review of the resident's healthcare plan was undertaken. Further review and consultation with relevant healthcare professionals was requested to complete a full clinical assessment to determine the appropriate health care management or interventions that may be required by the resident.

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. Following a review of documentation during the annual review of 2025 it was identified that not all incidents of a safeguarding nature had been identified and reported as required in-line with the provider's policy and the regulations. Additional training was provided prior to this inspection and bespoke training was planned for April 2026 for the staff team to enhance the staff team response to senarios of a safeguarding nature that may occur. The inspector acknowledges that the provider and staff team had demonstrated actions being taken once it had been identified that incidents of a safeguarding nature had not been considered and reported in-line with the regulations during January and February 2026. However, there were occassions where the provider had not ensured the provision of services in the designated centre was safe and effectively monitored. This will be actioned under Regulation 23: Governance and management.

The provider's advocacy officer had met with the residents to discuss and develop shared values regarding living together in the designated centre. Some members of the staff team had also met with the designated officer in January 2026 to ensure they had up-to-date knowledge of safeguarding.

All four residents had open safeguarding plans in place which were subject to ongoing review to ensure the effectiveness of the measures in place.This included additional staff resources and the provision of one-to-one meetings for residents with the provider's advocacy team, if they wished to engage in such meetings. However, one resident reported they did not always feel safe in their own home. Concerns had also been raised by relatives and staff members, with such concerns

following incidents that had occurred as recently as the weekend prior to this inspection.

Residents had intimate care plans in place, which explained what varying degrees of support residents needed in this area. These plans had been reviewed as required with one of the resident's plans being updated following recent medical investigations.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector acknowledges that while some structures were in place, these were not consistently effective in ensuring that residents could exercise choice, autonomy, and control in their daily lives. There were multiple instances where residents' rights were not upheld in practice. For example, residents were required to move rooms within the designated centre due to the anxiety of a peer, which impacted their autonomy and sense of stability. Furthermore, residents did not consistently feel safe within their home environment. The atmosphere in the centre was reported to have shifted from a previously relaxed and jovial setting to one that was at times tense and unsettled. This negatively impacted residents' overall well-being and sense of security. Additionally, planned activities, such as a scheduled two-night hotel stay in February 2026, did not proceed as intended, limiting residents' ability to follow through on personal plans.
Overall, the findings demonstrate that residents were not consistently supported to exercise their rights, including choice, control, and feeling safe in their home.

Judgment: Not 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	Substantially 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 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City South 4 OSV-0003296

Inspection ID: MON-0041437

Date of inspection: 19/03/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A new manager (Social Care Leader) has been assigned to the centre to strengthen the overall governance, oversight, consistency and risk management of the service. • The manager will be supported by the named Person in Charge, who will provide ongoing governance, mentoring and clinical guidance. • Upon completion of the requirement management qualification, the Social Care Leader will assume the role of named Person in Charge. • This structure will ensure clear accountability, regular monitoring of risks and incidents and timely escalation and resolution of issues in line with regulatory requirements.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Oversight systems have now been strengthened to ensure all safeguarding concerns are identified, managed and reported in line with policies and regulatory requirements. This includes daily management review of incidents, NIMS reporting and monthly safeguarding review by the Social Care Leader. • All safeguarding incidents, near misses and concerns are reviewed and all concerns are discussed with the Designated Officer and PPIM through regular governance meetings. • Residents have access to advocacy supports with ongoing engagement facilitated by the Advocacy Officer. • All residents have individual safeguarding plans in place which are subject to regular review for effectiveness. • Further risk mitigation measures include increased staffing levels, enhanced supervision and clear escalation pathways. • Safeguarding and personal plan audits are embedded into routine practice, ensuring risks are monitored, managed and escalated appropriately in line with organizational policy.	

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• While the provider acknowledges that residents' rights were not consistently upheld within the home, it has taken immediate and robust action to ensure all residents are supported to exercise choice, autonomy and feel safe within their home through ongoing support through the Rights Team.
• This team has been implemented to ensure a rights-based approach to care to ensure all residents voices are been heard and listen too. Regular resident meetings and 1:1 keyworker session will be held to capture residents' views, planned activities are facilitated and any barriers to participation are addressed promptly and to promote choice and control of one's own life.
• This will be strengthened by the newly tightened processes and governance oversight that are now in place. The issues relating to residents' rights that was highlighted in the report are due to a resident who requires a different living situation as a result of a recent changes in their support needs.
• The provider is working on securing alternative housing from Cork City Council and a bespoke funding package from HSE South West to provide the required service for the person. In the interim appropriate supports are being provided to ensure, insofar as possible, residents' rights are upheld.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/05/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/09/2026