



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 5
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	16 March 2026
Centre ID:	OSV-0003298
Fieldwork ID:	MON-0048090

About the designated centre

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

The designated centre is a large detached bungalow, located on the outskirts of a major rural town. At the time of this inspection, residential services were provided to seven adult residents diagnosed with a moderate to severe intellectual disability. The designated centre was registered for ten residents. The current living accommodation comprises one twin bedroom and five single bedrooms. There is a large kitchen and dining area with adjoining food storage and food preparation areas. There is a large living room and a small television room, a laundry room, toilets and two large shower rooms. There is a staff office as well as a smaller office used to store residents' files and paperwork. The designated centre has a well planned and maintained garden with extensive patio and sitting areas. The residents are supported through a medical model of care from the staff team by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 16 March 2026	09:10hrs to 16:35hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). Safeguarding of residents is an important responsibility of a registered provider and fundamental to the provision of high quality care and support.

Based on the findings of this inspection, the inspector found that residents who lived in the centre had a good quality of life. Residents had choices in their lives and were involved in activities they enjoyed. The person in charge and staff were focused on ensuring that a safe service was provided to residents and that residents were informed about recognising harm.

The layout of the designated centre ensured that residents lived comfortably and had access to private space when required. Five residents had their own bedroom and two residents shared a bedroom. The person in charge and staff team spoke to the inspector that these residents have shared a room for many years and are happy with the arrangement. Staff informed the inspector of the positive relationship they have with each other and the measures that are in place to support the resident's privacy and dignity as they share a room. This included a privacy screen which was in place. Residents' bedrooms were nicely decorated to their preferences. Communal spaces were also available, such as a large sitting room area and kitchen area. Some residents preferred to have their own space and the centre had a smaller sitting room in place to facilitate this. The person in charge also discussed with the inspector that one resident prefers to relax in their bedroom to watch television or listen to music. The inspector observed a couch had been put in place in the residents bedroom to support this.

Another resident preferred to have breakfast in their room each morning and staff ensured that the resident was supported with this. The inspector met the resident in the morning prior to their breakfast, they had a table in place and they were being supported to listen to some music as it was being prepared. The resident appeared content and happy. This ensured the safety and comfort of the residents was being supported in the centre.

Residents living in the designated centre availed of a home based service. Residents enjoyed daily activities in their home and community. A building was located next to the centre and residents could visit here daily with the support of the staff from the centre to complete a range of activities, such as table top activities, listening to music and arts and crafts. The person in charge discussed with the inspector that a number of residents enjoyed going to this activity room. Residents had flexibility to take part in activities of their choice at times that suited them. When the inspector arrived at the centre, it was found that residents started the day at their own pace

and got up at times that suited them. Some residents were up and ready for the day ahead, others were having their breakfast, while some were being supported to get ready for the day ahead.

During the course of the inspection the inspector had the opportunity to meet all seven residents. Residents were observed to be relaxing, watching television, listening to music, completing tabletop activities, supported to go to the activity room located next to the centre and going out on the centres transport. Resident's communication varied with the inspector from some verbal words, to nonverbal interactions. Residents appeared relaxed and comfortable throughout the course of the inspection day in the company of staff and each other. It was clear during the inspection that staff and local management were very knowledgeable of the residents communication needs and staff responded to resident's cues, gestures and facial expressions. This was also displayed with residents who had verbal interactions.

The person in charge and staff ensured that a person-centred service was delivered to residents. Throughout the inspection staff were observed spending time, having fun, chatting and communicating with residents. There was adequate staffing and transport available to support resident's choices. Residents enjoyed activities such as swimming, visiting local cafes, going to concerts, visiting places of interests and attending local community events. Residents in the centre were looking forward to the upcoming St. Patrick's day parade in their local town and had purchased flags to bring with them. On the day of the inspection one staff member had dressed up in festive attire which brought great enjoyment and excitement to the residents about the upcoming parade. Residents were active participants in their local community and enjoyed going into town to use the local services, such as hairdressers and barbers.

It was clear from observations in the centre, meeting with the residents, conversations with staff and information viewed during the inspection that residents had a good quality of life, had choices in their lives and were being supported by staff to be involved in activities they enjoyed. Throughout the inspection it was clear that the person in charge and staff prioritised and supported autonomy of residents and ensured that they were safe.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service. This inspection found that the provider had good arrangements in place for the

management and monitoring of the service, ensuring that residents' rights were supported and that they were being protected from harm.

The person in charge had ensured that staff working in this centre were supported and the staff the inspector spoke with said they felt supported in their role. Staff were supported with a range of training to support the residents living in the designated centre. Overall, staff had completed the training required, however some review is required. This will be discussed under Regulation 16: Staff training and development.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The provider had put in place measures to ensure oversight of the designated centre was in place. This included an annual review of the centre and unannounced audits. The person in charge was completing internal audits of the designated centre. An action tracker and action plans were in place which identified any improvements that were required, this had also clear time lines to in place. These were seen to be well monitored by the person in charge.

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received training to support them to ensure that residents were protected from harm. All staff had completed training in children's first and safeguarding. Staff had also completed training to support the care needs of the residents such as positive behaviour support training and buccal training. Some review was required to ensure refresher training was up to date to support staff to support residents with their assessed needs and to support the safety of the residents. This included:

- Five staff required Manual handling training.
- Two staff required Safety intervention training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a good level of compliance with regulations relating to how residents lived their lives, how their rights were supported and how they were protected from any form of harm. The person in charge and staff in this service were very focused on ensuring that residents had information about being safe, were supported to communicate effectively, had a safe living environment and were aware of their rights.

There was a clear organisational structure in place to manage the service, which included a suitably qualified and experienced person in charge. Further managerial support was provided by a regional manager, who was also the person participating in management of the service. They were also present on the day of the inspection.

The service was subject to ongoing monitoring and review. The provider had a system in place to monitor the designated centre and a schedule of audits was in place for 2026. The inspector reviewed a number of audits that had occurred recently such as a handover audit, rights restrictions audit and incident accident near miss audit. Actions were identified from these audits and these actions were seen to be completed, such as risk assessment relating to restrictions in place had been reviewed recently.

The provider was ensuring six-monthly unannounced audits were taking place as required by the regulations. The inspector reviewed the audits from April and October 2025. The provider had also completed an annual review for 2025 of the designated centre. The person in charge had an action tracker in place which monitored any actions. The inspector found that actions were being met within the identified time lines, some actions were completed on the day of the inspection while others were ongoing. For example, some residents were being supported with their finances and this was to be completed by June 2026.

From review of documentation in place, the inspector found that oversight of safeguarding and residents' rights was being monitored. For example, safeguarding was a topic at staff team meetings, safeguarding was also being examined during the provider's audits of the service and was a regular item at residents meetings.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

The provider had arrangements in place to safeguard residents from any form of harm. These included safeguarding processes and systems to support resident to manage behaviours of concern. There was use of restrictive practices in the centre and the restrictions that were in place ensured to keep residents safe were under ongoing review. There was evidence on this inspection that restrictions had been reduced.

Residents had access to information, including information about their rights and about keeping safe. The provider had ensured that residents were supported and

assisted to communicate in accordance with their needs and wishes, and that they had been provided with information about protection and staying safe. Information was also made available to residents in user friendly formats to increase their awareness and understanding of safeguarding. Residents had access to both complaints and advocacy processes.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes and that they had been provided with information about protection and staying safe.

The person in charge and staff were ensuring that they communicated appropriately with residents. When residents were present in the centre, the inspector saw staff communicating with them in line with their assessed needs. This was through a combination of verbal communication and other systems that suited the needs of residents such as pictures, gestures, pointing, objects of reference and cues.

The inspector saw that there were other communication systems in place to support a resident who required. This included a picture communication system of 'then and now'. This was also noted in the resident's behaviour support plan. Residents had up-to-date communication plans in their personal plan, the inspector reviewed three of these. Residents were supported with restrictive practices in place in the centre in picture format also.

Staff members who spoke with the inspector were very knowledgeable of the residents communication needs and this was observed by the inspector throughout the day. To support the comprehension and understanding of all residents, a range of easy read information documents had been developed and made available to them. The information that related to keeping residents safe and complaints. The inspector saw records of key working sessions between residents and staff to review upcoming goals and activities for residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents. The inspector reviewed three of the personal plans. These were based on each resident's assessed needs. Comprehensive assessment of the health, personal and social care needs of residents had been carried out and individualised support plans had been developed for residents based on their assessed needs. These plans had been developed to provide staff with the information required to support residents to live safe and meaningful lives. The inspector found that these plans had been developed with

input from the provider's multidisciplinary team. Residents received annual multidisciplinary review meetings and person centred planning meetings. These meetings ensured aspects of the resident's health, personal and social care needs were being reviewed on a regular basis. Residents were supported to identify and set any goals or aspirations they had for the year. Residents had plans to go on religious pilgrimage abroad, attend concerts, shows, day and overnight trips.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. The inspector reviewed the behaviour support plans for two residents who required support to manage their behaviours. There were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. These plans were clear and up-to-date.

Residents had access to the provider's multidisciplinary team which included behaviour support who worked with and supported residents as required. The centre was adequately staffed to ensure that each resident had appropriate levels of staff support. Staff had been suitably informed regarding behaviour support requirements. All staff had attended training in positive behaviour support. Staff who spoke with the inspector were very clear about the behaviour management strategies that were in place to support residents.

There was use of restrictive practices in the centre and the practices that were in place were largely to ensure the safety of residents. The person in charge was very focused on reviewing and reducing these practices where possible. The inspector saw that previous restrictions, such as the use of a sensor mat had been removed.

Judgment: Compliant

Regulation 8: Protection

The provider had good systems in place to safeguard residents from any form of harm and to ensure that residents were safe. Although at the time of the inspection, there were no identified safeguarding issues in the centre, the provider's systems continued to keep residents safe. They ensured that residents and staff knew about safeguarding and provided for the management of safeguarding concerns should this be required.

The inspector reviewed the arrangements in place in the centre to safeguard residents from harm. These included development of intimate care plans for residents and access to a safeguarding process. Information was also made available to residents in user friendly formats to increase their awareness and understanding of safeguarding. The inspector saw that information about safeguarding was presented to residents in appropriate formats that they could understand and regular resident's house meetings between staff and residents always included a discussion on the right to feel safe. There was an up-to-date policy to guide practice. A designated safeguarding officer was appointed and was available to support residents and staff. All staff had attended safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. The inspector saw that residents had choice and control in their daily lives. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. The inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on discussions with residents, observation and knowledge of each individual.

Staff ensured that residents were supported to make their own decisions. Residents choose their own daily activities and practice their religion. Some residents in the centre enjoyed practicing their religion and this was important to them. The staff in the centre supported the residents with this. For example, staff spoke to the inspector that on mother's day residents that wished were supported to remember their mothers that had passed away in prayer. Staff discussed that residents appeared to enjoy this.

The layout of the centre provided residents with a large sitting room area and a smaller living room was also available. One resident enjoyed watching television in their bedroom and this was supported and the resident had a seating area in place in their room. This ensured that residents could enjoy privacy or time alone as they wished. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to complaints and advocacy processes and this information was freely available in the centre to inform residents. All staff had attended training in safeguarding and it was clear during the inspection that residents' rights were being taken into consideration and were being supported. Residents were supported with regular residents and advocacy meetings which discussed a range of topic such as safeguarding and kept residents informed of upcoming events and activities.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	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 5 OSV-0003298

Inspection ID: MON-0048090

Date of inspection: 16/03/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• Manual Handling refresher training has been scheduled for the five identified staff who require training.• Safety intervention training has been scheduled for the two staff identified who require training.]	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2026