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 North 1
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	14 October 2025
Centre ID:	OSV-0003301
Fieldwork ID:	MON-0039849

About the designated centre

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

The designated centre provides accommodation for six adults with a mild to moderate intellectual disability. The centre was located in a city suburb and comprises two semi-detached residential houses between which access had been created to allow shared kitchen/dining space and free movement between both houses. There are also two communal sitting rooms and bathrooms, separate laundry facilities and staff office space. The house is occupied seven days a week and accommodates male residents each with their own personalised bedrooms. Two bedrooms are located downstairs and four are on the first floor. There is parking for vehicles in front of both houses and a secure garden area to the rear of the property. The centre is located close to amenities including public transport. Residents are supported through a social care model with staff support by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Tuesday 14 October 2025	10:00hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in January 2023 and August 2024 as part of the current registration cycle. The inspector found evidence of some improvements for residents which included being supported to make personal choices relating to their finances and living arrangements. However, both of the previous inspections and this inspection identified ongoing issues relating to residents being unable to make choices regarding activities due to staffing levels and difficulties encountered with access to suitable transport arrangements. In addition, due to changes in the assessed needs of two of the current residents since the previous inspection the bathroom facilities available within the designated centre required review. A further issue relating to up to date training for a staff member in the safe administration of medications was identified on the day of the inspection which also required review by the provider.

There were six residents in receipt of residential services within the designated centre. On arrival the inspector was greeted by the person in charge. Two residents and a staff member were introduced to the inspector. One resident spoke about their plans which included celebrating their birthday later in the week. The resident listed a range of people who were invited to attend the party which included neighbours, friends and peers. The resident explained that they were retired and usually supported in the designated centre by a staff member while their peers attended day services or work commitments. However, the resident explained in recent weeks it had been difficult to use public transport when only one staff member was working as they had previously done as a peer was also being supported in the house during the day as they recovered from an injury. The resident explained they had their coat on them at the time of talking with the inspector as they were expecting a relative to come to collect them for a planned short break with them for a few days. The inspector was introduced to the relative by the resident when they arrived later in the morning.

The second resident usually worked in a garden centre under the remit of the provider. However, due to an injury sustained to one of their legs in August 2025 they had been unable to work and was being supported by staff during the day in the designated centre. The resident outlined how they had enjoyed the change in routine initially as they recovered from their injury. They explained they had an interest in horses and there had been a lot of programmes on the television including horse racing events that the resident had watched. However, they were finding the days long in recent weeks as they continued to recover. As the resident was restricted in their ability to walk any distance due to their injury engagement in community activities were limited which included staff being unable to bring the resident to meet with their colleagues in the garden department or the canteen when such requests were made as there was no transport available in the

designated centre for the resident to use. This will be further discussed in the quality and safety section of this report.

The remaining four residents all returned at different times during the afternoon to the designated centre. All were observed to engage with the staff members present, talk about their day and issues that had arisen. The inspector had met the residents on the previous inspection and re-introduced themselves again to each resident once they had completed their preferred routines. One resident explained how they were very happy to be doing well with a savings plan that they had commenced. They spoke of planning and financing a trip to another country in 2026. They spoke about how they had enjoyed a short break away during the Summer with other peers from the day service hub they attended each week. The resident confirmed to the inspector that they continued to independently use public transport to attend their day service. The resident was also encouraged by the person in charge to outline some recent achievements which included purchasing a particular item after saving up to buy it. The resident was observed to smile as they spoke about this.

The person in charge encouraged another resident to explain to the inspector about recent changes that had taken place for a sibling who the staff team had supported the resident to visit in another town. The resident spoke of the lovely new home their sibling was living in which was located near a beach. The resident spoke intermittently to staff present and the inspector in the afternoon and was observed sitting with peers while having a preferred hot drink in the dining room. The same resident spent some time sitting near the inspector in the afternoon and posed some questions to the inspector which included regarding the documents that the inspector was reviewing.

Two other residents preferred to complete their routine which included their laundry on their return in the afternoon. While both engaged in brief conversations with the inspector, it was evident they wished to continue with their usual routine. Another resident was observed to speak with the staff present about an issue relating to their lunch. The resident was listened to in a respectful manner as they spoke to the staff. As one of the staff members tried to explain additional details about the lunch, the resident became more anxious. It was evident both members of staff were very familiar with the resident, they allowed the resident time to speak. One staff went to another location to speak with the resident to explain the situation again. The resident was observed to be engaging positively with their peers and the staff a short time later on. All residents were offered their preferred refreshments in the dining room by the staff and this was observed to be a relaxed social setting for the three residents that were present.

The inspector reviewed six completed resident questionnaires. Two of the questionnaires had been independently completed by the residents themselves. There were many positive responses regarding the staff team and the designated centre which included getting on well with peers in the house and the staff team trying to support with residents personal choices and decisions. However, five of the completed questionnaires referred to the lack of access to suitable transport. Two questionnaires referred to the level of staff resources adversely impacting residents

ability to make choices. The response to the question regarding being able to make own decisions/choices was documented as '' could be better".

The inspector spoke with three residents and a staff member at different times during the inspection about these issues. The residents spoke with enthusiasm about the different locations they visited while a transport vehicle was available for two weeks when a day service was closed for planned holidays in July 2025. There were photographs of residents smiling as they enjoyed walks in scenic locations, had picnics and engaged in other social activities during this time. However, due to the minimal staffing levels of one staff on shift, if any of the residents did not wish to participate in a planned activity, none of the residents could go. This was confirmed by the staff member as having occurred on occasions in the past. In addition, a resident had also made a complaint in February 2025 when they were required to get up at 07:30 hours to attend a medical appointment for another resident with the lone staff on duty. While resident meetings were taking place which included planning in advance to agree activities of mutual interest it was not always possible to facilitate preferred activities such as attending football matches or social groups. In addition, the inspector was informed the arrangement in place for staff to have access to transport in the evenings and at the weekends was not always feasible as the lone staff member could not leave the residents alone while they went to collect the transport vehicle in the evening.

All staff spoken to during the inspection were found to be very familiar with the assessed needs of each of the residents to whom they were providing support. This included up-to-date knowledge on specific health management plans in place for residents. In addition, the staff member on duty was observed throughout the inspection to support each resident as they required assistance. For example, one resident was supported to access the computer during the day, other residents were supported with their laundry and meal preparation in the evening. It was evident all of the five residents present in the evening time on the day of the inspection wanted to speak with the lone staff member about how their day had gone. While residents were observed to afford their peers time to talk to the staff member it was a very busy time. The staff member explained to the inspector, how one resident liked to walk fast while others walked at a slower pace. To enable residents to be supported on an group outing, the staff explained a second staff had stayed at a coffee shop with one resident while the staff walked around a large garden area with four others. The staff member explained the different preferences and interests of the residents were difficult to support with only one staff on duty. In addition, they have had to take five residents with them while doing the grocery shopping due the regular lone working.

The inspector acknowledges that the person in charge had sought opportunities to engage with the provider's volunteer programme since the last inspection. This was envisioned to provide another resource for residents to engage in activities of their choice. However, the inspector was informed that the residents usually choose to remain in the designated centre talking with the volunteer rather than going out in the community. This had been taking place for approximately two hours on Sunday afternoons. However, had not been available in the weeks prior to the inspection as the volunteer was unable to attend. A student completing a college course in care

skills had completed work experience in the designated centre during September in the designated centre. Residents and staff informed the inspector this had worked well.

In summary, residents spoke of the ongoing support provided to them from a core group of dedicated staff. The residents felt listened too by the team in relation to a number of issues. For example, three residents were being supported to access and manage their finances since the last inspection. Another resident was spending more time the designated centre each week since November 2024 in line with their expressed wishes. However, as per findings in the previous two inspections of this designated centre the impact of low staff resources/lone working and transport arrangements that suited the assessed needs of the residents continued to have an impact for residents to make individual choices and engage in individual activities. While the provider had responded previously with actions which included access to a day service transport vehicle in the evenings and at weekends with additional staff resources to facilitate planned activities, this has not been reflective of the assessed and changing needs of the six residents who are availing of more residential services each week in this designated centre since the previous inspection in August 2024.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The inspector acknowledges that the staff team and the provider had sought to address issues identified in the previous two inspections which included supporting residents to manage their finances in line with their expressed wishes and capacity to safely manage their finances. However, adequate staffing resources to support the current assessed needs of the residents were not evident to be in place. The provider had previously outlined in the compliance plan response to the Chief Inspector following the August 2024 inspection relief staff would continue to be utilised within the centre to support residents engagement in the community and gaps within the roster. In the compliance plan response submitted to the Chief Inspector following the January 2023 inspection, the provider outlined that relief staff were available to work extra days on the weekends and evenings to facilitate activities for residents. However, the current familiar relief staff were required to regularly work shifts to fill gaps in the roster for lone working shifts which resulted in reduced capacity for additional staff resources in the evenings and at weekends.

The inspector reviewed a total of nine weeks of staff rosters which included the planned roster for the next two weeks after this inspection. There was only one date, 31 October 2025 where a second staff member was rostered to be on duty when five residents were expected to be present in the designated centre. In the

actual rosters reviewed by the inspector since 1 September 2025, most of the day time shifts had only one staff rostered to be on duty. The period reviewed coincided with the time line when one resident was unable to attend their place of work due to a leg injury. This resulted in two residents being supported in the designated centre during the day by a lone member of staff and this reduced the ability/opportunities for one resident to access the community as frequently as they would usually have done. No additional staff were available on the weekend of 27 and 28 September 2025, this resulted in no opportunity for any of the residents to remain at home if they wished or engage in another activity other than the planned group activity of a drive. There were two staff rostered on duty on the afternoon of Saturday, 20 September 2025. While residents discussed their preferred activities, one staff remained in the designated centre with the resident who was recovering from their injury at that time.

The staff team explained how they had sought to get access to a transport vehicle after one resident injured their leg on 10 August 2025. The impact for this resident and other residents meant that the opportunities to leave the house during the day were restricted with only one staff on duty. The provider's transport department were unable to facilitate this request. The inspector was informed and reviewed documentation regarding the use of taxis which occurs each week to support residents to travel to their respective day services. On the week of this inspection nine taxis were required to be pre -booked by the staff team to ensure residents could attend their respective day services. The inspector was aware that in November 2023, members of the provider's board of directors and senior management had visited this designated centre as part of a quality, safety and governance walk around. The findings of this visit were discussed with the provider's executive quality and safety committee. Residents were provided with a letter from the committee in January 2024 which outlined an action plan. While some actions had been observed and acknowledged to have been resolved by the provider during the August 2024 inspection, not all actions had been adequately addressed. This included the provision of staff resources to support residents to engage in individual activities and a prioritisation pathway for a vehicle so residents in this designated centre could be informed when a vehicle would be available to them.

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. Additional updated documentation was requested from the provider after the initial review of the application.

Judgment: Compliant

Regulation 14: Persons in charge

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

- They demonstrated their ability to effectively manage the designated centre.
- They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.
- Their remit was over this designated centre and one other designated centre located in close proximity at the time of this inspection.
- The inspector acknowledges there has been a reduction in their remit since the previous inspection in August 2024.
- The person in charge also worked with the residents in this designated centre to fill in gaps in the staff roster when required as most shifts were being completed by a lone worker.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent core group of staff working in the designated centre who were familiar with the assessed needs of the residents. The provider had given an undertaking to complete a skill mix review following the January 2023 inspection, a review was in progress at the time of the August 2024 inspection and a further review was scheduled by the provider at the time of this announced inspection. The provider had previously outlined in November 2023 following a quality, safety and governance walk around by members of the provider's board of directors that flexibility for additional resources from regular relief staff were to be made available such as at weekends. However, the number of staff resources on duty during the day time, at evenings and at weekends to meet the assessed needs of the six residents in recent months was not evident to the inspector following a review of planned and actual rotas. The provider had given an undertaking as part of the action plan after the November 2023 walk around by members of the board of directors to consider providing a staff resource from 10;00 hours until 16:00 hours in the designated centre. No update on this action was available at the time of the August 2024 inspection or at the time of this inspection. This will be actioned under Regulation 23: Governance and management.

- The regular core staff team was comprised of a total of eleven staff at the time of this inspection. This included a person in charge and a social care worker, both of whom worked 0.5 whole time equivalent (WTE) in the role in this designated centre. There were four care assistants and five relief care assistants working regular shifts in the designated centre. In addition, there was a dedicated household staff who worked three hours each week to assist with cleaning duties in the designated centre.

- The role of social care worker was new to the designated centre and the person was undergoing induction at the time of this inspection. The person in charge outlined to the inspector how they envisaged the support of this role would assist the staff team which included supporting with staff training.
- The person in charge had made available to the inspector actual rosters since 1 September 2025 and planned rosters until 2 November 2025, 9 weeks. These reflected changes made due to unplanned events/leave. The details contained within the rosters included the start and end times of each shift and scheduled training.
- Staff were flexible to support residents to ensure their well being and safety. For example, one staff remained on duty until 21:30 hrs after completing a 12 hour shift on 4 September 2025 when the night staff was unwell and a replacement staff was unable to commence until 21:30hrs.
- The person in charge also worked with residents to cover staff illness. For example, they worked a 12 hour shift on 15 September 2025 when five residents were in the designated centre.

On review of the actual and planned rosters it was evident a second staff member was not been rostered on duty to enable residents to engage in community or individual activities if they choose to do so. This will be actioned under Regulation 9: Resident's rights

- On the planned roster for the two weeks after this inspection there was only one date, 31 October 2025 where a second staff was rostered to be on duty when five residents would be availing of residential services on that date.
- On the actual rosters reviewed from the 1 September 2025, most of the rostered day time shifts were managed by a lone staff member. For example, no second staff resource had been available to support the residents for the weekend of 27/28 September 2025. On the weekend of 20 September one additional staff was available for the afternoon shift from 14:00 hrs until 20:00hrs. This was not in line with the current statement of purpose which indicated additional relief staff may be allocated in the evenings/weekends to support residents with activities of their choosing.
- As part of the services being provided to the residents in this designated centre, residents had been effectively supported by a nurse to support with their health and development, to assist with attending appointments and following up on health care matters. This had assisted the staff team and person in charge to be able to provide support to the residents in other areas of their lives. Due to unplanned leave since the end of August 2025, seven weeks before this inspection, the residents had not had the regular input of a nurse as they had been previously supported. This included during a period when one of the residents had sustained an injury to their leg and had required attendance at medical appointments. The person in charge was linking with allied health professionals and general practitioners during this time to ensure ongoing oversight as required. The provider's own annual report in July 2025 referred to the "nurse resource overseeing health support plans and aligned health related risks in the designated centre". During the unplanned absence of this nurse resource it was the person in charge and

core staff team that had taken on these responsibilities in addition to their other duties.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 11 staff members which included the person in charge, a social care worker, four care assistants and five regular relief care assistants.

- The person in charge had ensured the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety and safeguarding. One staff member was scheduled to complete training in positive behaviour support the week after this inspection all of the rest of the team had up-to date training in this course.
- All of the staff in the centre had completed a range of non- mandatory training courses to support the specific assessed needs of the residents which included human rights, dignity at work, open disclosure, cyber security manual handling.
- The person in charge had scheduled staff meetings to take place during 2025. Four such meetings had taken place at the time of this inspection. These took place in February, May, July and August 2025. Topics discussed during the meetings held to date included safeguarding, staff training, the introduction of electronic records and the changing needs of the residents in the designated centre.
- The person in charge had completed supervision with the staff team to date in 2025.

However, during a review of the training matrix the inspector noted one staff member had required refresher training in the safe administration of medicines since the 5 September 2025. This staff member had worked on 11 dates since the 5 September 2025, on lone working shifts and had administered medications to residents while on duty. The inspector acknowledges that refresher training had been booked for the staff member in May 2025 which they were unable to attend. In addition, the person participating in management outlined during the feedback meeting there was a protocol and assessment that was available to be completed from the provider's director of nursing office. A staff member could be assessed and continue to administer medications while awaiting refresher training in safe administration of medications. However, this assessment had not been completed at the time of this inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. The current documentation was submitted by the provider as part of their application to renew the registration of the designated centre. The provider was advised during the inspection an updated certificate of insurance would be required to be submitted once issued by the insurer in January 2026.

Judgment: Compliant

Regulation 23: Governance and management

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

- The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. The provider had implemented a new electronic system in March 2024 which enabled ongoing monitoring by senior management of audits and actions identified in all designated centres including this centre.
- The person in charge had a centre specific system in place to ensure ongoing oversight of actions arising out of audits being completed. There was documented evidence of actions being addressed or progress updates.
- The provider had completed an annual review in July 2025 which documented areas of good practice and highlights of the year which included a homely atmosphere, improved financial independence for residents, regular resident forums and ongoing oversight by the nurse for residents health and development needs. However, this staff member had been on unplanned leave for seven weeks prior to this inspection with the core staff team and person in charge monitoring the healthcare needs at the time of this inspection.
- The provider had also ensured two internal six monthly unannounced audits were completed in this designated centre. These were conducted in February and August 2025. The auditors reported some good areas of practice which included details in the August audit that a staff member identified as the advocacy champion had completed training with the National Disability Authority. Actions identified during this audit included a review of the

statement of purpose and staff supervision to take place in line with the provider's policy . These had been completed at the time of this inspection.

However, both the annual review and the August 2025 internal audit did refer to input received from relatives regarding what was perceived as "the pressure on staff to accompany residents to medical appointments as they are lone working and supporting other residents". This was also discussed during the inspection as staff were required to be present in the designated centre when residents returned from their day service in the afternoon, so if there was a delay at a medical appointment this would impact other residents gaining access to the designated centre. The issue relating to accessing appropriate transport was also referred to as a concern raised by a relative in the August 2025 audit.

The provider had given an undertaking following the previous two HIQA inspections in this designated centre to review the staff resources and skill mix within the designated centre and the arrangements to access transport. In addition, following the November 2023 quality and safety walk about by senior management and members of the board of directors an action plan had been developed to address issues identified. While the provider had taken some actions, which included the recent appointment of a social care work 0.5 WTE, further review was still required to ensure residents were being effectively supported by the provider appropriate to their current assessed needs. This included the registered provider ensuring the designated centre is resourced to ensure effective delivery of care and support in accordance with the statement of purpose.

Judgment: Not 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 provider's own annual review report in July 2025 had noted that all residents had up-to-date contracts of care in place which were signed .

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.

The staffing resources outlined on the current document were discussed with the person in charge and person participating in management during the inspection. The inspector acknowledges that a skill mix review of the staffing resources was underway and this is reflected in other sections of this report.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge had ensured persons who were volunteering to work with the residents in this designated centre had been subject to the required vetting disclosures prior to commencing working in the designated centre. This included a student pursuing a further education course in social care.

- Each person was made aware of their role and responsibilities
- Each person was in receipt of supervision and support.
- A student had recently completed their required work experience and was reported to have worked well with the residents during this time
- Residents who regularly engaged with the volunteer who visited the designated centre on Sunday afternoons had expressed their preference to remain in the designated centre to talk with the volunteer rather than access the community and this was respected. However, the inspector was informed the volunteer had not been able to visit the designated centre in the weeks prior to this 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 -read information was available for residents to access and residents had been supported to raise concerns/ make complaints regarding issues that had affected them in the designated centre.
- The person in charge had ensured regular review of the complaints log was taking place. The provider had introduced a new electronic system to monitor complaints and time lines which was operational since October 2025 in this designated centre.
- There had been eight complaints made/logged since the last inspection in August 2024. Six of these had been made in February 2025 which all related to adequate staffing resources not being available. For example, on 18 February 2025 one resident declined to go on a planned group activity in the

evening. The activity had to be cancelled at short notice as there was only one staff on duty which affected four other residents. To avoid similar situations occurring a documented solution was recorded which required the person in charge be given two weeks notice if relief staff were required to be booked. However, as referred to in Regulation 15: Staffing, the availability of regular relief staff to support as an additional resource in recent months had been difficult.

- On 19 February 2025 a resident was supported to make a complaint after they were required to get up at 07:30 hours as there was only one staff on duty who needed to accompany another resident to a medical appointment. The resident affected had wished to remain in bed but was unable to do so. This will be actioned under Regulation 9: Residents rights
- There was one open complaint at the time of this inspection. The complaint was made on 5 September 2025 regarding staffing levels and access to suitable transport in the designated centre. The complainant was a relative of one of the residents who also had a concern relating to their relative's well being as a result of the two issues identified in their complaint. The complaint could not be resolved locally and was escalated to the senior management team on 24 September 2025. The complainant was given an update on 26 September 2025. This update included a new social care worker was scheduled to commence working in the designated centre and the regional manager for the designated centre would be completing a skill mix review of the staffing requirements. In addition, a co-ordinated review of the resident's well being would be undertaken by the person in charge, social worker and an assistant director of nursing. The inspector acknowledges that a complaint relating to staffing resources and transport arrangements was previously escalated to the senior executive management team in 2022 for this designated centre. While the provider had identified arrangements to be put in place to address these issues, it is evident at the time of this inspection that these same issues continue to impact the residents living in the designated centre. Further review was required of the issues relating to staff resources and appropriate, accessible transport arrangements for residents living in this designated centre. This will be actioned under Regulation 23: Governance and management

Judgment: Compliant

Quality and safety

The findings of this inspection identified that residents were being supported by a dedicated core staff team who endeavoured to provide care in line with residents assessed and changing needs. However, residents expressed to the inspector how it was not always possible to engage in their preferred activities due to the regular lone worker shifts. Some residents liked to spend time in the designated centre, while others preferred social activities. While residents were encouraged during their

weekly meetings to have a say in planned activities, the choice was not always to everyones interest and some residents preferred one to one activities with staff support.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. For example, one resident liked to spend time alone, away from peers when in the designated centre, another liked to complete their routine before joining a planned activity. However, the staff were familiar with these routines and tried to encompass all preferences when arranging activities. The residents had thoroughly enjoyed the freedom afforded to them when they had access to a transport vehicle for two weeks in July 2025. They spoke of all the outings, places they visited together as a group and the pre-planning that went into these activities. This included taking picnics and hot drinks. Residents spoke to the inspector of wishing to have such choice in the evenings and at weekends.

The inspector was also informed that a staff member had contacted the provider's transport department when a resident had sustained a leg injury in August 2025 which prevented them from walking as they had a leg cast insitu. The staff member had sought access to transport during the day time as two residents were being supported at that time in the designated centre and neither could leave the house unless there was a second staff on duty. This request was unable to be facilitated. The inspector was informed this had adversely impacted both residents being able to be supported to visit peers or socialise as frequently as they had done prior to this situation arising.

While there were arrangements in place to use a transport vehicle from a day service run by the provider, the inspector was informed this was not always possible to access as a staff member would need to collect it from the day service and return it back, but when a staff member was lone working residents could not be left unsupervised in the designated centre. It was evident staff were trying to plan and ensure workable arrangements were in place but this could not be consistently guaranteed to ensure a vehicle was available.

The staff team had ensured adjustments to bathroom facilities had been made to better support the changed needs of one resident who had injured their leg. The shower door had to be removed and a shower curtain was put in place so the resident could continue to independently shower with minimal staff assistance. On the day of the inspection staff from the provider's maintenance department were re-installing the shower door as the resident had their leg cast removed the day before. The inspector was informed that while there were two downstairs bathrooms which the six residents could use, one of these had a bath. Due to the medical conditions of two residents there was an increased risk of harm if they used the bath and the other residents also preferred to use the shower. The person in charge outlined how the changing and future needs of the current residents had been part of the consideration in seeking a review of the bathroom facilities in the designated centre.

All residents had been supported to identify personal goals that were important to them. These included joining nearby libraries, decorating their bedroom, attending concerts or enjoying a short break away. Where barriers to achieving the goals had

arisen these were documented. One resident had identified they would like to engage in more evening activities and stay with a relative but these had not been able to be progressed at the time of this inspection.The staff team had tried to identify local community groups and links with other designated centres to try to support the resident to access regular evening activities but it was not possible to consistently support this.

The staff team were supporting one resident to become more independent which included being provided with training and education regarding personal safety while walking to the shop independently. However, there was a requirement for a second staff to be on duty to support if the other residents were present in the designated centre while the training is taking place. Progress updates on this were documented for the 5 and 10 of October 2025 with a plan for the resident to apply for traffic training.

The inspector was aware before this inspection that one resident had increased the amount of time they spent in the designated centre each week since November 2024. This resulted in increased numbers of residents staying overnight in the designated centre, in particular at weekends. The resident had been supported to make a decision regarding their usual weekly schedule with input from social care workers. Previously the resident would have spent time with relatives most weekends.

The inspector was also provided with an update on the management of residents finances within the designated centre. Since the previous inspection in August 2024, two residents had improved access to their personal finances, including their own bank accounts and one resident was being supported to manage their finances in line with their expressed wishes.

Regulation 10: Communication

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

Residents were also supported to access media such as internet, television and radio.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured residents were supported to maintain links with family members and their local community. The staff team ensured relatives were informed of events and celebrations taking place and invitations to birthdays were extended.

- Residents engaged frequently with their neighbours and extended invites to events such as an upcoming birthday party.
- Residents were supported to contact family members in line with expressed wishes via phone calls.
- One resident had expressed they would like to meet with a particular relative, while this had not been achieved at the time of this inspection, it was planned to continue to try to organise a meeting which suited both parties.

Judgment: Compliant

Regulation 17: Premises

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

- The weekly allocation of three hours of a dedicated cleaner assisted the staff team with regular cleaning duties.
- External maintenance was evident to be taking place which included grass cutting on the day of the inspection.
- Internal maintenance had taken place since the previous inspection and further requests for routine maintenance had been made by the person in charge through the provider's maintenance department.
- Residents had been supported to decorate their bedrooms in line with their expressed wishes. This included one resident who requested additional shelving in their bedroom. These were installed and the resident was in the process of picking a paint colour to paint their wardrobe doors.
- There were two communal sitting rooms and a dining room where residents could spend time with staff and peers if they wished to do so.

The design and layout of the designated centre included two downstairs bedrooms which suited the assessed needs of the current residents. Handrails had been previously installed to support residents using the stairs to access upstairs bedrooms and these were reported to be working well. Staff had identified the need to remove a shower door to enable a resident to continue to shower with minimal assistance in August 2025. This was done and restored once no longer needed.

The inspector was informed that one of the current bathrooms in the designated centre was not accessible to two of the residents due to known medical conditions. These residents were deemed to be at risk of harm or injury if they used the current facilities in this bathroom. The other four residents had also expressed their preference to the staff team to use the shower facility. A daily routine had been

devised by the residents to ensure each resident had access to accessible showering facilities in-line with their expressed wishes. The residents were observed on the day of the inspection both in the morning and afternoon to all use only one of the available bathrooms for their showering needs. Residents explained to the inspector that they had no other accessible option to use the other current bathroom facilities. The staff team demonstrated throughout the inspection their awareness of the assessed needs of the residents and outlined adaptations to the second bathroom that would better assist the residents to remain independent as long as possible and continue to meet their intimate care needs the in future. The inspector observed the second bathroom during a walk around of the designated centre and was informed by the person in charge the use of the bathroom was limited due to the presence of a bath which was deemed not suitable /accessible for at least two of the current residents to use safely without staff support.

Judgment: Substantially 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 format.

Judgment: Compliant

Regulation 26: Risk management procedures

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

- There was one escalated risk at the time of this inspection regarding staffing resources since September 2025. The inspector was informed the provider had undertaken to complete another skill mix review of the staff resources. This was to be completed by the person participating in management.
- A review of site specific risks was also completed by the person in charge in September 2025. One medium risk referred to the service user experience begin impacted due to staffing resources and access to transport.
- The fire safety risk in the designated centre had been reviewed when one resident required increased supports to evacuate following their leg injury in August 2025.
- It was discussed during the feedback meeting that the risk to residents regarding the administration of medications had a control measure in place that all staff would have completed training in the safe administration in

medications. As previously mentioned in Regulation 16: Staff training, one staff required to complete refresher training in this course.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included a requirement for weekly, monthly, quarterly and annual checks being completed. The provider also had a fire safety policy in place which was subject to recent review in June 2025.

- All residents had a personal emergency evacuation plan (PEEP) in place. These were subject to regular review and were reflective of the supports and prompts that may be required for each individual. This included changes required to the support being provided to one resident after they had sustained an injury in August 2025.
- No exits were observed to be obstructed during the inspection.
- All staff had completed up-to-date training in fire safety.
- Fire drills had taken place including a minimal staffing fire drill. Learning and recommendations had been documented and discussed with the staff team and residents following drills that had taken place. For example, when residents appeared unsure which exit to use in a senario where the fire was described as being located in the kitchen, one resident crossed the location of the where the fire was described as taking place and the other four residents present followed. The exit closest to the residents was not considered by the residents during the drill. Following this increased staff prompting and support was identified as being required to be provided. This was subsequently discussed at the residents meeting.
- It was discussed during the inspection with the person in charge that a consistent day of the week should be identified to complete the weekly fire door checks. Following a review of checks completed in recent months gaps were evident on occasions. For example, some of the gaps identified included no check documented as being completed between 3 and 17 of July 2025, or 4 and 18 September 2025.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of the personal plans of three of the residents during the inspection. All were found to be subject to regular review in the sections of the plans reviewed. The person in charge also completed regular reviews

of each residents personal plan. Archiving of older documents was also taking place to ensure relevant information was available for the staff team. In addition, some sections of residents plans were in electronic format. While staff were still getting used to this format some details were documented in paper format and others in electronic format which caused some difficulties during the review process for the inspector. However, staff were able to locate information in either electronic or paper format as requested by the inspector during the inspection.

- The profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes and dislikes.
- The residents had been supported to have a multi-disciplinary review in April 2025. There was evidence of multi-disciplinary input to support residents assessed needs and this was observed by the inspector on the day of the inspection. A resident had a planned visit from the physiotherapist as part of a follow up request after they had their leg cast removed the day before the inspection.
- Residents had been involved in the decision making around identifying personal goals. Where goals had been achieved these were documented to have been completed in a stepped approach. Where barriers had been encountered to achieving goals this was also documented.
- There was documented evidence of regular review of the residents healthcare needs by a nurse had been taking place until the end of August 2025. While the nurse was on unplanned leave the person in charge and staff team were linking with general practicioners and allied health care professionals to continue to support the residents, this included taking residents to attend medical appointments.

Judgment: Compliant

Regulation 8: Protection

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

- There was one closed safeguarding plan in the designated centre at the time of this inspection which was subject to ongoing monitoring by the person in charge to ensure the well being of the resident. The inspector was provided with updated information regarding this plan and actions that had been taken/were in progress to effectively support the particular resident. This included the provision of psychology services to the resident in line with their expressed wishes. The resident was also being supported to utilise aids such

as music and breathing exercises to assist them to enhance their personal coping skills.
- Both staff spoken too during the inspection were aware of the possible indicators of abuse taking place and the process to report any concerns if required.
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review and updating as changes occurred with individual assessed needs in recent months. For example, one resident required to use a shower due to their leg injury and this was reflected in their care plan.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. Residents were involved in regular weekly meetings where plans were made for the coming week, meal planning and information sharing on topics such as safeguarding and fire safety.

- Residents had been supported to attain some personal goals which included enjoying short breaks, booking tickets for concerts and other shows as well as making choices around decorating bedrooms.
- Three residents had been supported to manage their finances in line with their expressed wishes since the previous inspection. All of the residents were happy with the arrangements in place regarding their finances, five residents had bank accounts in their own names and one had their name on a bank account with support being provided by a relative.
- An advocacy champion had been appointed from the staff team to support the residents.

The provider had sought to address issues identified in the previous two HIQA inspections by making arrangements relating to transport and staffing resources. Residents were accessing their day service using taxis regularly. While these arrangements had been trialled by the residents and the staff team, it was not evident the residents were being afforded the freedom to exercise choice and control in their daily lives at the time of this inspection. The following are some examples of issues that had occurred during 2025.

- Due to lone workers being rostered on duty, a resident had to get up out of bed at 07:30 hours so that another peer could be taken to a medical appointment in February 2025 by the staff member.
- A resident who returned early from their day service also in February 2025 had to remain outside for 10 minutes as no staff were present to let them in.

- Planned group activities had to be cancelled at short notice when one resident declined to join the activity. This had impacted four other residents who had to remain at the designated centre as a result of one resident's decision and no additional staff resource was available.
- Residents were unable to make plans at short notice to engage in individual evening activities if they choose to do so when only one staff was on duty.
- Residents were unable to make plans for activities that required extended time as the lone staff was required to be back in the designated centre for the return of other residents in the afternoons each weekday.
- There were very limited opportunities for residents to have one to one support from a staff member to engage in individual activities. This was evident in recent weeks when a resident could not be supported to visit friends when they had requested to do so as another resident was also in the designated centre and could not walk the distance required.
- Since the previous HIQA inspection one resident had been supported to spend more time each week in the designated centre including weekends which resulted with many weekends one staff supporting five or six residents with no additional staff resources.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City North 1 OSV-0003301

Inspection ID: MON-0039849

Date of inspection: 14/10/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Immediately following the inspection, the staff member identified as requiring refresher training in the safe administration of medication was assessed by the Assistant Director of Nursing responsible for the designated area. A risk assessment was completed to allow the staff member to continue administering medications until the refresher training was completed. The staff member successfully completed the refresher course on safe medication administration on 21 November 2025. The Person in Charge (PIC) has implemented a process to ensure that any staff member overdue for refresher training or awaiting a scheduled date will undergo a competency-based risk assessment by the Assistant Director of Nursing before administering medications.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Staffing levels are consistent with the funding provided by the funder. The registered provider is continuing to work to secure additional funding to increase staffing levels. Positive indications have been received and as such the registered provider has identified 2026 as the timeframe for resolution of this issue.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The needs of residents in regard to the bathroom facilities will be reviewed with reference to assessed needs, preferences and availability of resources.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Many of the items highlighted under this regulation relates to staffing levels and this response has been provided under Regulation 23. In addition to the response in Regulation 23, residents now have access to the designated centre if they arrive before staff. The staff team are also exploring community volunteers and natural supports to support residents to engage further in community-based activities.	

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	31/12/2025
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	31/12/2026

	to ensure it is accessible to all.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2026
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	31/12/2026