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 6
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	24 April 2026
Centre ID:	OSV-0003302
Fieldwork ID:	MON-0044091

About the designated centre

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

The designated centre is comprised of two semi-detached buildings located in a Cork suburb. There is a garden at the rear and front of the property with space for parking also. Both buildings are two storey with separate sitting rooms and kitchen-dining rooms in each house. The designated centre has two separate entrances at the front of the house and doors have been created in the dividing wall both upstairs and downstairs to allow access from one house to another internally. The designated centre provides residential accommodation for both males and females over the age of 18 years of age with an intellectual disability and/or autism. The designated centre provides full-time residential care with staffing support both by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Friday 24 April 2026	10:15hrs to 15:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the provider's compliance with the regulations and to meet with residents living in the designated centre. This centre was previously inspected in April 2024 as part of the current registration cycle. There was evidence the provider had addressed the actions identified in that inspection which included ensuring documentation of actions taken to address/resolve complaints were reflected in the complaints log. Actions outlined regarding the premises at that time had also been addressed. However, ongoing internal and external maintenance was required to ensure the premises was kept in a good state of repair and meet the assessed needs of the current residents.

A high level of compliance with the regulations was identified on the inspection day. Both residents were being supported to engage in activities of their choice frequently. It was evident that residents had been supported to maintain links with relatives and friends, make connections in their local community, and that they were included in decisions relating to their care and support. The suitability of the design and layout of the premises to meet the assessed needs of both residents had been reviewed. The provider was actively seeking to source an alternative location as a priority for one of the residents and was considering the future assessed needs of the second resident. Issues regarding the safe use of the stairs in both of the houses had been identified as a concern by the staff team and provider. This will be further discussed in the quality and safety section of this report.

On arrival, the inspector was met by one of the residents who was about to leave the designated centre to attend their day service. The resident looked at the inspector's identification and proceeded to inform the inspector of their plans for the day ahead. This included a planned visit later in the evening by an important family pet and relative which the resident was looking forward to. The resident returned later in the morning before attending a planned activity in a college located in the city. The resident spoke about how they were very happy to be attending their day service every week day and they were happy with the staff supporting them. The resident explained how they had recently been supported to make a complaint about their current arrangements to access transport. They found it difficult at times to wait for a taxi to attend planned activities and outlined the benefits they felt it would make to them personally in planning social activities if they had their own dedicated transport. The resident was being supported by the staff team to advocate for this and the provider was actively seeking to get a resolution which the resident would be satisfied with at the time of this inspection.

The inspector was invited to meet with the second resident on two occasions during the day at times that best suited the resident. Staff were present during these times including the person in charge who was very familiar with the preferences and current issues of importance for the resident. The resident proudly spoke of recent achievements they had made regarding their health. The resident was aware of the

need for a planned procedure to be scheduled to assist with their mobility. The resident also spoke about their wish to re-locate to another house due to the difficulties that they encountered using the stairs. The resident was very clear in their preferences for their new home which included all areas being on one level so they could access areas like their bedroom and bathroom without having to go upstairs as is currently required in this designated centre. The staff team, social work department and provider were actively engaging with a third party to identify alternative suitable properties which would better suit the resident. The inspector was informed some properties had been reviewed but a suitable property had not yet been identified which would adequately meet the assessed needs of the resident.

The person in charge and the staff team were met during the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interaction with the residents. Staff members supported conversations being held in private when requested by a resident. Changes to planned activities were also facilitated during the day at the request of the residents.

In summary, the findings of this inspection indicated that residents were provided with a safe level of service and that they were being supported to have a good quality of life. There was a core group of staff in place who were known to the residents. The person in charge ensured at least one staff familiar to each resident was on duty at all times both by day and night to ensure consistency with the supports being provided to the residents. Both residents were being supported to make choices in their daily lives. For example, the residents were engaging in social activities of their choice, meeting friends and participating in exercise activities. They were also involved in the planning process to attend events such as concerts and short breaks away during 2026. The person in charge was actively seeking to address gaps in staff training that had been identified on a recent internal audit. The premises had some upgrade works completed since the previous inspection but further improvements were required to ensure all areas of the property were consistently kept in a good state of repair.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a core staff team. The person in charge had ensured ongoing oversight to respond to the assessed and changing needs of both residents.

There was a clear management structure in the centre which was outlined in the statement of purpose. Supervision and support to the staff team was being provided. The staff team had been supported to ensure they were familiar with the specific supports required by both residents. The person in charge had identified the requirements needed by both staff teams supporting the residents. This included ensuring centre specific training was provided to all of the staff team working with one of the residents who had an increased risk in recent months of choking.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider visits every six months and an annual review. Through a review of documentation and discussions with staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were effective at the time of the inspection.

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. Their remit was over two designated centres located within a short distance from each other. The inspector was informed they were also providing additional oversight to a third designated centre located nearby as an interim measure at the time of the inspection.

- The person in charge demonstrated their ability to effectively manage the designated centre.
- The person in charge was 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.

Judgment: Compliant

Regulation 15: Staffing

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

- At the time of this inspection, the staff team comprised of the person in charge, a social care worker, 12 care assistants and three regular relief care assistants. The core staff were divided into two teams to support the assessed needs of both residents.
- There were two care assistant vacancies and one social care worker was on extended leave at the time of this inspection. The person in charge provided

additional information regarding the plans in progress to recruit for the vacant posts and also outlined how one agency staff had taken up a full time post during 2025 who was very familiar to the resident they were supporting and this had been a positive outcome for the resident.

- The inspector was informed that additional funding for staff supports for one of the residents had been secured by the provider.
- There was an actual and planned rota in place which reflected training scheduled for staff and changes required to be made due to unforeseen events such as illness. The inspector reviewed a selection of dates from 16 March 2026 to 3 May 2026, seven weeks. The person in charge had ensured that at least one staff familiar to each resident was on duty if there was a requirement for agency staff to provide support. One social care worker had commenced working in the designated centre in December 2025 and they were usually rostered to work each week day. The inspector was informed this had assisted with providing consistency for the residents and staff team.
- The person in charge outlined the provider's procedures that were in place to ensure all information and documents specified in Schedule 2 were obtained for each staff member including agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 17 members.

- Each member of the staff team had attended for an annual formal supervision during 2025. Planned dates for 2026 were documented and had commenced. Additional supervision of staff was also taking place and the inspector was informed the social care worker would be part of this process for supporting the staff team during 2026.
- The person in charge was aware there were gaps in the training of the staff team at the time of this inspection. This had been identified as an action during a recent provider internal audit in March 2026. All staff had completed up-to-date training in safeguarding. Two staff were required to complete refresher training in fire safety. Other gaps in training included manual handling and the safe administration of medications. The person in charge had scheduled training for staff in the weeks after this inspection where training dates were available. The inspector acknowledges that the person in charge had identified a time-line for staff of the 30 April 2026 to submit certificates of on-line training that had been required to be completed by some members of the team.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the management structure was in-line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge was present in the centre and demonstrated good monitoring and oversight. For example, they were completing actions from audits and reviews that had being completed in the centre. The addition of a social care worker to the the staff team of one of the residents in December 2025 provided additional oversight and supports to that team. This was also evident to have enhanced the skill mix of the overall team of the designated centre. Both residents were observed during the inspection to be familiar with the social care worker and spoke about activities they had completed together.

The inspector reviewed the last three internal provider led six monthly unannounced audits that had taken place March and September 2025, and in March 2026. Where progress had been made this was acknowledged such as reducing the number of staff vacancies over that period of review. Ongoing actions relating to staff training were identified and progress to address this was documented.

The annual review had been completed for 2025 which had identified some positive outcomes for the residents as well as challenges that were faced by both individuals. As evidenced during this inspection the provider was actively engaging with a third party to find a more suitable alternative location for one of the residents to live and address the issue of transport that had been identified by the other resident as impacting them.

Judgment: Compliant

Regulation 34: Complaints procedure

There was one open complaint at the time of the inspection. Staff had supported one of the residents to make a complaint in February 2026 when they had expressed they were distressed and upset due to the unavailability of a dedicated transport vehicle. The resident clearly outlined the adverse impact to them as a result of this issue in their complaint. The matter was escalated in-line with the provider's processes to senior management on behalf of the resident. The person in charge had documented evidence of responses and updates provided to the resident since they made their complaint. The provider subsequently informed the resident after a full review of the complaint and relevant issues the resident had been placed on a priority list for a dedicated transport vehicle.

The other resident had made a complaint in July 2025 and this was resolved to the satisfaction of the complainant.

The inspector did review the easy-to-understand format of the provider's complaints policy. It was noted the confidential receipient had not been updated to reflect the current person in the post. The version being provided to residents was a 2017 version of the document. This was discussed during the inspection and at the feedback meeting.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to be part of their local community. They were supported to spend time with their friends as well as important people in their lives, and have visitors as they wished to their home.

The inspector reviewed both residents personal plans and found that these documents positively and accurately described their needs, likes, dislikes and preferences. Both plans were subject to recent and regular review. Residents were accessing health and social care professionals in-line with their assessed needs. Support plans were in place to manage individual health concerns such as nutrition and sleep routines. Individual goals had been identified with both residents actively involved in the decision making, with documented evidence of progress and planning taking place in particular with one of the residents. Where a resident had declined to engage in this planning during their key worker meetings which took place monthly this was documented and updated when the resident choose to do so.

Due to a change in the mobility of one resident, the provider was actively supporting the resident to seek alternative suitable accommodation where they would not be required to use a stairs. The resident was fully aware of these plans when speaking with the inspector. The inspector was informed the social work department, staff team and provider were working to identify suitable alternative accommodation for the resident. The resident was able to use the stairs but did explain to the inspector that they found it difficult at times and avoided going upstairs unless necessary.

Regulation 13: General welfare and development

The residents were supported to access services and participate in their local community. Regular residents key worker meeting were taking place each month

and resident meetings were taking place each week individually with each resident. These meetings discussed meals and household activities for the week ahead. They also kept residents informed and up-to-date on information regarding their home. For example, fire safety and staying safe.

One resident had commenced participating in a community activity which they enjoyed but was unable to continue due to a change in their mobility. However, during the inspection the resident and the staff supporting informed the inspector the plans they had to seek a new employment opportunity and how this would be investigated further in the weeks after this inspection. The resident appeared to be excited when speaking about this possible opportunity.

The other resident spoke of being very happy to have returned to their day service. Previously, the resident had declined to attend. They explained they were very happy to attend five days each week but could also remain at home if they choose to do so with staff support.

Residents enjoyed a range of activities both in their home and in the community such as going for walks in local parks, enjoying meals out, attending their day services, shopping, relaxing in their outdoor garden areas, playing golf with staff and going to concerts. The inspector was informed by both residents of their planned activities on the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

The designated centre was located in a mature residential area, close to local amenities such as shops and other community services. There was access nearby to public transport routes.

Some internal maintenance had been recently completed such as the painting of one resident's bedroom and further upgrade works were planned. The inspector was informed replacement flooring in a number of areas throughout the designated centre was planned with external contractors after taking measurements to install new flooring which would improve the ability of staff to more effectively maintain these areas.

The most recent internal audit of March 2026 had identified the premises was "visibily aged" and further renovations were required to be completed including to the bathroom facilities.

The inspector observed on the day of the inspection a number of items that were discussed during the feedback meeting. The floor plans for the upstairs areas did not accurately reflect the actual premises. Not all doors in communal hallways were present as per the floor plans. Other issues identified included on arrival the inspector observed outside the front door of one of the resident's house, evidence

that it had not been subject to recent cleaning. On leaving the designated centre the inspector observed a section of a patio door for the other resident's house to be lying against the side of the house.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been subject to regular review with the most recent review taking place in January 2026. The register and individual risk assessments identified hazards, assessed risks, put measures and actions in place to control these risks. For example, all staff supporting one of the residents who had a change in their assessed needs resulting in an increased risk of choking had completed training in Cardiopulmonary Resuscitation (CPR). In addition, most of the core staff supporting the other resident had also completed this training

There were no escalated risks at the time of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers had been checked and serviced in a timely manner. Fire doors checked during the inspection by the inspector were operating correctly. Staff were completing fire safety checks as required by the provider. An action from a fire safety audit that was completed in the designated centre in February 2026 had identified gaps in the documentation of weekly fire safety checks being completed. The social care worker had ensured since then all staff were completing these checks as required.

Both residents had personal emergency evacuation plans (PEEPs) in place which were subject to recent review and reflected changing needs of residents where required. This included staff noting that one resident did complete the drill in January 2026 but experienced pain and took some time to recover after the drill that they had participated in during December 2025. Residents were provided with easy-to-understand information regarding fire safety and fire evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed personal plans of both residents during the inspection. These plans were found to be reflective of the individual about whom they were written. Where staff had completed training on the use of an electronic system being used by the provider electronic records were available. Where staff such as agency staff who did not have access to the electronic records, written records were completed these included daily notes.

- 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.
- Residents were being supported by key workers to identify meaningful goals. This included a review of goals achieved in the previous year and ways to build on future goals such as attending concerts, engage in more social activities and engaging in projects with which they have an interest in.

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 both residents. There were procedures to support the 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. The plans had been last reviewed by the provider's multidisciplinary team in January 2026 with no changes required to be made. The plans provided clear guidance to staff supporting each resident. For example, each plan was reflective of individual likes and dislikes, possible triggers and how best to support each resident during different stages of their expressed behaviours.

A review of restrictive practices in the designated centre had been completed in January 2026 for both residents. The rationale for restrictions remaining in place was documented and considered the rights of each individual.

Judgment: Compliant

Regulation 8: Protection

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

- There were no open safeguarding plans at the time of this inspection. The person in charge provided updated information regarding a previous safeguarding concern which no longer required to be monitored.
- The personal and intimate care plans promoted the residents rights to privacy and bodily integrity during these care routines. These had been subject to regular review and ensured each resident's independence was being promoted where possible.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were striving to ensure the rights and diversity of both residents were being respected and promoted in the designated centre. Each resident was involved in regular meetings in suitable formats where plans were made for the coming week, meal planning and information sharing on topics such as safeguarding and fire safety. In addition, where changes were required to be made residents were consulted. Often the changes were at the request of the resident, such as a change to attending their day service. The flexibility of this approach offered residents opportunities to make daily decisions and choices to enjoy meaningful activities and have a good quality of life.

- Residents were supported to maintain friendships with important people in their lives which included peers and friends.
- Residents were being supported in-line with their expressed wishes regarding the management of their finances. For example, one resident had specific arrangements in place to assist them with their finances and the other resident was able to access to their finances independently which were being stored in a secure location in their home.
- Residents were being supported to make informed choices regarding their daily routines, these included relating to health matters and sleep routines. One resident had a preferred night time routine, which staff respected while also working towards supporting the resident to make changes to that routine which could assist in improving the quality of their sleep. The person in charge outlined this was an ongoing process which the staff team were consistent in their approach each evening.
- Both residents were being supported to have their voice heard regarding issues that were impacting them which included sourcing alternative living accommodation as a priority for one resident and access to dedicated transport for the other resident. This resident did have access to transport and public transport to support them in accessing community activities. The resident expressed to the inspector and documented in their recent complaint

how greater choice would be available to them in making decisions about activities and locations to visit if they had access to a dedicated vehicle. The resident was aware this matter was being priortised by the provider at the time of this inspection.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 6 OSV-0003302

Inspection ID: MON-0044091

Date of inspection: 24/04/2026

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: The Two staff who were required to complete refresher training in fire safety have now completed this and all staff are compliant in Fire safety training. Other gaps in training including manual handling and the safe administration of medications have been scheduled throughout 2026. Staff have submitted relevant certificates of on-line training to the social care worker and PIC for filing.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The replacement flooring in a number of areas throughout the designated centre is planned with external contractors. The bathroom facilities works to be completed will be scheduled in the last quarter of 2026. Changes to the floor plans for the upstairs areas to accurately reflect the actual premises have been submitted to the HIQA Admin for amendment. The issue of the sliding/front door identified on the day of the inspection has been highlighted to the maintenance department and scheduled for works.	

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	31/12/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2027