



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 3
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	04 February 2026
Centre ID:	OSV-0003314
Fieldwork ID:	MON-0040589

About the designated centre

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

The designated centre was a purpose-built house to accommodate four residents. It was located adjacent to a large town and in close proximity to a day service facility. Each resident had a single bedroom with en-suite facilities. Three bedrooms were located on the first floor in proximity to a staff sleepover room. One bedroom was wheelchair accessible and located on the ground floor. The ground floor also comprised of an office, sitting room, dining room and sun room. There was a large kitchen, two toilets and a laundry room. The house was decorated and maintained to a very high standard. The centre provided short-breaks and respite to adult male and female residents. The centre was open for seven nights in a fortnight.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 February 2026	09:30hrs to 17:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in February 2023 and March 2025 as part of the current registration cycle. The findings of both of these inspections had required actions to be taken by the provider. It was evidenced during this most recent inspection, improvements had been made which had positive outcomes for the residents availing of short breaks/ respite in this designated centre. For example, a system was in place to ensure all residents availing of short breaks were afforded the opportunity to participate in a fire drill and a privacy screen was in place on a window in the dining room to ensure privacy of residents. In addition, all residents and visitors were made aware of the presence of close circuit monitors on the external perimeter of the designated centre for security purposes. There were visible signs at the entrance of the building and residents were informed at residents meetings of the purpose of the monitors.

There were no residents present at the time the inspector arrived. The inspector was greeted by the person in charge and person participating in management. Both persons provided information and documents as requested by the inspector throughout the inspection. A total of 28 residents were currently availing of short breaks in the designated centre as documented in the directory of residents. The services were being provided over a seven day period in each fortnight. This was in line with the statement of purpose.

The inspector met with two residents in the afternoon who were availing of a respite break on the day of the inspection. Both shook hands with the inspector when introduced and again when leaving at the end of the inspection. Both had attended their day service located nearby and informed the inspector that they had commenced their short break the night before. They spoke about the activities of the day and the plans they had for the evening. Both residents interacted with the staff present and the inspector in a relaxed and jovial manner. The group sat around the dining table and enjoyed preferred hot drinks together. The conversation flowed as the residents chatted about interests, sports events and local places they liked to visit. Both residents stated they enjoyed each others company and offered each other a chance to speak to the inspector during the conversation. One resident had gone to a gym during the day while the other had helped staff in the day service. Both residents also spoke of what they would do in the event of someone not being nice to them or had an issue of concern.

The residents spoke proudly of their role within their own families, one assisted with work on a farm while the other lived with a sibling and enjoyed the company of their family around them. The inspector was informed by one of the resident's of their role in ensuring the bins for this designated centre were put out each week, whether the designated centre was open or not. The staff member created a weekly calendar

to remind the resident which bin was required to be put out. The inspector was shown a book of photographs by the residents of events and places visited during 2025. The included Christmas events, attending concerts, open air events as well as a range of local tourist areas visited during the year.

The inspector met with the social care worker on arrival before they finished their planned shift. This person had worked in the designated centre since 2021. They were familiar with preferences of individual residents which included bedroom choices, activities and food choices. The beginning of each short break afforded the group time to chat in a residents meeting and discuss the plans for the duration of the respite break. The staff member was aware that some relatives had expressed that more variety of activities be available during the short breaks. While this was considered the staff member outlined that the will and preferences of the residents attending would be supported. The staff spoke of the range of activities that had been enjoyed by the group that had availed of respite breaks on the previous weekend. These included shopping, eating out and socialising in the locality. One of the residents visited a place of previous employment with their peers and this was enjoyed by all present. The staff member explained that usually groups attend with similar interests and the staff was willing to bring the residents to any location they wished to visit.

The inspector spoke with three staff during the inspection which included the person in charge and person participating in management. All were aware of the ongoing monitoring relating to safeguarding in the designated centre. Actions had been taken to ensure the well being and safety of all residents while attending the designated centre. This included the recent addition of magnetic door openers/closures to three downstairs doors to enable the staff on duty to better support/ be aware of residents requiring assistance in the communal areas of the designated centre. Residents were supported to be informed of their rights, how to make a complaint and raise any concerns with the staff team. There was a range of easy-to-understand information about these topics also available for residents to review. In addition, there was a newsletter in easy-to-understand format which had been compiled by a team working with the provider. The edition reviewed by the inspector contained recent items which included current affairs, local issues and news articles.

The inspector reviewed a total of six resident questionnaires that had been completed by either residents with support from relatives or by relatives on behalf of residents and given to the inspector to review during the inspection. All of the completed questionnaires had positive responses relating to the designated centre, staff team and the provision of services. There were some additional comments which included " I love going for a respite break", and "I have my own bedroom, bathroom and shower". In addition, there were comments relating to the need for more "trips" and "events" as well as the opportunity to avail of more respite breaks. The person in charge had responded directly to the relevant respondents of these issues in January 2026 which were also raised in surveys returned by relatives for the provider's annual report in October 2025.

In summary, there had been a change in the management structure since the previous HIQA inspection in March 2025. There was documented evidence of ongoing review and follow up on issues and actions identified by the provider's own audit system. Residents enjoyed their respite breaks with many requesting to increase the amount of respite breaks being offered to them. The provider was actively seeking to increase the service provision in the designated centre at the time of this inspection. There was documented evidence of measures in place to ensure the ongoing safeguarding of residents, promoting the independence of residents and maintaining friendships. Residents were consistently afforded the opportunities to make choices. The person participating in management ensured updated floor plans were available during the inspection which reflected the layout of the designated centre. In addition, the person in charge provided additional documentation the day after the inspection relating to the protocol in place to complete pre-admission checks with residents prior to commencing their respite break.

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 provider had measures in place to address the actions identified in the previous inspection that took place in March 2025 which included ensuring residents and visitors were aware of the presence of CCTV monitors for security purposes and a privacy screen had been placed on a dining room window to ensure residents privacy from a neighbouring property.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months. Since the previous inspection a six month un-announced audit was completed in August 2025. Actions identified in the audit included a review of the individual risk assessments of residents. This had been completed by the person in charge and person participating in management. The auditors also noted two beds were located in the downstairs bedroom. The person in charge outlined how this had been reviewed and as one bed was a profiling bed the decision was made to leave both beds in the large bedroom to afford residents the choice of which type of bed they would prefer to use /better support their assessed needs. The inspector was shown this bedroom and it appeared the presence of two single beds did not adversely impact the space in the room. The person in charge assured the inspector that the use of the bedroom was always single occupancy.

An annual review had been completed for the 12 month period up to October 2025. The findings of the report outlined how residents were supported to make choices on each respite break, such as choosing their bedroom and planning activities. The compatibility of groups attending was also considered to promote opportunities for residents to develop and maintain friendships with peers. The person in charge had updated the progress on the actions of the annual report on 10 January 2026. This included updates on the review of the format of current service level agreements by senior management and follow up with four family representatives who had submitted responses to the provider's survey regarding the designated centre.

The person in charge had ensured regular audits were taking place within the designated centre as required by the provider. Details of actions completed, in progress or barriers were clearly documented. Both the person participating in management and the person in charge met at least monthly to review actions arising out of completed audits. There were electronic records of audits completed which were accessible to the person in charge and the person participating in management. For example, there were no actions identified following an audit of restrictive practices and the management of finances in the designated centre in July 2025. However, an audit of personal possessions did identify difficulties that arose at times where the staff on duty did not have another staff member to co-sign receipts. The person in charge ensured ongoing oversight and regular review of receipts was taking place since they had commenced their role in October 2025.

All residents required health assessments to be completed as per the findings of an audit in July 2025. The person in charge had linked with the residents day services and ensured all had been completed before the end of December 2025. All residents were also scheduled to have a review completed by the multi-disciplinary team the day after this inspection.

The provider identified formal staff meetings had not been documented as taking place during 2024 and until September 2025. Regular meetings were documented as taking place since October 2025 with monthly meetings being documented since that month also. The inspector reviewed meeting notes from 10 October, 26 November and 10 December 2025. The most recent meeting had taken place on 21 January 2026 and there was a planned schedule for 2026 monthly meetings. There was a set agenda with evidence of follow up on actions from previous meetings and ongoing review of documentation. For example, the team had reviewed opportunities and ways to offer increased choice of activities to the residents using pictures to aid information and explanations to residents during residents meetings. In addition, there was ongoing review of the short breaks passports in place for each resident to ensure consistent information. The person in charge had also highlighted an action for themselves to ensure they were familiar with all residents short break passports by the end of December 2025. This had been completed.

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. A review of the floor plans was undertaken during the walk around at the start of the inspection. It was identified that doors on either side of the dining room were not reflected in the floor plans submitted with the application to renew the registration. The person participating in management contacted the facilities manager during the inspection and a revised set of plans were shown to the inspector which reflected the premises. The inspector advised during the feedback meeting that these revised plans were required to be submitted by the provider to the Chief Inspector of Social Services to support the renewal of registration decision.

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 approximately 45 kilometers away.
- They demonstrated actions taken in recent months to address staff refresher training requirements and some documentation. They had provided support to the staff team to ensure consistency in documentation completion which included the short breaks passport that had been introduced into the designated centre.

Judgment: Compliant

Regulation 15: Staffing

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

- The staff team comprised of the person in charge and 1 social care worker.
- There was no staff vacancy at the time of this inspection
- There were no agency or relief staff working in the designated centre.

- The provision of current respite breaks was seven nights over a two week period, this was in line with the statement of purpose.
- The person in charge had made available to the inspector actual rosters since 1 December 2025 and planned rosters until 15 February 2026, 11 weeks. The person in charge had details of the start and end times of each shift during the week. However, on review of the weekend shift pattern, it was unclear what staff was providing support during the day in the designated centre. This was discussed during the inspection and the details of the weekend shifts were updated and shown to the inspector before the end of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

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

- 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.
- Both 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, the safe administration of medications, infection prevention and control and manual handling.
- In addition, staff had completed training to ensure person centre care was being provided in the designated centre which included social role valorisation, human right based approach and assisted decision making.
- The person in charge had undertaken training in performance achievement as part of their own professional development.
- The staff team had scheduled supervision during 2025 in-line with the provider's protocol and was planned for 2026.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was in place and maintained to reflect residents in receipt of services. All information as required in paragraph (3) of Schedule 3 was included for each resident.

The details of the residents who had transferred out of the service were also present for the inspector to review.

The person participating in management had completed a review of the directory at the start of January 2026. It was discussed during the feedback that details of residents availing of short breaks should be retained for the period of the registration cycle during which they have availed of services. The inspector advised that the next scheduled review of the directory of residents no longer required to retain the details of those who had been discharged during 2025 prior to this inspection taking place.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. The documentation that was submitted by the provider as part of their application to renew the registration of the designated centre was valid until the end of December 2025. The provider subsequently submitted the insurance certificate relating to the property for 2026 once it was available to them in January 2026.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with the staff 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. This was evident to be in place in this designated centre on the day of the inspection. The person participating in management had electronic data which reflected actions that had been identified in the previous two HIQA inspections which were required to be addressed in this designated centre. Progress updates and completion status provided up-to-date information. In addition, the person participating in management outlined how the provider's electronic audit system would provide an alert to them if a scheduled audit had not been completed in the designated 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 person in charge demonstrated the ongoing work and progress being made in relation to governance and oversight since they had commenced their role in the designated centre in October 2025.

- The person participating in management had also developed a centre specific electronic database which contained up-to-date details to ensure individual supports and requirements of residents were known by the staff. This included allergies, feeding eating and drinking plans, safeguarding, bedroom preferences and compatibility with peers.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had been provided with a written agreement outlining the services being provided to them.

The person in charge and person participating in management had ensured a recent review of all residents contracts had taken place. Two residents were known to have contracts in the provider's older format. However, the inspector was informed a further review of the current format was underway at the time of this inspection by the provider. Once this revised format had been agreed by the provider all residents would be provided with updated contracts on their next respite break. The person in charge had a documented system in place to ensure details of the current contract for each resident was known and this would be used to update with the revised format of contracts once completed by residents or their family representatives.

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.

A minor change was required to be made to one of the appendices and a copy of the updated floor plans was required to be added to the document. This was discussed during the feedback meeting and the provider was to submit an updated version of the document to support the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy was in place for the management of complaints.

- There were no open complaints at the time of this inspection.
- Details of who the complaint officer was were observed to be available within the designated centre. Easy-to-understand information was available for residents to access.
- The person in charge had ensured regular review of the complaints log was taking place.
- The staff team had received a number of compliments, three had been documented since January 2026.
- The person in charge had reviewed responses from family representatives in surveys that had been returned as part of the annual review process in 2025. Four complaints were subsequently documented by the person in charge on foot of the responses received. The issues raised included requests for more short breaks to be made available and an increase in the variety of activities made available to residents. The person in charge spoke with each complainant and documented their concern/issue. Actions taken included discussion with the staff about ways to offer more variety when residents are making choices about their preferred activities. The person in charge also outlined to the relevant complainants how the provider was actively seeking to increase the provision of respite in the designated centre. All complainants were documented as being satisfied with the outcome.

Judgment: Compliant

Quality and safety

Overall, residents were being supported to receive care in-line with their assessed needs. This included being supported to attend day services if they wished to do so to maintain their regular routine. Most residents enjoyed engaging in social and community activities during their respite breaks. Some residents expressed preferences to relax in the evenings after busy days. Residents who enjoyed each others company were supported to avail of their respite breaks together where possible. At times, such as during this inspection, a smaller number of residents attended to support the preferences and assessed needs of individuals.

Staff ensured each resident was consulted at the beginning of their respite break of what social activities they would like to participate in, meal preferences and if there were any activities they would like to complete while in the designated centre. This included assisting with household chores. Individual preferences of what chores a resident wished to engage in were also documented. If a resident indicated they did

not wish to participate in completing household chores this was documented in the resident meeting notes for the specific respite break.

The inspector reviewed three short breaks passports during the inspection. The information was reflective of individual assessed needs such as the safe use of the stairs, preferred routines in the mornings, evenings and at weekends. Most of the residents were independent and required minimal assistance with activities of daily living. Some residents chose to have support with managing their finances while in the designated centre. Where a resident had been slow to respond to a fire alarm this was reflected in the personal emergency evacuation plan.

On the day of the inspection, the inspector was unsure if pre-admission checks were being completed prior to a resident commencing their respite break. The checklists reviewed by the inspector did not clearly outline when the checks had been completed or by whom. The inspector acknowledges that the person in charge provided additional documentation the day after the inspection regarding the safe admission and discharge protocol that was in place in the designated centre. The document provided details of when pre-admission checks would be completed and by whom. In addition, amendments were made to the respite visit summary document to include details of what date the pre-admission checklist was completed and by whom.

Regulation 10: Communication

The registered provider and staff team 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 also had access to telephone, television and Internet services in line with their assessed needs.

Each residents short breaks passport contained up-to-date information which detailed the preferences and communication techniques which effectively supported each individual.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured residents availing of services in the designated centre were being supported with appropriate care taking into consideration their assessed needs and wishes.

- Residents friendships with peers were being supported when considering groups attending.
- Residents were supported to attend their day services when availing of short breaks. Arrangements were in place to ensure staff either in the designated centre or from the relevant day service were available to bring and collect each resident as required.
- Recreational options were discussed with each group and consideration to engage in preferred activities discussed at the start of each respite break.
- Residents were being supported to gain and maintain independence with money management and self-administration of medications, with staff support provided where required.

Judgment: Compliant

Regulation 17: Premises

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

- External maintenance had been completed in the garden area to the rear of the property which had been identified as being required in the provider's internal audit.
- Internal maintenance was also evidenced to be reviewed regularly. Plans to install privacy film on more windows in the designated centre and purchase new curtains were in progress.
- The design and layout of the designated centre included one downstairs bedroom which suited the assessed needs of some residents availing of respite breaks. All bedrooms were large with storage for personal possessions and all had en-suite facilities.
- The most recent internal audit had identified the storage of items under the stairs was to be avoided. This space was noted to be clear of any items on the day of the inspection.
- The person in charge had requested a service of the profiling bed to an external contractor. This request was made in advance of this inspection and was awaited to be completed at the time of this inspection.
- The provider had a system in place where issues identified relating to premises were recorded/logged. Any issues identified for this designated centre had been addressed which included a new mattress for one of the beds on 25 January 2026.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured residents were being supported to make choices regarding their meals. This included buying, preparing and cooking their meals if they wished to do so.

- Residents were provided with information to make healthy choices. Staff supported residents to make homemade meals in the evenings. Hot breakfasts were also enjoyed at weekends. The staff supported residents in-line with their assessed needs to ensure their safety during meal preparation.
- Where a resident had individual dietary needs and preferences these were been adhered to. The staff were aware of which residents required support with choices in relation to food intolerances.
- Residents were supported to enjoy meals in restaurants and other similar locations in the community. For example, on the evening of the inspection, the two residents had identified a location where they wanted to go to have their evening meal.
- The safe storage of food was also observed to be in place on the day of the inspection. This included date of opening labels evident on food items that had been opened in the fridge.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate easy-to-understand format.

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.

- The person in charge and person participating in management had completed regular reviews of the centre specific and individual risk assessments of the residents since October 2025. The most recent review and update was on 2 February 2026. There was documented evidence of reviews taking place and actions being taken to ensure the ongoing safety of all residents. For example, the installation of magnetic door closures on three downstairs doors

assisted the staff on duty to be able to better support all residents while present in the large communal areas.

- The inspector was informed there was ongoing review of individual risks for residents was taking place to move away from generic risks and ensuring each risk was reflective of the individual for whom it was in place for.
- There were two medium risks identified at the time of this inspection. These related to service user experiences and staff skill mix. The provider was aware of some residents seeking additional respite breaks. As the current services being provided was only seven nights in a fortnight the provider was seeking to increase the services being provided in the designated centre and this would also require an increase in the staff team and skill mix. The provider had submitted a business plan to their funder and was waiting on a response at the time of this inspection.
- The inspector noted that a control measure in place for some individual residents relating to slips/trips and falls included the completion of a pre-admission checklist prior to the respite break commencing to ensure any changing assessed needs since the previous respite break would be known by the staff team. On the day of the inspection, such checklists did not reflect when they had been completed or by whom. The inspector acknowledges that on the day after the inspection the person in charge submitted a protocol which outlined the person responsible to complete these checks. The protocol was centre specific and reflective of when scheduled breaks were to be completed and who the staff member was responsible and when these would be completed. In addition, on the day of the inspection, an update to the pre-admission checklist was made to ensure details of who completed the checklist and when it was completed were included on the front page of the document. This provided increased clarity that each resident had been contacted in-line with the centre specific protocol prior to commencing their planned respite stay and staff were aware of any changes in residents assessed needs.

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. For example, some residents required verbal prompting to commence evacuation.
- No exits were observed to be obstructed during the inspection.
- Staff had completed up-to-date training in fire safety.

- The person in charge had a checklist in place to ensure all residents had participated in a fire drill during 2025. One resident who had commenced attending for short breaks at the end of 2025 was scheduled to participate in a drill on their next short break. In addition, residents who required verbal or physical prompting to evacuate were identified on the same checklist to ensure staff were aware.
- Residents were reminded during their resident forum meetings of the importance of fire safety.
- Fire drills had taken place during 2025. It was identified by the provider that there were gaps in drills not being completed during September, October and December 2025. However, other months during 2025 did have multiple drills documented as taking place. These drills included night time simulation drills. Where issues had been identified such as slow or no response from a resident upon the sounding of the alarm they were supported by the staff on duty to evacuate and the resident's PEEP was updated to reflect additional supports required.
- It was discussed during the feedback that while scenarios had been documented in the most recent drills, all had the same scenario. This was a fire starting in the laundry room and the same exit was being used in three of the recent drills completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three short breaks passports for residents availing of respite breaks in the designated centre.

- The short breaks passports 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 person in charge outlined that a scheduled annual review of all of the residents availing of respite breaks by the provider's multi-disciplinary team was planned for the day after this inspection.
- The person in charge and person participating in management outlined the current review in progress to ensure all sections of every residents short breaks passport was completed in full, were consistent and contained all up-to-date information.
- In addition, the person participating in management had created an electronic database relevant to the designated centre which provided key information regarding specific needs of residents so staff could be aware and have up-to-date information available to them. This included medical conditions, allergies, food intolerance, if a resident was assessed as being able to self-medicate or if a resident required or preferred to use the downstairs bedroom..

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that both staff had attended safety intervention training.

- The inspector was informed two current residents availing of short breaks had positive behaviour support plans in place. These had been developed in-conjunction with their individual day services. One had been reviewed in January 2026 and the other in June 2025.
- Staff spoken to during the inspection were aware of the specific supports required by the residents and reported nil issues had arisen to date in the designated centre that required either resident to be supported in-line with their behaviour support plan. One of these residents was supported to avail of respite breaks with reduced numbers of peers. This was reported as being a positive outcome for the resident and helped them to enjoy their time in the designated centre more.
- The inspector was also informed a referral for specific support in the designated centre for an individual would be submitted if required.

Judgment: Compliant

Regulation 8: Protection

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 on the day of the inspection. A previous safeguarding concern during December 2025 was closed to the health service executive safeguarding and protection team. Ongoing monitoring by the person in charge was documented. Actions taken to reduced the risk of a similar situation occurring included both parties not attend for respite breaks together in the future. All staff were aware of this action on the day of the inspection
- The person in charge and respite co-ordinator did give consideration to group dynamics when organising respite breaks.
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. Residents independence was also promoted. These had been subject to regular review and updating as changes occurred with individual assessed needs in recent months. For example, one of the plans reviewed by the inspector clearly documented where supports were required by the resident which included

assistance with washing their hair while they were independent in other aspects of their personal care.

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 meetings at the start of their respite stay where plans were made for meal planning, activities and house hold chores. There was also information sharing on topics such as safeguarding, advocacy and fire safety.

- The inspector was informed by the two residents and observed them being offered choice during the inspection, which included the bedroom they would like to stay in, activities for the evening and meal choices.
- Residents were supported to attend for short breaks with friends who attended the same day service or with whom they had similar interests.
- Residents whose assessed needs required them to use the downstairs bedroom were supported. If a resident expressed a preference to use this room this was also facilitated where possible.
- There was documented evidence of residents being consulted in meaningful ways during their residents forums to ensure their voice was heard, the choices and preferences were considered and group activities ensured all attending were happy with planned activities.
- The staff team evidenced that they were listening to requests by residents to avail of more respite breaks where possible.
- The team had reviewed the activity choices being made by residents in recent months and ensured ongoing review and offering new alternatives for consideration by residents.
- The staff were actively supporting residents advocacy and raising awareness about their rights during respite breaks. To avoid such meetings becoming tokenistic, suggestions had been made to integrate advocacy moments throughout the respite stay. For example, if a video night was planned a film where an advocacy theme may be included could spark discussion/ reflection afterwards between the group. This process was described to be flexible and could be adapted over time to allow for new ideas promoting residents rights and advocacy to evolve during their respite breaks.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant