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 4
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0003698
Fieldwork ID:	MON-0048089

About the designated centre

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

The designated centre comprised of four purpose built units in a campus setting on the outskirts of a large city. The service provides full-time residential care to adult males and females with an intellectual disability and / or autism. Three units were located close to each other and the fourth was located within the wider campus. The units situated close to each other had a kitchen, a living room, separate laundry facilities and single bedrooms. These units had more than one communal area and some had visiting rooms. In addition, one of these units contained a single occupancy apartment comprising a sitting room with dining facilities, kitchen, bedroom and bathroom. The remaining unit was a single occupancy apartment located within the wider campus and this contained a kitchen, dining and sitting room area, a bedroom and bathroom. The staff team consisted of nurses, social care workers and care assistants. Residents were supported by day and night by staff members in all four of the units in this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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
Wednesday 5 November 2025	10:00hrs to 18:00hrs	Elaine McKeown	Lead
Wednesday 5 November 2025	10:00hrs to 18:00hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the provider's compliance with the regulations in the designated centre. The centre was previously inspected in February and November 2023. The findings of these inspections informed the Chief Inspector of Social Services at that time with the decision to renew the current registration of this designated centre. The provider had outlined actions to be taken to address issues identified during the previous two inspections. It was evidenced during this inspection that there were improvements for residents to enhance their quality of life, engage in frequent meaningful activities and be supported by a consistent core staff team. However, one resident had not yet returned to their full day service each weekday as they had been attending prior to the pandemic. In addition, while actions had been identified by the provider through internal audits not all had been completed /updated to reflect barriers encountered to resolve outstanding issues. This included damage to a fire door in one of the buildings which had been identified since September 2024 but remained unresolved at the time of this inspection.

Both inspectors arrived at the campus and met with the senior staff on duty in the administrative building. Both inspectors provided their identification for review to the staff member and the person in charge was informed of the inspectors presence in the designated centre. The person in charge arrived a short while later as they had been supporting one of the resident's in the designated centre. The inspectors were given an overview of the current residents and the overall designated centre by the person in charge, at the start of the inspection. This included information regarding times that would best suit the residents routines to visit them in their homes.

Both inspectors visited two of the buildings each at different times during the day. The inspectors returned in the afternoon to two of these buildings as they had not met with all of the residents on the first visit. During the course of the inspection, all 17 residents were met with by at least one of the inspectors in their homes. The inspectors were informed of a preferred time to meet with one of the inspectors indicated by the resident living in the apartment. This was facilitated and the resident spoke briefly with the inspector with their supporting staff present. The staff member spoke about how the resident was now undertaking more activities such as swimming and how they were going out on their weekly outing with the activities team on the afternoon of the inspection. The inspectors were informed during the inspection by a member of the activation team how they were working to support this resident to engage in new activities/experiences. For example, the staff explained how with encouragement and repeated opportunities offered to the resident had effectively enabled the resident to enjoy a visit to a bird sanctuary.

On arrival to one of the bungalows where five residents were being supported the inspector was introduced to the residents by a staff member. Two of the residents greeted the inspector. One of these residents showed the inspector their bedroom and their arts and crafts they had undertaken. This resident was also observed to be

knitting while the inspector was there. Other residents were watching television and interacting with staff at the time the inspector was present. Three of the residents interacted briefly with the inspector before continuing with their preferred activity /routine.

One inspector was introduced by the person in charge to two residents who were in the dining room of another bungalow. Three residents had already left to attend their day service which was located nearby on the same campus. The inspector was also introduced to a staff member present in the dining room. One resident was sleeping in their chair and the inspector was informed the resident had been awake early in the morning and it would be part of their usual routine to have a rest before their mid-day meal on the days they were not attending their day service. While the resident's head position at the time appeared to the inspector to be un-supported, staff present outlined how the same resident would not tolerate a pillow or other interventions to support their posture when resting in their personal comfort chair. This was consistent with information provided by two other staff members who were familiar with the resident. The inspector met with the same resident later on after they had their mid-day meal. The resident interacted with the inspector, smiled and guided the inspector to another location in the dining room. The resident was supported to go out for a spin with some of their peers later in the afternoon and was observed to return as the inspectors were leaving the campus at the end of the inspection.

The second resident was sitting in their wheelchair and had taken off their clothing on their upper body. The resident's clothing was observed to be folded on a near by table and the inspector was informed the resident would indicate to staff when they were ready to have assistance to put their clothes back on. The person in charge requested the staff to support the resident to move to the smaller sitting room in the house where the resident could listen to their music. A short while later the inspector observed the resident in this room, appearing to be content listening to the music playing and was fully dressed.

On visiting the fourth building an inspector was initially introduced to three residents. While the residents did not engage or interact with the inspector, staff were observed to be familiar with gestures and other non verbal cues while the inspector was present. This included providing a preferred snack for one resident and changing a music choice for another resident. During this first visit to the bungalow, one of the residents was being supported with their mid-day meal and the inspector did not interrupt them.

On returning later in the afternoon the same inspector was introduced to the remaining three residents in the sitting room. One resident declined to engage with the inspector and had expressed this to the staff supporting them, this was respected. The other two residents engaged with the inspector for a short period. During this time one resident used non verbal communication to express they had a good day and were happy. The other resident spoke about their preferred possessions. Staff supporting explained how one of these residents had really enjoyed a short city break to another country during 2025 with a peer. Both residents had participated in different activities while visiting the city and there were

many photographs depicting smiles and enjoyment being had by both residents. The same staff also spoke of the increased opportunities for residents to frequently engage in community and social activities with the support of the activation team and the use of a blended approach where by core staff could support with community activities while the activation staff were present engaging with other residents in the bungalow.

Both inspectors completed a walk around of the buildings they visited during the inspection. The person in charge outlined upgrade works had been completed in the apartment of one resident since the previous inspection. There were areas in the other three buildings where internal re-painting was required and damage evident to some furniture surfaces which were still in use, this included seating. Damage to some floor surfaces and bedroom units was also observed by the inspectors. The inspectors acknowledge that replacement seating had been purchased for one of the buildings with plans to replace damaged seating with more durable furniture in the other two remaining buildings. The provider had a system in place to log maintenance issues and this was being used by the person in charge. However, a fire door at the entrance to one sitting room had been reported as being cracked since September 2024 and remained unresolved at the time of this inspection. Signage was also not evident in one office area that oxygen was present. In addition, while three of the buildings visited were observed to support the residents to utilise communal rooms for the purpose for which they were designed and intended, one inspector observed a sitting room in a house having three devices used to aid residents with their mobility located directly inside the door. The inspector was informed these aids were required for use by residents who were dependant on staff to assist them with their mobility needs and access these aids. However, the storage of these items at the entrance to the room did not reflect a good use of the space for residents to engage in meaningful activities and create a homely atmosphere. For example, where some of the other seating was located in the sitting room, the mobility aids were in the line of vision of the television which had the potential to impact residents views if watching a programme. In addition, the inspector was informed visitors used this communal space when meeting with their relatives.

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. Staff outlined there had been positive outcomes for the residents with the improved staffing levels and consistency of a core staff team which included two activation staff members. Staff also spoke of training that had been provided to them which included the administration of emergency medications which supported the staff team to be able to provide ongoing care both within the designated centre and out in community settings. This training enhanced the social opportunities available to some residents who had previously required a nurse to accompany them on social outings.

In summary, residents were being supported by a consistent core group of staff. There was evidence of ongoing review of the supports required by each resident where assessed needs had changed since the previous inspection in November 2023. The provider had actively progressed with a review of staffing resources and

skill mix. Staff had been recruited to nursing, care assistant and activation roles. The provider was actively progressing with a recruitment process. There were three whole time equivalent vacancies remaining at the time of this inspection, with regular relief and familiar agency staff supporting residents where required. Residents had increased opportunities to engage in more frequent social activities and identify meaningful goals which included a short stay in another country for two residents during 2025. However, while the staff team endeavoured to support all residents assessed needs, one resident was only able to attend their day service two days each week. Prior to the pandemic they had attended their day service located in another part of the city five days each week. Staff outlined while five days may not be required each week the resident would benefit if additional days were available. The person in charge was seeking to try to support the resident to attend a third day and the inspectors were informed that the resident also enjoyed swimming one day a week with the activation staff. In addition, the provider had not addressed a repeat finding on two audits of a damaged fire door in one of the houses.

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, the inspectors found that residents were in receipt of good quality care and support from a consistent staff team. The provider had sought to address the actions identified in the previous inspection that took place in November 2023 which included ensuring an appropriate skill mix and sufficient number of staff resources were available both by day and night to meet the assessed needs of the residents.

The provider had systems in place through which staff were recruited and provided with induction to ensure they were aware of their roles and responsibilities in supporting residents in the centre. During the inspection, the inspectors observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff. For example, residents smiled and responded to staff supporting them in various activities including meal times, transfers to a chair and when residents sought to change the music they were listening too.

The provider had developed an over arching action plan for the campus on which this designated centre was located. Some actions regarding skill mix, staff training, delegation of duties and meaningful goal planning were addressed where possible across the campus. Actions specific to this designated centre were also identified. There was a blended approach to activation commenced which included the

activation staff and core staff working together with residents to ensure meaningful and new experiences were considered and facilitated.

Staff were empowered to be accountable for their on-line training requirements. The person in charge, clinical nurse manager and person participating in management were available to provide ongoing support to residents and the staff team. The inspectors were informed the biggest constraint for the provider at the time of this inspection was a lack of capacity to meet the demand for training in areas such as manual handling, safety intervention, emergency medication and the safe administration of medications.

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.

The current remit of the person in charge was over this designated centre and the provider had employed a full time clinical nurse manager for this designated centre to assist the person in charge with oversight, delegation of duties and provide ongoing support to the staff team.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had reviewed the number, qualifications and skill mix of the staff team required to support the number and assessed needs of the residents since the previous inspection. The staff resources were found to be in- line with the statement of purpose. There was a consistent core group of staff working in the designated centre. A new clinical nurse manager commenced in February 2025 and an additional activation staff commenced in May 2025.

- The staff team comprised of nurses, care assistants, two of which had dedicated roles in activation and a household staff.
- There were three whole time equivalent (WTE) staff vacancies identified on the day of inspection by the management team. These positions were being covered by regular relief staff and agency staff. The management team were striving to use agency staff that were familiar with the residents. This was

evident from looking at the staff roster where the same agency staff were being used to fill gaps in the roster. For example, one agency staff working in a house during the inspection outlined how they had previously supported the same resident in recent weeks on a number of occassions.

- The person in charge had made available to an inspector actual and planned rosters for the designated centre. A selection of dates were reviewed within a six week period including the week of this inspection. The dates reviewed reflected changes made due to unplanned events/leave. The minimum staffing levels were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and scheduled training.
- Flexibility in planned shifts was also evident to support residents to attend activities which included an activation staff working regularly at weekends and plans to support residents attend Christmas events in the coming weeks in the evenings and at weekends.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of over 40 core staff members which included the person in charge, a clinical nurse manager, staff nurses, care assistants, activation staff, household staff and regular relief staff.

The inspectors acknowledge that the person in charge had identified an issue with the supply and demand for particular training courses and had escalated the risk of gaps in training for the staff team to the person participating in management. In addition, the person in charge was scheduling staff to attend training and endeavouring to continue to make progress to ensure staff were afforded opportunities to access appropriate training when it was available.

- Staff performance management review schedule was in place and were being undertaken by the person in charge.
- The core staff team had completed training in mandatory areas such as fire safety and safeguarding.
- Staff had been supported to complete additional training in areas such as the administration of emergency medications, the safe administration of medications and identifying meaningful goals for residents which provided increased opportunities for engagement for a number of residents in more meaningful social activities.
- Staff meetings were taking place regularly where human rights and progress on person centred planning were discussed.

However, not all staff had up to date training in a number of courses that had been

identified in the designated centre's statement of purpose as being required. This included -:

- 9 staff had not received safety intervention training and 3 staff were due refresher training in safety intervention.
- 2 staff members had not received manual handling training and 8 staff were due refresher training in manual handling.
- 6 staff required infection prevention and control training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was in place and contained all of the information specified in paragraph (3) of Schedule 3 of the regulations. This included information being documented when a resident was not residing in the designated centre such as during hospital admissions or participating in short breaks away from the designated centre.

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 managers. The current remit of the person in charge in this designated centre was over this designated centre.

- The provider had organisational governance and management systems in place.
- Monthly scheduled audits had been completed in line with the provider's own procedures and protocols. For example, fire safety and rights restriction audits.
- The provider had completed an annual report in February 2025 for the designated centre. The report documented some positive outcomes for residents in the previous 12 months. These included increased staff resources, celebrations taking place to mark birthdays, over night short breaks as well as other parties and gatherings taking place throughout the year. A number of recommendations were made by the auditors which included a review of how to improve engagement and input from family representatives in the report. No family responses/surveys had been returned to the provider for inclusion in the 2024 annual report. The person in charge was reviewing alternative methods of contact rather than posting out a

survey form in advance of the next annual report being complied for the designated centre.

- The provider had completed internal six monthly unannounced inspections as required by the regulations. These had taken place in January and July 2025. There were some actions identified which had been addressed with progress and completion dates reflected in the action plans. These included reviews of residents personal emergency evacuation plans (PEEPs), nursing care assessments and ensuring all staff were aware of who the designated officer was. However, both of the internal audits had immediate actions identified under Regulation 28 : Fire precautions. While some issues had been addressed a fire door in one of the houses had been identified in September 2024 as being damaged. Both of the audits conducted referred to this needing to be addressed. The issue remained unresolved at the time of this inspection. The provider had implemented an electronic monitoring system in March 2024 which included ongoing monitoring by senior management of audit findings and actions. However, this action identified on both internal audits had not been addressed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review and had been updated to reflect changes to the management team and staffing resources in the designated centre. The current document outlined the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the Chief Inspector was informed in writing at the end of each quarter in relation to incidents that had occurred as specified in the regulations.

The person in charge had ensured the Chief Inspector had been provided with written notice of adverse incidents in the designated centre as required by the regulations. One inspector reviewed a selection of documented incidents that had occurred since 1 January 2025 in the designated centre and noted that the Chief Inspector had been informed where required.

In addition, following a finding during the previous inspection in November 2023,

the provider had submitted a retrospective notification. Actions outlined to have been taken included refresher training on-line for staff regarding safeguarding and staff were provided with information and policies by the person in charge and the provider's procedure to report such incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

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

- Details of who the complaints 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.
- There were no open complaints at the time of this inspection. One complaint was documented as being resolved. On review of the designated centre's complaints log by an inspector, updated information including actions taken and the satisfaction of the complainant were documented. For example, a resident had made a complaint about the vocalisations being made by a resident who had moved into their home disturbing them. The staff team ensured the complainant was supported and listened to. A member of the provider's dementia care team met with the complainant to provide additional education regarding the medical condition. In addition, the provider ensured one -to- one staffing was consistently in place for the other resident and no further complaints regarding similar situations occurring had been logged.

Judgment: Compliant

Quality and safety

Overall, there was evidence of improvements for residents to experience meaningful activities more frequently with the increased staff resources and skill mix that had been put in place since the previous inspection. However, one resident was only able to attend their day service two days each week when they had been attending five days each week prior to the pandemic and the resident was reported to enjoy attending this service.

Following a review of documentation such as daily notes, personal plans and activity schedules, the inspectors noted that residents had consistently engaged in additional activities with the support of the core staff team and the activation staff

being present in the designated centre. Training for the whole staff team and a review of identifying goals had assisted with a blended approach to supporting an increased social model of care being provided to residents. Due to the large number of residents in the designated centre the team ensured a schedule which could be subject to change as required was in place for each resident. This ensured residents were being offered opportunities regularly to part take in interests, hobbies and social events in line with their wishes. In addition, the activation staff supported residents in their home with activities which facilitated the core staff to support other residents to enjoy social activities in the community. The staff spoken to explained that this was working well for residents and the staff team.

The inspectors observed staff to engage with and encourage residents to participate in a number of different activities during the inspection. This included completing jigsaws, listening and dancing to music or assisting with household chores such as laundry. Residents were observed to respond to the staff supporting them with gestures, smiles and other non verbal methods of communication which the staff understood. Staff spoke positively about the opportunities that residents had availed of and been supported to enjoy. There were many photographs to document residents participation in outings, planned trips and other social activities during 2025. Staff spoke of the positive impact for residents which included new experiences and activities being able to be offered to residents. The focus on social activities assisted by staffing resources being in place assisted with improving the meaningful activities which residents could engage with if they wished. One resident did decline social activities at times but the staff member present explained they were able to continue to offer opportunities and new experiences to try to encourage the resident to engage more in social activities.

A number of residents required aids such as wheel chairs and walkers to assist with their mobility. The use of such aids were documented in residents mobility plans, such as on immediate transfer from their bed. This equipment required space for storage when not in use. As previously mentioned in this report the equipment in one of the buildings was observed during the inspection to be stored in a sitting room in one of the houses. The inspectors acknowledge there was no obstruction to the doorway but the storage location in the large sitting room did not reflect the purpose of a sitting room. These mobility aids which were not in use at the time, detracted from the purpose of the room as a communal space where residents could spend time if they wished, watch television or engage in other activities such as using a ball pool that was also present.

Regulation 13: General welfare and development

The provider demonstrated that improvements had been made since the previous inspection for residents to access facilities for recreation and opportunities to participate more frequently in activities in accordance with their interests, capacities and developmental needs.

The inspectors acknowledge that the person in charge was seeking to support one resident to access their day service more than the current availability of two days each week. Prior to the pandemic, the resident had been attending five days each week and this was something the resident enjoyed. The person in charge outlined the possibility of being able to organise alternative transport arrangements to support the resident to attend their day service an extra day each week. On the day of the inspection the resident was not attending their day service, was observed to be asleep in their comfort chair in the morning and was supported to go out for a drive in the afternoon. However, staff spoken to during the inspection which included the person in charge and the activation staff outlined how the resident enjoyed interaction with their peers while at the day service and increased opportunities to attend their day service would be beneficial to the resident. In addition, the inspectors were aware from the previous inspection findings of November 2023, this resident had voiced/indicated they would like to attend their day service more often that two days per week.The same inspection report also referred to the provider's multi-disciplinary team identifying in March 2023 that the resident could become bored. The provider had given an under taking in the compliance plan submitted to the Chief Inspector following the November 2023 inspection for the person in charge and day service manager to work together to support the resident to increase their attendance at day service. While the inspectors acknowledge additional activities such as swimming were being provided from the campus by the activation staff, the resident had not been afforded the opportunity to attend their day service more than two days per week which was the same level of attendance as in November 2023. The inspectors were informed by both the person in charge and the activation staff that another one or two days per week would be of benefit to offer the resident opportunities to meet peers and engage in meaningful activities with peers that they enjoyed spending time with.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Planned upgrade works to an apartment had been completed since the previous inspection in November 2023. New furniture including seating had also been purchased for one of the houses with plans to replace seating in two of the other houses with similarly designed seating.

- Inspectors visited some of the residents bedrooms in the designated centre, in -line with expressed wishes. If a resident chose to not have their bedroom visited this was respected by the inspectors. Inspectors observed personalised bedrooms where preferred colours and possessions decorated the rooms. Personalised signs outside some of these bedrooms indicated whose bedroom it was. Items of importance to each resident were also

evident which included particular bedclothes and photographs.
- The provider had ensured that residents were provided with aids in their bedrooms, where required, which included overhead hoists. These assisted staff to provide safer support during transfers to and from a residents bed.
- The person in charge had systems in place to ensure maintenance issues were logged and reported to the maintenance department in line with the provider's internal processes. This included replacement flooring being required in one of the houses where the current flooring surface was damaged.

However, during the walk around areas in three of the buildings were observed to demonstrate general wear and tear which included damage to paint work and bedroom units.

In addition, the design and layout of at least one of the buildings required staff to use the sitting room to store mobility aids for the residents living there. The inspector was informed by the staff on duty in the house at the time there were limited options available to staff to store these aids in other locations in the building. On the day of the inspection, three such aids including two wheelchairs were located at the entrance to the sitting room. This did not reflect the use of the room for the purpose for which it was intended. This was also not in line with the provider's statement of purpose for this designated centre where a "friendly homely environment is encouraged in the centre". The location/storage of mobility aids in the sitting room were observed to be in the field of view directly across from seated positions in the room when an inspector sat on one of the couches in the room. In addition, the presence of these aids in the room at the time the inspector was present were not to aid accessibility for the residents. For example, one of the aids was a walking frame and the resident who required to use this aid was not present in the designated centre at the time the inspector was in the particular house.

Judgment: Substantially 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 registered provider had ensured systems were in place for the assessment, management and ongoing review of risk in the designated centre. The person in charge had a centre specific risk register in place which was well maintained and reviewed in the previous 12 months.
- Risks were escalated when required such as training.
- Individual risk assessments were in place for residents in their personal plans and were appropriately maintained/reviewed as required to reflect changing

assessed needs.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included 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 both by day and night.
- No exits were observed to be obstructed during the inspection.
- All staff had completed up-to-date training in fire safety.
- Fire evacuation procedures were observed to be on display.
- Fire drills had been completed as scheduled during 2025. The details included in the drills provided for senarios of where the seat of the fire was located and exits used during the drills. Minimal staffing drills had also been completed. Learning had also been documented where required. For example, on 30 June 2025 while conducting a drill in one of the houses the senario had identified a fire in the kitchen. On reflection staff identified it would be better to complete a horizontal evacuation as an exit was located near the fire and residents supported to move towards other exits.

However, during the inspection it was observed there was no signage to indicate the presence of oxygen (a combustible gas) in one of the offices.

In addition, the provider had not ensured that arrangements were in place to address/maintain an identified issue with a fire door in one of the houses which had been reported since September 2024.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed different sections of the personal plans of five of the residents during the inspection. All were found to be subject to regular review in most 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. The

format of each residents personal plan had been reviewed to ensure they were consistent with the planned introduction by the provider in the designated centre of an electronic format of residents personal plans in the future.

- Residents personal plans were found to be person centred and inclusive of resident.
- Nursing staff were delegated the responsibility to review each residents health care plans. It was observed appropriate assessments and plans were in place to support the specific health care needs of individual residents. This included a recently diagnosed medical condition for one resident.
- The staff team ensured updates were recorded as required, including daily notes for each resident.
- Referrals to MDT were documented with input and review of personal plans by the wider team as required.
- Goals for residents were created and a new system in place since September 2025 for key workers to review on a monthly basis with the resident. There were some gaps in the documentation of the progress with some goals and this was outlined during the feedback meeting.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that all residents had access to appointments with health and social care professionals as required.

- Due to the assessed needs of some of the residents supported in the designated centre a number of restrictive practices were in place to ensure the ongoing safety and well being of each resident. These were subject to regular review by the person in charge, person participating in management and members of the multi-disciplinary team.
- There were three residents who required positive behaviour support plans. While these had been documented as been subject to regular review, deemed to be effective and not require any change, this was not correct for one of the current behaviour support plans. A resident had a behaviour support plan devised for them in 2021 and it had been subject to annual reviews with the most recent review taking place in March 2025. However, the inspectors were informed the resident did not have restricted time of one hour per day on their electronic tablet device. This was documented as part of the residents activities in their current behaviour support plan.

Judgment: Substantially compliant

Regulation 8: Protection

At the time of this inspection all staff had attended 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. A safeguarding plan that had been in place for residents in one of the houses had been closed following review by the Health Service Executive (HSE) safeguarding and protection team with ongoing monitoring by the staff team in the designated centre.
- All 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.
- All staff working in one of the houses were observed to be aware of protocols in place to provide one to one support to one resident both by day and night in line with their assessed needs.
- 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.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspectors found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre.

- The staff team demonstrated how the additional resources including activation staff were consistently striving to support each resident in line with their preferences and assessed needs, this included flexible routines, individual and group activities in the community, social outings and meeting relatives.
- Residents were being consistently supported by a core staff team who were familiar with preferred routines, preferences and interests.
- Residents were being supported to attend social events such as concerts, enjoy over night short breaks and plans were progressing for Christmas events. Residents were also supported to engage in new experiences, such as swimming, visit an indoor sand pit, visit an open farm, fly to another country and staff were actively seeking to identify meaningful experiences for residents to engage with and enjoy.

- Residents' monthly forums were taking on place on time, where activities and meals were planned.
- The staff team demonstrated through actions to ensure residents rights were consistently being advocated for. This included delaying morning routines for a resident if they expressed a preference for this to take place. Alternatively, if a resident wished to get up early this was facilitated by the waking staff on duty at night time.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 4 OSV-0003698

Inspection ID: MON-0048089

Date of inspection: 05/11/2025

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: - Safety intervention training was provided for 3 staff on 15.12.2025. The remaining staff are being scheduled for training. - Outstanding Manual Handling training is being scheduled and will be prioritised. - Outstanding Infection Prevention Control training will be completed by 31.01.2026. - The registered provider is recruiting a Training and Development Manager to address systematic issues relating to the provision of training.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - The fire door was replaced on 20.11.2025.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: - The person in charge will continue to work with the resident referenced in the report in regard to their will and preference consistent with their assessed needs which have changed since pre the Covid-19 pandemic.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - Alternative storage arrangements have been identified for mobility aids in one of the houses. This has been discussed with staff and staff have been informed that should they need to keep equipment in the living room for any assessed reason to ensure that they are not obstructing line of vision or negatively impacting the comfort of the residents. - General wear and tear as noted by inspectors will be addressed by the registered provider's facilities department consistent with the prioritized approach in place. Painting was completed by 12/12/2025 and flooring was replaced on 03/12/2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - Oxygen signage is now displayed in relevant areas. - The fire door was replaced on 20.11.2025.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: - A review of the Positive Behaviour Support (PBS) plan referenced in the report is due to commence in January 2026. Pending completion of same the restriction has been removed.	

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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	30/06/2026
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	31/07/2026
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs	Substantially Compliant	Yellow	12/12/2025

	of residents.			
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	12/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/11/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	20/11/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/11/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Substantially Compliant	Yellow	01/03/2026

	respond to behaviour that is challenging and to support residents to manage their behaviour.			