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:	West County Cork 6
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 August 2025
Centre ID:	OSV-0003716
Fieldwork ID:	MON-0047778

About the designated centre

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

West County Cork 6 is located on the outskirts of a town and consists of a single-storey house. The centre is comprised of seven resident bedrooms (five single and two double bedrooms), bathroom facilities, a kitchen, a sitting room, a utility room, a laundry room, a staff office and an occupational room. The centre is open seven days a week and can provide residential care to a maximum of nine residents over the age of 18, both male and female with intellectual disabilities and/or autism. Residents are supported by the person in charge, a clinical nurse manager 1, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
Monday 11 August 2025	13:00hrs to 19:30hrs	Robert Hennessy	Lead
Wednesday 13 August 2025	11:30hrs to 14:00hrs	Robert Hennessy	Lead
Monday 11 August 2025	13:00hrs to 19:30hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre following information submitted to the Chief Inspector of Social Services. The designated centre was registered for nine residents and there were eight residents present on the day. One resident was not present during the inspection because they had gone on holiday with their family members. As the inspectors arrived at the designated centre a resident was seen outside the centre and commented on the inspectors arrival at the centre. This resident interacted with the inspectors throughout the inspection and commented on what the inspectors were doing throughout the day.

After this the inspectors were then greeted by a staff member at the door of the centre, they were introduced to another resident who was sat in the entrance lobby. This resident did not interact with inspectors at this time. Inspectors provided 'Nice to meet you' documents to staff for residents which were intended to explain who the inspectors were and why they were in the residents' home. Both inspectors then commenced an introduction meeting with a member of management in the staff office with one resident briefly entering the staff office at this time. The management team in the centre were on leave on the day of the inspection, another person in charge from another designated centre offered to support the inspection and was contactable for staff throughout the inspection. The person participating in management also contacted the designated centre by phone to offer support. The introduction meeting was conducted with the most senior member of staff available on the day of the inspection.

Shortly after the introduction meeting commenced, one of the inspectors went to the communal areas of the centre where staff and residents were present. Staff spoken with at this time indicated that of the nine residents who lived in this centre, one was attending day services operating in the town where the centre was based while another resident was away from the centre with their family. All eight residents were met by the inspectors during the inspection. One of the residents spent the whole time of the inspection in bed due to their health needs, staff reported that this resident spent short times out of the bed during the day and this was often in the morning.

During the initial stages of the first day of inspection, it was seen that some residents spent time in the centre sitting room, where one of the inspectors sat with residents for a period. Some of these residents had the inspectors' 'Nice to meet you' documents in their hands at this time. One of these residents said that they had lived in the centre for 16 years and liked it there. When asked by the inspector what they would be doing for the rest of the day, the resident indicated that they would be watching television. A staff member later informed an inspector that some residents of this centre liked to watch certain television programmes that were on around the time the inspection commenced.

Another resident was spoken with while they were in the sitting room shortly after the inspection commenced. This resident stated that they liked lived in the centre but could not remember how long they had been living there. When asked what they liked about living in the centre, the resident responded by saying the name of another resident. This resident also indicated that they staff working in the centre were good to them. Two other residents were in the sitting room at this time. One of these greeted the inspector and seem content.

The inspector asked this resident about how they were getting on in the centre. The resident responded by saying that they had been living in the centre for "too long" and raised a query about what happened to the new house that was supposed to be built for some of the residents of this centre to move in to. Within this centre, there were five single resident bedrooms and two shared bedrooms. This meant that within the centre, four residents were sharing bedrooms. With a view to stopping this, the provided had registered a new centre in May 2025 that was located in the same town as West County Cork 6 with three residents intended to move there. Residents had yet to move to this new centre so the sharing of bedrooms was continuing. Documentation reviewed and discussions during this inspection suggested that the three residents could move to their new home in September 2025. It was also indicated that these residents had visited their future home in advance of the move. Staff members spoken with also identified concerns about how long this move was taking for the residents but was due to be completed shortly after the inspection.

Residents remained in the main sitting room watching television for a period but another resident was met in the kitchen-dining room. This resident did not communicate verbally but was seen to smile when an inspector greeted them with the resident also noted to do some colouring. It was observed that the resident used a wheelchair but staff spoken with indicated that the resident could use the transport provided for the centre. Such staff did give some varying information though around the transport that was available for the centre with one staff indicated that a bus and car was available for the centre while another indicated that there was only a car for the centre. The statement of purpose for the centre indicated that that there was dedicated vehicles for outings.

As the afternoon of the first day of inspection progressed, it was seen that residents generally left the sitting room of the centre. One of these residents was seen to leave the centre to go for a walk to a nearby park with a staff member while other residents went outside to the centre's rear garden area of their bedrooms. While the sitting room was vacant, an inspector heard voices coming from this room which were found to becoming from a sound monitor that was present in the sitting room. When queried, a staff member informed the inspector that this sound monitor was linked to a resident's bedroom was used so that staff could respond to the resident and provide support if required. This sound monitor was present in the sitting room throughout the inspection. This monitor was listed on the designated centre's rights restriction log and was seen as required from the assessed need of the resident involved.

A number of residents spent some of the later afternoon of the first day of inspection in the rear garden area of the centre with staff on duty. As the centre was a sunny day, some residents were sat under umbrellas to keep in the shade while some other residents played soccer or swing/racket ball with staff. It was indicated to inspectors by staff members that residents did other activities in and away from the centre such as swimming and movie nights. In particular, staff highlighted how some residents attended road bowling in the locality with such residents due to participate in a road bowling final in the week that this inspection occurred. One resident spent much of the inspection sitting in the centre's entrance lobby listening to music. It appeared that a specific area had been set up for the resident in the entrance lobby to do so.

Near the end of the first day of inspection, residents came inside from the rear garden with some of these residents seen doing some colouring in an activities room. This room was part of the building where this centre was based but it was not included within the foot print of the centre. The resident who had initially been away from the centre at day services returned and indicated that they that they were getting on well. This resident along with another were seen to participate in karaoke in the centre's sitting room with both residents appearing to enjoy this. Some of these residents also left the centre near the end of the first inspection to day with staff to go for a walk. As inspectors were leaving the centre at the end of the first day of inspection, it was seen that staff and residents were sat together in the centre's sitting room watching television

Overall, the atmosphere in the centre on the first day of inspection as relatively calm, sociable and quiet. The residents meet or seen during this inspection appeared comfortable or content in the presence of the staff that were on duty. Staff were seen and overheard to interact with residents in a respectful manner. For example, one staff member was seen to ask a resident what kind of ice cream they wanted with the resident's choice then provided. Another resident, who did not communicate verbally, was seen to be shown two different yogurts pots by a staff member. The resident physically picked which yogurt they wanted with this then given to the resident. Some staff members were also overheard to talk pleasantly with residents while the residents were having a meal.

The centre where residents lived was generally seen to be presented in a clean, well-furnished and well-maintained manner on the day of inspection. While it was noted that some of the centre's fixtures and fittings, such as doors, were of an older style, some of the rooms in the centre were seen to be presented in a homelike manner. For example, the sitting room had couches, a television, photographs of residents and a fish tanks. Some residents' bedrooms were also seen that were noted to be presented in a reasonable manner.

The next two sections of the report 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 delivered.

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining oversight and that these individuals maintained a strong presence in the centre. The six monthly unannounced provider visits and annual review had been completed by the registered provider and the person in charge.

Staffing levels were maintained in the centre to ensure the residents could be supported to undertake the activities they wanted. Residents said they received good support from the staff. The staff team were knowledgeable of the residents' needs when they spoke with the inspectors.

Incidents and complaints were appropriately managed in the designated centre. Incidents that were required to be notified to the Chief Inspector were done so in line with the regulations. A log of complaints was maintained in the centre. There was evidence that complaints were being reviewed with the satisfaction levels of the complainant being recorded.

Training was provided to staff which was suitable to the needs fo their roles. A staff supervision schedule was in place in the form of performance review. Some of staff member had not received training in some areas and some required refresher training as set out in the training matrix of the designated centre. This is discussed under Regulation 16.

Regulation 15: Staffing

Staffing arrangements in a centre must be in keeping with the needs of residents and a centre’s statement of purpose. A statement of purpose was present in the centre during this inspection which outlined the staffing arrangements to be provided in the centre. This included the minimum staffing arrangements for the centre by day and night. Discussions with staff members during this inspection indicated that such minimum staffing levels were in place. Such staff also indicated that there was a good consistency of staff working in the centre which is important in promoting consistent care and professional relationships for residents.

The staffing arrangements for a centre should also be reflected in staff rotas for the centre. During the first day of inspection, only a small selection of staff rotas for August 2025 were available. However, other records available, including daily roll call records, were present which indicated the staff that worked in the centre on a given day. These records along with the rotas available were reviewed which indicated that appropriate levels of staff support were being provided in the centre.

Such levels were in keeping the centre's statement of purpose. It was also observed on the first day on inspection that six members of staff were in the centre to support the eight residents that were present.

Under this regulation specific documentation relating to all staff working in a centre must be obtained. This documentation includes written references, full employment histories and evidence of Garda Síochána (police) vetting. Such documentation was not present in the centre when inspectors visited on 11 August 2025. As such, arrangements were made with the provided to attend the provider's head office on 13 August 2025 for second day of inspection to review such documentation. During this second day of inspection, nine staff files were reviewed which were found to contain all the information required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

During this inspection, staff spoken with indicated that they did not undergo formal supervision but that management of the centre would be regularly present. As such management were not present during the first inspection day, it was not possible to query with such management how they ensured appropriate supervision of staff members. Staff that were spoken with during the inspection did highlight though that they underwent annual performance appraisals while one staff member, who had commenced working in the centre in recent months, outlined how they had been indicted in the centre. This included working with a senior member of staff for two weeks.

A training matrix showing the training that staff had completed was not present in the centre during the first inspection day, this was provided following the inspection. One of the inspectors reviewed the training certificates for 24 staff members. Such training certificates indicated that staff had completed training in various areas to support residents including in manual handling, hand hygiene and medicines administration. In addition, most staff also had training certificates for required training in areas such as fire safety and safeguarding. However, it was noted that not all staff did. For example:

- two staff did not have a training certificate for fire safety
- three staff did not have a training certificate for safeguarding
- A staff member had not completed positive behaviour support training as set out as a requirement in the designated centre's statement of purpose.

Providing relevant training is required under this regulation as it ensuring that staff have access to specific documentation. Some of this documentation was seen to be present in the staff office of the centre during the first inspection day. This included

copies of the Health Act 2007, national safeguarding standards, national standards on infection prevention and control and national standards on disability services.

Judgment: Substantially compliant

Regulation 23: Governance and management

On the current inspection a report of an annual review completed since the May 2024 inspection was provided. This annual review covered the period September 2023 to August 2024 and it was seen that this this annual review assessed the centre against relevant national standards while also providing for consultation with residents and their representatives. Overall, it was found that this annual review was in keeping with the requirements of this regulation.

The regulation also requires that the provider (or a representative of the provider) must conduct an unannounced visit to the centre every six months. The purpose of such visits is also to assess the quality and safety of care and support provided to residents. During the current inspection reports of two provider unannounced visits were provided which had been conducted in September 2024 and March 2025. When reading these reports it was noted that considered matters relevant to the care and support provided to residents in areas such as staffing, safeguarding and personal plans. Both provider unannounced visits indicated strong levels of compliance with the regulations, as was found during the current inspection.

Aside from regulatory requirements, such as provider unannounced visits, documentation reviewed indicated that regular audits were being conducted in the centre on a monthly basis. Such audits were conducted in line with a schedule of audits with the documentation reviewed during this inspection indicated that all audits had been completed as scheduled throughout 2025. The audits that had been completed covered areas such as cleaning, fire safety, risk management and residents' finances. These audits reports generally indicated good compliance in such areas but any areas identified as needing improvement were reflected in monthly actions trackers. The operations of these scheduled audits indicated that there was systematic monitoring of the services provided.

In addition to monitoring, an organisational structure was in place for this centre which provided for lines of reporting and accountability from front line staff to the provider's board of directors. In keeping with this organisational structure, management had been appointed for this, including the person in charge, with staff spoken with aware of the identities of such managers. Managers of the centre attended quarterly staff meetings that occurred in the centre which matters such as confidentiality, team work, safeguarding and incidents were recorded as being discussed. When the appointed management of the centre were not available, arrangements were in place for staff to conduct other members of management

within the provider. Again staff spoken with were aware of these arrangements. An on-call system for staff to access out-of-hours supports if required was also in place.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation the Chief Inspector of Social Services must be notified of certain incidents at either within three works days of the incident occurring or on a quarterly basis depending on the nature of the centre. During this inspection, an inspector reviewed incident records in the centre and compared them to notifications that had been received from this centre leading up to this inspection. Based on these incidents records, any notifiable events from 2025 had been submitted to the Chief Inspector in a timely manner. These included injuries of a certain types, outbreaks of infectious diseases and an activation of the fire alarm which had been notified on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

Information about the complaints process was seen to be on display in the entrance area of the centre. During the inspection day, the inspector reviewed a complaints folder provided. This contained records of two complaints that had been made since the May 2024. One of these complaints was from October 2024 while the other was from November 2024. Both complaints records outlined the nature of the complaints made the actions taken in response to them. These two complaints were marked as being resolved to the satisfaction of the complainants. No record was seen in the centre during the first day of inspection which indicated that any complaint had been made since November 2024.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with.

The personal plans contained information to assist residents to engage in positive behaviours. These plans were clear for staff on how to support residents in this area. Safeguarding incidents in the centre were appropriately managed and in line with the registered provider's policy. Staff knowledge of the safeguarding plans in the centre was inconsistent but staff were knowledgeable on how to identify types of abuse that may possibly occur in the designated centre.

Risk management systems in the centre were reviewed in a timely manner and were well managed. Risks were escalated to senior management within the registered provider in an appropriate manner.

Regulation 26: Risk management procedures

The risk register of the designated centre and individual residents' risks had been reviewed in the previous 12 months. Appropriate risks had been had been escalated and senior management had been informed of these risks.

There was suitable risk management policy put in place by the registered provider which contained identified and contained the control measures for specified risks required under the regulation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal plans and individual assessments for residents were well managed and maintained. The personal plans had been reviewed in the previous 12 months as required by the regulations. The residents' health and social care needs were well documented and assessments completed to identify those needs.

Assessments had been completed in relation to residents developing dementia and suitable interventions were in place. Resident had access to a multidisciplinary team and they were involved in the review of the residents' personal plans and their overall assessments. There was evidence of the community palliative care team being accessed when required by the residents.

It was evident that the residents had been involved in creating their plans and had been consulted on the information they contained. The information contained described how the residents communicated and how they liked to be communicated with.

Residents had goals identified and had evidence of these goals being reviewed and had evidence of some of these goals with pictures taken of the activities. These

pictures showed evidence of how residents were involved in their local community for example residents going to concerts and going to sports matches.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans had been created for residents that required them. Three of these plans were viewed and they contained extensive information about how the resident may escalate and how strategies may be implemented to ensure residents engaged in positive behaviour.

Rights restriction in place for residents were submitted to the Chief Inspector as required by the regulations. There was evidence in the designated centre's rights restriction log that these restrictions had been reviewed and had be removed if deemed no longer required.

Judgment: Compliant

Regulation 8: Protection

Since the May 2024 inspection, the Chief Inspector had been notified on one safeguarding incident that had occurred in the centre. During the introduction meeting for the inspection it was indicated that there was two to three open safeguarding plans for the centre with notes of a May 2025 staff meeting indicating there was one open safeguarding plan. However, when such matters were queried with staff member some varied responses received. Staff did though demonstrate a good knowledge of how to report any safeguarding concerns with information about safeguarding seen to be on display in the entrance area of the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for West County Cork 6 OSV-0003716

Inspection ID: MON-0047778

Date of inspection: 13/08/2025

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: • The PIC will ensure training records are available for review. Discussed at local team meeting to ensure staff leave copies of certs on site. Outstanding training PBS and Fire training completed. All training Certs are now available on site	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	09/09/2025