



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 17
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	12 August 2025
Centre ID:	OSV-0005518
Fieldwork ID:	MON-0039200

About the designated centre

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

Cork City North 17 is comprised of two bungalows which are connected by a link corridor and located in a residential area on the outskirts of Cork City. Each bungalow is comprised of three individual bedrooms, kitchen-dining area, sitting room and laundry room. There is also a large shared bathroom in each bungalow equipped to meet the needs of the residents with an additional separate toilet facility. An activity room is located in the circular shaped link corridor and an outdoor sensory garden area is located at the rear of one of the bungalows. The designated centre also has an office and staff facilities. The designated centre provides full-time residential services for six adults, both male and female with a severe or profound degree of intellectual disability and complex needs. Residents are supported by a staff team that comprises of both nursing and care staff day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 August 2025	09:30hrs to 17:00hrs	Elaine McKeown	Lead
Wednesday 13 August 2025	11:00hrs to 11:30hrs	Robert Hennessy	Support

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 November 2024 as part of the current registration cycle. The provider demonstrated they had taken actions to address the issues identified during that inspection which included filling some of the staff vacancies, organising increased access to day services for a number of residents and providing additional storage options on the premises. The inspector met with all six residents at different times throughout the inspection.

On arrival, the inspector was met by the person in charge and was introduced to a resident in the sitting room who had already completed their morning routine. The person in charge spoke about how the resident was due to be visited later in the day by a speech and language therapist (SALT) in relation to supporting the resident to use a communication device. The inspector briefly observed this session later in the morning where the resident displayed excitement and was engaging with the SALT to select music known to be liked by the resident. The SALT was observed to use both the spoken word and sign language when communicating with the resident while also being at the same level as the resident as they sat in their wheelchair. The inspector spoke with the SALT after the session had finished and they explained the purpose of the device was to provide additional opportunities for the resident to express themselves. The device had been adjusted to suit the assessed needs of the resident to increase their ability to interact which included a push pad which the resident was able to use with their elbow.

At the start of the inspection, the inspector was informed that one resident had already left to attend their day service and the remaining four residents were being supported with their morning routine. The person in charge accompanied the inspector as a walk around of the communal areas was completed. The premises was found to be well ventilated, clean and displayed evidence of residents personal preferences and interests. There was evidence of ongoing maintenance taking place. Updates on works completed since the previous inspection including improved storage solutions were highlighted to the inspector. Residents had been involved in the choice of paint colours and the decorating of the external courtyard area. Photographs of the residents involvement were seen by the inspector in personal plans later in the inspection. The person in charge also outlined advanced plans to install an overhead hoist in the second sitting room area which currently only has limited use for most of the residents. The plans are to move the water bed currently located in the main sitting room into this space which will result in all six of the residents being able to use the equipment once the hoist is in place. Currently only two of the residents can be supported to use the equipment due to their assessed needs. Additional sensory equipment is also planned to be acquired to provide additional activities in this sitting room for the residents.

All six of the residents required support with activities of daily living (ADLs) and had complex medical needs which required nursing supports at all times of the day and night. This included one resident with a complex seizure condition and another requiring enteral feeding to provide nutrition and fluids. All of the residents required the use of a wheel chair to mobilise with staff support. One resident could self-propel themselves around the designated centre independently and this was observed to occur during the inspection. A number of times during the day, the resident independently came to the location where the inspector was reviewing documents and interacted with the inspector.

The person in charge outlined how residents were being supported to attend allied healthcare professionals as required. One such appointment with a consultant had occurred the day prior to the inspection. This resident was described as being tired on the morning of the inspection as a result and staff delayed their morning routine to allow the resident to rest. Staff explained that the consultant ensured the resident was not waiting to be seen for a prolonged time and scheduled the appointments at times that best suited the resident.

The inspector was introduced to the other residents throughout the day at times that best suited their routines. For example, one resident was resting in their bedroom after enjoying a sensory shower and was sitting in their new chair. Further review of the chair took place during the inspection by an occupational therapist to ensure it was meeting the needs of the resident. A foot stool had also been introduced in the days prior to the inspection to better support the resident to remain in a comfortable position. Two other residents had individualised programmes to ensure regular change of position and rest were being provided to meet their specific needs. One of these residents had a further review of their mobility aids by members of the multi-disciplinary team (MDT) on the day of the inspection. Despite the number of extra persons visiting the designated centre during the day of the inspection, the atmosphere remained relaxed and residents present appeared to not be adversely impacted by the increased number of people in the building.

All staff spoken to during the inspection were found to be very familiar with the assessed needs of each of the residents to whom they were providing support. This included up-to-date knowledge on specific health management plans in place for residents and the protocol for the administration of emergency medications. In addition, staff were observed to support residents which was reflective of their changing assessed needs. Staff demonstrated flexibility in scheduling activities on a daily basis in the event of a resident not being able to actively participate in a planned activity, this included attending swimming or day services. The inspector met with the staff member who worked each week day from 09:00 hrs - 14:00 hrs to provide support to the residents and staff team with activities, both within the designated centre and in the community. This staff member outlined how the schedule of activities were planned weekly in advance to ensure each resident was provided with opportunities to engage in preferred activities such as shopping, socialising and swimming. However, these plans were flexible and subject to frequent change if required.

There was evidence of individualised and person centred care being provided to all of the residents. For example, one resident who had been provided with a new wheelchair at the end of 2024 had been unable to return to their day service due to a change in their assessed needs. However, the inspector was informed the staff team were supporting the resident to visit their day service for a short period at times that worked well for the resident. The staff explained the resident enjoyed meeting their peers and while the visits were tiring at times the resident was supported to rest when they returned to the designated centre. This was observed to have taken place on the day of the inspection. The inspector met with the resident before they left where they were observed interacting with familiar staff and indicated they were very happy to be going on the planned visit to their day service. The inspector visited the resident in their bedroom after they returned and again the resident indicated with smiles and eye movements that they had enjoyed the visit.

Another resident had recently enjoyed a short break with family members to an activity centre. The resident had participated in a number of sensory activities while there, including accessing a jacuzzi. As a result of this the inspector was informed additional sensory equipment for the designated centre was being reviewed at the time of the inspection to enhance the opportunities and experiences for all of the residents. A review of the same resident's bedroom was also in progress following the same short break as the resident had adapted to a different sized bed and this would be of benefit to the staff team in supporting the resident.

Throughout the inspection, staff spoke enthusiastically about each resident, the supports in place to provide meaningful activities each day, whilst also ensuring the well being and managing complex medical needs. Progress had been made since the previous Health Information and Quality Authority (HIQA) inspection to support residents to attend day services more frequently. Two residents are expected to be able to attend five days a week in October 2025. At the time of this inspection both were attending two to three days each week. Another resident was retired and supported by the staff team in the designated centre. The resident enjoyed sensory activities and outings to community areas such as beaches. This resident had both vision and hearing impairments and was known to previously enjoy the company of pet therapy. However, this activity had been discontinued outside of the provider's control. On review of this resident's personal plan it was not evident that consideration to provide alternative interactions with animals had been considered by the staff team. This will be further discussed in the quality and safety section of this report.

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 2024. The provider had actively progressed with a review of staffing resources with one whole time equivalent vacancy remaining at the time of this inspection. The inspector reviewed two completed HIQA resident questionnaires which reflected positive experiences and outcomes for both residents. A comment relating to the size of one resident's bedroom had been further discussed with family representatives prior to the inspection and a change in furniture within the room

was suggested as possibly assisting with the available space. This was being progressed at the time of the inspection. Another relative also referred to the enjoyment their relative got from being near animals and had previously enjoyed pet therapy but this was not being supported at the time of the inspection. While overall residents were in receipt of good quality care, further review of residents personal goals was required to ensure goals that have been identified are updated to reflect progress or rationale for not achieving /progressing with goals.

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 consistent staff team. The provider had sought to address the actions identified in the previous inspection that took place in November 2024 which included ensuring sufficient number of staff resources were available. The person in charge had not been required to work on the frontline in the designated centre to maintain minimum staffing number since the previous inspection apart to support when staff were attending training. This was an improvement from the previous inspection findings.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. The inspector reviewed the annual review for the designated centre which was completed for the year February 2024 to February 2025. Progress on actions identified had been documented which included addressing attendance at day services for two of the residents which had been adversely impacted due to a shortage of staff resources at the provider's day service. All residents had been supported to have new communication profiles developed by the SALT and MDT meetings were scheduled to take place for all of the residents in September 2025.

The provider had systems in place to monitor the services being provided throughout the organisation which included internal six monthly audits which had been completed in January and July 2025. Actions identified were documented as being addressed / in progress which included archiving of documentation, a review of the statement of purpose and residents guide, staff resources and training requirements of the staff team. Additional monthly audits were also completed as required by the provider and in some audits no actions were required to be completed such as the finances audit and intimate care audits completed in April and May 2025 respectively.

The provider had systems in place through which staff were recruited and trained, to ensure they were aware of their roles and responsibilities in supporting residents

in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector 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 the bed or chair and when getting on and off the transport vehicle when going on community outings or returning from day services.

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. No changes were requested to be made to the original documents submitted by the provider. However, the inspector was informed during the feedback meeting that the provider would be proposing a change to a stakeholder that had been named on the original application to renew the registration. The inspector advised in the event of a change to the stakeholder occurring, revisions to the statement of purpose and resident guide would need to be updated to reflect the proposed change

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.

The inspector acknowledges that the remit of the person in charge had been reduced during 2024 from four designated centres. The current remit of the person in charge was over three designated centres. Two were located near each other and the third was located across the city. The person in charge had support from other senior staff working in these centres to enable them to maintain ongoing oversight and governance.

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.

- The staff team comprised of nurses and care assistants.
- There was one staff vacancy at the time of the inspection for a full time care assistant role. There was a requirement for some agency staff to fill gaps in the roster. This included an agency staff to work in the designated centre from the 24 August 2025 to cover planned leave. The person in charge explained this had occurred as a core staff member had recently transferred to the designated centre and already had their planned leave approved before their transfer.
- The person in charge had made available to the inspector actual rosters since 06 July 2025 and planned rosters until 30 August 2025, eight weeks. These 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. For example, a new member of the core staff team was completing induction on the day of the inspection. The staff member who was the fire officer on duty on each shift was also clearly marked.
- There was an activation staff resource consistently available to the residents each weekday from 09:00 hrs - 14:00 hrs to support with additional activities both within the designated centre and in the community.
- The person in charge had not been required to work on the frontline to maintain minimal staffing levels since the previous inspection. They did work alongside the staff team to provide support so staff members could attend scheduled training. However, there were ongoing challenges to facilitate planned leave and attendance at refresher training.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 18 staff members which included the person in charge, eight staff nurses, eight care assistants and one regular relief staff member.

- The majority of staff working in the centre 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 which all of the staff team had completed. One staff member was required to complete training in safeguarding and positive behaviour support at the time of this inspection.

- Staff in the centre had completed a range of non- mandatory training courses to support the specific assessed needs of the residents which included human rights, dignity at work, open disclosure, the administration of emergency medication and manual handling. The inspector acknowledges that a finding on the most recent internal audit had identified some gaps in refresher training for the staff team and these were either addressed or in progress by the person in charge at the time of this inspection.
- The person in charge had scheduled staff meetings to take place during 2025. Four such meetings had taken place at the time of this inspection in February two meetings took place, one meeting in May and July 2025. Topics discussed during the meetings held to date included safeguarding, staff training and the changing needs of the residents in the designated centre.
- The person in charge provided details of the dates supervision that had taken place with the staff team to date in 2025.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. The current documentation was submitted by the provider as part of their application to renew the registration of the designated centre. The provider was advised during the inspection an updated certificate of insurance would be required to be submitted once issued by the insurer in December 2025.

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 three designated centres.

- The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. The provider had implemented a new electronic system in March 2024 which enabled ongoing monitoring by senior management of audits and actions identified in all designated centres including this centre.
- Monthly scheduled audits had been completed and demonstrated consistent

and effective monitoring was taking place in this designated centre in line with the provider's own procedures and protocols. Some of the audits completed had no actions identified by the auditors with overall good findings reported on the audits reviewed by the inspector. • The provider had sought to address the staffing resources available within the designated centre since the previous inspection in November 2024. One whole time equivalent vacancy remained at the time of the inspection with a regular relief staff available to support where required.
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 and had been submitted as part of the provider's renewal of registration application
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had ensured a policy was in place for the management of complaints. • The person in charge had ensured regular review of the complaints log was taking place. No new complaints had been logged since the last inspection in November 2024. • Details of who the complaint officer was were observed to be available within the designated centre. • Easy to understand information was available to support residents with the complaint process and staff were aware of the process in the event of supporting a resident to make a complaint. • There were no open complaints in the designated centre. • While compliments had been received these were not available on the day of the inspection for review.
Judgment: Compliant
Quality and safety

Overall, residents' rights were being promoted, individuals were being supported to receive care in line with their changing assessed needs. While one resident was retired and another resident required increased supports in the designated centre and was unable to attend their day service for long periods, both were in receipt of individualized care and supports to provide meaningful activities. Four residents attended day services each week. While these residents currently did not attend each day there was an active plan in place for two of these residents to return to full time day services in September/October 2025 when the provider had more capacity and staff resources available in their day service.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. For example, one resident responded very well to sensory activities such as massage and outdoor activities such as visiting beaches. The inspector was informed of a plan to travel to a particular beach where the resident could be taken down near the water and feel the sand via a wheelchair accessible ramp. Other residents participated in baking activities regularly, music and other craft activities in the designated centre. While the main meal of the day was prepared off site by the provider to assist the staff team to engage in meaningful activities during the week, there was still an aroma of food being prepared during the inspection, in particular in the late afternoon when the evening meal was being prepared by the staff team. This added to the homely experience of the designated centre.

Residents had consistently engaged in additional activities since the previous inspection with the support of an activation staff being present each weekday for five hours. A review of the documentation on how activities were being recorded had been undertaken to ensure all activities were being captured for residents. Also staff could ensure each resident was being offered opportunities regularly to part take in interests, hobbies and social events in line with their wishes.

All residents had been supported to identify personal goals. One resident had been supported to visit a train station in advance of progressing a goal to go to visit a relative in another county. However, the progress being made for other residents attaining their personal goals was not being consistently documented. This included no update documented for one resident's goals since 19 March 2025. Another resident had a goal identified to visit a particular tourist attraction during the summer months but no details or progress on this was documented at the time of this inspection. Another resident was known to like spending time with animals previously but at the time of this inspection there was no activity or goal identified to assist the resident to engage with animals as they had done previously. This was also documented by a relative of the resident in one of the completed resident questionnaires reviewed by the inspector on the day of the inspection.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported

to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats for a range of topics including fire safety, safeguarding, advocacy and consent.

- Residents were observed to respond to staff during the inspection with facial expressions and gestures. Staff were observed to be familiar with each resident as they indicated different preferences. For example, one resident was expressing they wished to engage in activities in a particular room and this was facilitated.
- All interactions observed and over heard by the inspector during the inspection evidenced the staff team informing each resident what was about to take place, such as prior to changing position. In addition, the use of sign language by the SALT to enhance a resident's understanding of what was required of them was observed to be beneficial to the resident's understanding.
- All of the residents had up-to-date communication passports in place which detailed for staff the preferred method of communication used by the resident. While residents had limited vocalisations or communicated without using words, details documented in the communication passports also included what the meaning of facial expressions used by residents may indicate for the individual.

Judgment: Compliant

Regulation 11: Visits

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

- One resident met with a family member weekly to go swimming together.
- Other residents were supported to access video calls
- Another resident was being supported to make plans to visit a relative in another county.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured residents were being supported to access and retain control of their personal possessions. The inspector was informed of the progress being made to put arrangements in place for a resident to access their own finances. This was almost complete on the day of the inspection and would result in

the resident being provided with their own bank card to access their finances with the support of the staff team and family members.

The other five residents had been provided with bank cards by the provider to access their finances in line with protocols to ensure the safeguarding of each residents personal finances.

While residents bedroom were not overly spacious there was room for storage of personal items and clothing. All residents were provided with the necessary equipment required to support their individual assessed needs in their bedrooms, which included over head hoists. A review of one resident's bedroom furniture was in progress at the time of the inspection .

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Additional equipment had been identified which would enhance the support being provided to the residents and the use of the second sitting room. This was in progress at the time of the inspection.

- Bedrooms were decorated in line with personal preferences. For example, posters were on the walls of one resident's bedroom, while photographs and comfort items which another resident had an interest in were visible in their bedroom.
- There was evidence of ongoing maintenance throughout the designated centre, such as internal painting and external courtyard maintenance having been completed since November 2024. The person in charge outlined further plans that were being discussed regarding the designated centre both internally and for the external area at the time of the inspection to further enhance the lived experience for the residents.
- The provider had addressed the issues identified in the November 2024 inspection regarding storage facilities.
- An action that had been identified in the previous two internal audits relating to the laundry facilities in the designated centre and the ability of staff to dry residents clothing outside was at an advanced stage to be completed at the time of this inspection.

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 format.

Judgment: Compliant

Regulation 26: Risk management procedures

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

- There were two escalated risks at the time of this inspection. One risk related to staff skill mix and numbers on the core staff team and had been created originally in August 2024 and escalated to senior management in November 2024. The person in charge outlined the rationale for the risk remaining escalated at the time of this inspection. While there remained one staff vacancy at the time of this inspection, the person in charge had also identified an ongoing issue being faced to provide staff with annual leave and to attend training as required. There was documented evidence of responses from senior management to this escalated risk in May 2025.
- Another escalated risk had been identified by the person in charge in December 2024 relating to their effective governance over this designated centre and linked designated centres when another person in charge may be absent or on leave. Additional control measures had been put in place to ensure the person in charge was only required to support linked designated centres in an emergency or urgent situation.
- The inspector was informed senior management were aware of the escalated risks and these were under ongoing review in line with the provider's processes.
- The person in charge had completed a full review of the risk register for both the designated centre and for each individual resident in February 2025, a new template was used during this review.
- A review of site specific risks was also completed by the person in charge in July 2025. Two new risks were added in recent months , one in April 2025 and one in May 2025 with documented control measures in place

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.
- No exits were observed to be obstructed during the inspection.
- All staff had completed up-to-date training in fire safety.
- An external contractor had completed a check of all fire doors in the designated centre since the previous inspection and deemed them to be compliant with fire safety regulations of community dwellings.
- In February 2025, the person in charge had identified gaps had occurred in the weekly fire checks that was part of the provider's protocols in fire safety. No weekly checks were documented as having been completed between 12 February and 7 March 2025. Additional training was provided to six staff members on 16 April 2025 to ensure all staff were aware of the necessary checks to be completed with the fire panel. The weekly checks had been consistently completed since the matter was first identified.
- Fire drills had taken place including a minimal staffing fire drill. Learning and recommendations had been documented and discussed with the staff team following drills that had taken place. For example, a recent drill in March 2025 had an extended evacuation time and staff discussed the requirement to lower a resident's profile bed and place the required emergency medications in the fire bag so staff did not have to go to another location to access the emergency medications. The inspector was shown the safe storage practice in place on the day of the inspection which included a locked press where the fire bag and emergency medications were being stored which was located in an easily accessible area of the designated centre. Following another fire drill in April 2025, additional recommendations regarding the use of a hoist to support a resident into their chair and the use of a horizontal evacuation plan were reported to have worked well.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines in the designated centre.

- Where special arrangements were required for a resident to take their prescribed medications these were clearly documented, such as when a medication required to be given via an enteral feeding tube.
- One resident who required to take a medication once weekly, was being supported to take the medication in line with the manufacturer's guidelines. In addition, nursing staff explained to the inspector the rationale for the day

of the week the medication was being given best suited the resident's weekly routine.

- While nursing staff were available to support the administration of medications to the residents, additional care staff had completed training for emergency medication administration.
- The inspector was informed and staff demonstrated during the inspection the safe practices in place for the storage and administration of specific controlled medications. While a resident had been prescribed a specific medication they had not required it to be administered to them to date. The same resident was in receipt of another medication regularly that required the same protocols to be in place. All the required checks were documented to be consistently completed on each shift.
- Staff spoken too were aware of the specific protocol regarding the administration of medications in place to support a resident with a complex condition and the additional supports required by emergency personnel in the event the resident did not respond within a specific time line.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of the personal plans of three of the residents during the inspection. All were found to be subject to regular review in 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 profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes and dislikes.
- There was evidence of multi-disciplinary input to support residents assessed needs and this was observed by the inspector on the day of the inspection.
- Daily routines were documented to reflect person centred care being provided, if a resident had not slept well or was tired to delay their morning routine. In addition, activities were scheduled around attendance at day services to ensure ech resident was supported daily to engage in meaningful activities.

However, gaps in the documentation of the progress of some residents personal goals was evident on the day of the inspection. While there was evidence of a stepped approach being documented for some residents to progress to attaining a goal, some goals had been documented as commencing and being attained on the same day such as a visit to a tourist attraction. In addition, a resident who was known to enjoy the company of animals had not been supported to engage in any such activity.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge had ensured residents were being supported to access appropriate allied health care professionals as required.

- Healthcare management plans were subject to regular review and updated to reflect current assessed needs as required by the nursing staff.
- Feeding eating and drinking recommendations were being followed by the staff team to ensure the well being of each resident. This included daily intake monitoring for one resident and the management of an enteral feeding programme for another resident.
- Residents were being supported to have annual health checks and assessments.
- Residents were supported to attend consultants where required to manage medical conditions. In addition, one resident was under the care of a gastroenterologist with an update expected in the days after this inspection regarding the plan of care for the resident to manage a specific medical issue.
- Two residents were being supported with daily positioning and postural management to ensure their well being and skin integrity

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.

- All of the core staff had attended a once off training in positive behaviour support. One staff member providing did have to complete the training at the time of the inspection but the rationale for this as provided to the inspector.
- None of the residents required positive behaviour support plans.
- All staff were aware of the benefits for the residents and expressed preferences to have a relaxed, quiet environment. This included staff and visitors not remaining in a location/ room if a resident indicated they wished to have some personal space.
- There were minimal restrictions in place in this designated centre. The restrictions were in place to ensure the ongoing safety and well being of each resident and included bed rails and lap belts. These restrictions were reviewed regularly by staff when in place and documented when in use.

Judgment: Compliant

Regulation 8: Protection

At the time of this inspection, one staff member was required to attend refresher training in safeguarding of vulnerable adults. Training was planned to take place for a number of staff in the weeks after this inspection. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were three open safeguarding plans in the designated centre at the time of this inspection. The inspector was provided with updated information regarding these plans and actions that had been taken/were in progress to effectively support the particular residents.
- 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.
- 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 inspector 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 demonstrated how each resident was being supported in line with their preferences and assessed needs, this included flexible routines, individual and group activities in the community, social outings and meeting relatives.
- Two residents were scheduled to attend their day services more frequently in September /October 2025 as the provider expected to have increased capacity and staff resources available in the day service at that time.
- The activation staff member working five days each week in the designated centre assisted with residents being provided with increased opportunities each week to engage in meaningful activities, such as participate in swimming, shopping, massage and art/craft activities.
- Residents were actively being supported to attend beauticians and hairdressers in their locality.
- Residents were being supported to attend social events such as concerts,

enjoy over night short breaks and plans were progressing for another short break later in the year.

- The staff team demonstrated through actions to ensure residents rights were consistently being advocated for. This included supporting a resident to obtain a passport and making arrangements that suited the same resident with the management of their finances

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 17 OSV-0005518

Inspection ID: MON-0039200

Date of inspection: 12/08/2025

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • An audit of PCP goals for each resident will be completed and documentation will be updated to reflect the SMART goal process for each identified goal, ensuring planning and timeframes are with the process. To be completed by 31.11.2025 • One resident who enjoys the company of animals is being introduced to a companion dog. This is part of a personal goal journey. Commencing on 20.09.2025	

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 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/11/2025