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 23
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 July 2025
Centre ID:	OSV-0007458
Fieldwork ID:	MON-0038931

About the designated centre

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

Cork City North 23 provides full time residential support for up to three adults with severe to profound levels of intellectual disability. The community based centre is a single storey dwelling which can accommodate full access to the entire building for all residents. The house is a detached bungalow with three individual single bedrooms, lounge room, kitchen-diner, multi-sensory room and shower room. There is parking for the transport vehicle at the front of the house and a spacious garden area to the rear. The centre is located in a mature residential area in the city with easy access to local amenities and public transport. Social and community integration is an integral part of the service provided.
Cork City North 23 provides support through a social model of care and staff support residents in all aspects of daily living. The staff team also includes support from nursing staff which is shared with another designated centre. Residents are supported day and night by the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 22 July 2025	10:00hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in August 2022 as part of the current registration cycle. The provider had addressed all of the actions identified during that inspection which included the reduction of the remit of the person in charge.

There were three residents in receipt of residential services in this designated centre at the time of this inspection. The atmosphere throughout the inspection was relaxed and calm. The morning routines were reflective of each individual. For example, one resident was being supported to have their breakfast when the inspector arrived. The resident was not attending their day service on the day as part of their weekly routine. The inspector was informed that the resident had a regular weekly routine of attending their day service three days each week. This appeared to be a schedule that suited the resident's current assessed needs. The same resident was introduced to the inspector later in the morning after they had completed their breakfast. A staff member supported the resident to go out for a walk in the locality and enjoy time on the swing in the rear garden during the morning. The resident was observed to be smiling while enjoying the activity in the garden. The staff explained that the resident also had a swimming activity planned later in the morning and a staff member supported the resident to attend this activity also. On return to the designated centre later in the afternoon the inspector was informed the resident had enjoyed themselves.

Prior to the inspection, the person in charge had informed the inspector that one of the other residents may not tolerate additional noise and persons in their home very well during the inspection. The inspector ensured this was considered throughout the inspection and the resident did not appear to have been adversely impacted by the additional persons in the building during the day. Staff were observed to be supportive of the resident explaining in advance of any interactions such as introducing the inspector to them and other activities such as prior to moving their wheelchair or assisting them with their meals during the day.

The inspector was introduced to the other two residents once they had completed their morning routine with the support of staff. The inspector had been informed that both of these residents had required increased staff support to complete activities in daily living in the previous eight months. One resident responded to the inspector when introduced by a staff member. The resident was wearing bright coloured clothing and had their preferred accessories on their arms and neck. The staff explained how the resident enjoyed wearing fashion accessories such as jewellery. Staff outlined how the resident appeared to be benefiting for a postural positioning programme that was in place for them during the day. This was observed to be followed during the inspection.

The inspector was introduced to the third resident before they had their breakfast. The resident had been supported with their morning routine and was also dressed in brightly coloured clothing. The resident was sitting in their wheel chair when introduced to the inspector and appeared to be comfortable and responding to the familiar staff that were present. The inspector observed staff to place a discreet clothing protector over the resident's clothing while supporting them with their breakfast.

Staff spoken to during the inspection, outlined the changing needs of two of the residents that had taken place. This included a decline in both residents mobility. The provider and staff team had completed an environmental assessment to ensure the changing needs of the residents were being effectively supported. The inspector was informed of the change for two of the residents since the previous inspection. One resident who required increased space in their bedroom was moved to a larger bedroom which better suited their assessed needs. The other resident was re-located to the smaller bedroom, this was next to a relaxation room that the resident liked to use frequently each day. The inspector observed this resident to be supported to listen to music while taking prescribed medications during the morning. The inspector was informed, while the residents were currently deemed to be effectively supported, the requirement for further nursing care input in the future would be included in a planned meeting of co-ordinated supports that was scheduled to take place a few days after this inspection.

It was evident the staff were familiar with the preferences and assessed needs of the residents in the designated centre. While some staff had worked for many years with the residents, others had worked for shorter periods of time but all staff were aware of preferred routines. This included delayed starts to morning routines, being provided with massage therapies in the designated centre and engaging in activities with peers in another designated centre. While two of the residents did not attend day services at the time of this inspection, the staff team ensured the daily routine for both residents was tailoured to suit their preferences and likes. For example, in the afternoon, the sitting room was darkened, soft music was playing in the background and aromatherapy was diffusing while a resident was being provided with a hand massage as part of their daily activity. The staff team outlined how the timing of the postural positioning that was assisting the residents overall health did not prevent the residents from engaging in community activities with their peers. For example, the staff team would link with a nearby designated centre and arrange a social activity for each of the residents to attend frequently. This sharing of staff resources increased the opportunities available to residents in both designated centres which were under the remit of the same person in charge.

In summary, the three residents were being supported by a consistent core group of staff. Additional nursing supports were being provided as required from another designated centre. There was evidence of ongoing review of staffing resources in place to support the changing assessed needs of the residents in recent months. This included the provider allocating unfunded staffing resources by night since December 2024. This additional staffing resource enabled the staff team to ensure the ongoing safety and required supports were available at all times for the three residents. However, the provider had not ensured oversight had been maintained in

line with the regulations during 2024 as no internal six monthly audits had been completed. In addition, while the person in charge was on unplanned leave in 2025 no monthly audits had taken place which were part of the provider's overall governance within the organisation. The ongoing monitoring through such audits had been outlined as part of the service improvement plan update submitted to the Chief Inspector by the provider on 7 April 2023.

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 adequately addressed all of the actions identified in the previous inspection that took place in August 2022. This included a review of staffing resources, a reduction in the remit of the person in charge and a review by the health and safety officer of the evacuation plan for the residents in the designated centre.

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 April 2024 to April 2025. Actions identified had been progressed and completed which included a review of residents personal plans, more meaningful resident forum meetings to take place monthly and a review of the centre's documentation including the statement of purpose and residents guide.

While the provider had systems in place to monitor the services being provided throughout the organisation these systems had not being effectively implemented in this designated centre in 2024 and during a period of absence for the person in charge in 2025. No internal provider led six monthly audits had taken place during 2024. No scheduled monthly audits had taken place during the unexpected absence of the person in charge from 10 February until 19 May 2025 . The inspector acknowledges that the provider had identified these issues in the annual report of this designated centre. The inspector was provided with an update from the person participating in management of actions taken to reduce the risk of similar situations occurring in the future. This included a change to the alert process for the monthly audits to be completed in the designated centre.

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, and to seek them out for support as required. For example, a resident was supported to sit in their preferred location while taking prescribed medication with music playing which staff knew the resident liked. Another staff was observed to explain to a resident with poor vision what food items they were having for their dinner. Staff were observed to prepare meals for the residents in the designated centre during periods when the residents were either resting or engaging in activities so that full support could be provided to each resident when it was required. Additional household chores were also completed during these periods which included laundry and cleaning while keeping the environment quiet for the residents.

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. Minor changes and clarifications to the statement of purpose were discussed during the inspection with the provider required to submit an updated version as part of the documents for review for the renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located in close proximity at the time of this inspection

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents

and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team comprised of care assistants.
- There were no staff vacancies at the time of the inspection. The team were supported by regular relief staff who were familiar to the residents when there were gaps in the rosters due to planned training or leave.
- The provider had increased the staff resources at night time since December 2024 due to a change in the assessed needs of the residents in the designated centre. The additional staff resources remained unfunded at the time of this inspection, but was deemed necessary by the provider to ensure the ongoing safety of the residents.
- When the person in charge was not available nursing staff from a nearby designated centre were identified on the rosters to provide support to the staff team. For example, the person in charge was scheduled to be on planned leave during the first week of August and a staff nurse was assigned to be available to provide support to the staff team during that week.
- The person in charge had made available to the inspector actual rosters since 29 June 2025 and planned rosters until 10 August 2025, 6 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, training was scheduled for two staff members on 25 July 2025, one of these staff was scheduled to commence their usual shift in the afternoon once the training was completed.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of fifteen members which included the person in charge, nine care assistants and five relief care assistants.

- All staff 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, positive behaviour support and safeguarding.
- All 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 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 is of this inspection.

- All front line staff had up-to-date training in dysphagia and food safety.
- Four of the staff team had completed training in the safe administration of medicines and eight of the staff team had completed training in the administration of emergency medications. An additional five staff were booked to complete this training, two of these staff were due to complete the training three days after this inspection.
- The person in charge had scheduled staff meetings to take place every quarter during 2025. Two such meetings had taken place at the time of this inspection in April and June 2025. The inspector noted that there had been only two staff meetings during 2024. Topics discussed during the meetings held to date included safeguarding 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. These included new staff under going supervision as part of their probationary period. Six of the staff team had attended supervision to date in 2025, one staff member's supervision was re-scheduled for September 2025 with the rationale documented for this.
- The person in charge outlined the on site support provided to the new staff members to ensure knowledge sharing. Areas of further support and education for some team members had been identified which included goal development. The inspector was informed the person in charge was providing on site support using a "Show, Try, Tell and Do" method of learning.

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 provider had addressed the remit of the person in charge since the previous inspection. The current remit of the person in charge in this designated centre was over two centres, previously it had been over four 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. However, no internal provider led six monthly audit had been completed during 2024. One such audit was completed in January 2025 and a more recent audit had taken place on 9 July 2025 which was still under review by the person in charge at the time of this inspection.
- Monthly scheduled audits had not been completed while the person in charge was on unplanned leave from 10 February to 19 May 2025. This did not demonstrate consistent and effective monitoring was taking place in this designated centre in line with the provider's own procedures and protocols.
- The person participating in management outlined changes made to the distribution emails to alert managers of the designated centre of the requirement to complete the audits since this issue had been identified by the provider. The inspector was informed the missed audits were unable to be completed retrospectively by the staff team due to the way the electronic system was set up.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had taken steps to ensure all residents had an up-to-date contract of care in place. The contracts were individual to each resident, outlined the services being provided and consistent with the assessed needs of the resident for whom the contract had been prepared.

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.

During the inspection it was identified that an updated version was required to be submitted following the inspection to include up to date information regarding the organisation structure of the provider which had been subject to recent changes.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had not ensured the Chief Inspector had been informed in writing of the absence of the person in charge within the time lines as required by the regulations. The provider had submitted a written notification 31 working days after the person in charge had commenced their unexpected leave on 10 Feburary 2025.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had outlined in writing to the Chief Inspector the arrangements in place for the management of the designated centre during the absence of the person in charge. The late submission of this information will be actioned under Regulation 32: Notification of periods when the person in charge is absent.

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 with documented recent reviews evident in June and July 2025.
- 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. The most recent complaint had been made on 8 December 2024 by a relative of a resident. The person in charge contacted the relative on 9 December 2024 to explain the circumstances and actions being taken to support the resident with an

ongoing medical condition. The complainant was documented as been satisfied with the outcome and the complaint was closed.
- Compliments that had been received were logged in each residents personal plan.

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. One resident enjoyed attending their day service three days each week, with other activities such as swimming taking place on days when they were not attending their day service. Two residents who required increased supports from the staff team in recent months were provided with person centred activities both in the designated centre and in the community. The staff team spoke of the positive outcomes for both residents with the implementation of the postural positioning regime that was being adhered to each day. This facilitated the residents to have a change of their position every two hours during the day. All other activities were occurring at other times during the day which included listening to music, massage and spending time in the rear garden engaging in gardening or other outdoor activities. There were a selection of photographs of each residert enjoying such activities in their personal plans

The staff team had systems in place including handovers to ensure staff were provided with up-to-date information while providing support to each of the residents. This included the use of an electronic system which was in place in the designated centre. The staff team had been provided with training and ongoing supports on the use of the system. Further extensions of the capabilities of the system were being planned to be rolled out by the provider which would enable the staff team view all up-to-date information regarding each resident for whom they were providing support and care for in the designated centre.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. They were observed to ensure residents were informed prior to an activity taking place. For example, visual images of meals were available to inform each of the residents what was being provided to them before it was changed to a suitable consistently in line with their feeding eating and drinking plans.

The provider had responded to an identified risk relating to the staffing resources in place at night time in the designated centre. At that there was one waking staff supporting the three residents. As a result of the changing needs of one resident in October 2024 and the subsequent changes to a second resident's assessed needs a few weeks later it was identified that a lone worker at night time was not sufficient to provide safe and adequate supports to meet the assessed needs of the three

residents at night time. The provider has ensured an unfunded staff resource has been in place since December 2024. This provides for improved supports to meet night time routines in a timely manner as well as ensuring sufficient staff resources are in place in the event of an evacuation being required.

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 indicated to staff they wished to sit on a couch in a preferred location, another resident was offered the opportunity to rest when they appeared to display some discomfort in their wheel chair.

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 moving the wheel chair to another location or bringing the resident into the dining area for a meal.

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.

In addition, the provider had developed a new template for the resident forums to make them less tokenistic in nature. This template had been used in June 2025. Information in easy to understand formats were used to discuss planning of meals, activities and the planned inspection of an inspector from the Health Information and Quality Authority, (HIQA). The frequency of these meetings were changed from weekly to monthly to suit the assessed needs of the residents to make them more meaningful.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured residents were supported to maintain links with family members. While the frequency of visits to the designated centre had decreased, the staff team ensured relatives were informed of events and celebrations taking place and invitations to birthdays were extended. A recent celebration of a milestone birthday for one of the resident was evidenced in photographs taken on the day which included family members attending.

In the event of visitors coming to the centre, staff were mindful of the other two residents and provided supports in alternative locations in the designated centre to ensure the visitors could meet with their relative. While the overall size of the designated centre had limited options available to staff, the inspector was informed that the three residents had lived together for many years and were known to relatives of the other residents.

Staff had also supported individual residents to visit their family homes at times that suited both parties.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured each resident was being supported with appropriate care and support.

- The staff team had responded to the changing needs of two of the residents ensuring adequate staff resources familiar to the residents were available to support their assessed needs both by day and night.
- The third resident was being supported to maintain access to their day service, meet with peers and enjoy community based activities regularly.
- All of the residents were supported to maintain contact with peers by engaging with them when they visited this designated centre or when the residents went to visit their peers in another designated centre with staff support.
- Adjustments to each residents daily activities had been made to ensure individuals were being provided with a good quality of life and engaging in meaningful activities either in the designated centre and /or in the community in line with their expressed wishes or known preferences.
- Consideration of each of the residents future needs was in progress at the time of this inspection. Discussions had taken place with relevant family members to ensure the best outcome for each resident.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Additional equipment had been installed to meet the changed assessed needs of two residents in the designated centre.

- Bedrooms were decorated in line with personal preferences. For example, posters were on the walls of one resident's bedroom, while photographs and accessories which another resident had an interest in were visible in their bedroom.
- Changes to the layout of furniture in communal spaces assisted with more space being available for residents. For example, a couch was removed from the sitting room which enabled two residents to spend time in this area watching television/listening to music while remaining seated in their comfort chairs/wheelchairs.
- Due to a change in the assessed needs of one resident they were moved to a larger bedroom in the designated centre where there was space for additional equipment needed by the resident.
- The second resident was supported to move to a new bedroom with staff informing them of the planned changes in advance and the location near the relaxation room that the resident liked to use enabled the move to occur and was described as having a positive outcome for the resident.
- There was evidence of ongoing maintenance throughout the designated centre, such as internal painting and external garden path maintenance having been completed. The person in charge outlined further internal painting was planned in the coming weeks due to marks on paintwork from wheelchairs entering/exiting internal doorways.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured all staff were aware of and familiar with the feeding eating and drinking plans of each of the residents.

- The person in charge and staff team ensured each resident was provided with adequate quantities of food and drink consistent with each resident's individual dietary needs and known preferences.
- Staff ensured residents were being provided with visual aids of what their meals looked like before being modified in line with their assessed needs.
- Staff were observed to inform each resident of what they were eating and drinking during the inspection.
- All staff working in the designated centre had completed training in food safety.

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 was no escalated risk at the time of this inspection. However, an escalated risk relating to insufficient staff resources at night time had been identified in October 2024 due to the sudden change in the assessed needs of one resident. Following a review by the provider an unfunded additional staff resource was provided by night since December 2024.
- In September 2024 actions had been identified to support the assessed needs of one resident regarding effective manual handling being provided. The resident was provided with a hoist in their bedroom and a review of the skill mix of staff resources was undertaken. It was identified at that time there was a reliance on the night manager to come to the designated centre to provide support and this was deemed not to be meeting the assessed needs of the residents at that time.
- The risk register had been subject to regular review with the most recent review by the person in charge in June 2025. Four risks had been removed as they were deemed not to be reflective of the designated centre.
- Risk rating of individual risks for residents had also been subject to review following a change in assessed needs. This included an increased risk of choking for a resident. Control measures included positioning and recommendations made by the speech and language therapist and dietician to best support the well being and nutritional needs of the resident were documented and observed to be consistently adhered to during the inspection.
- Ongoing review of control measures was evident to be taking place. This included the skill mix and staffing numbers available on each shift. The level of risk was adjusted to reflect an increase in resources, nursing supports and a linked designated centre to support the nursing needs of the resident group.

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.
- A fire risk assessment had been completed by a person competent in fire safety in January 2025 by a following an extended minimal staffing fire drill taking place on 28 November 2024. The final report was still awaited at the time of this inspection. However, a number of recommendations had been implemented immediately at the time of the assessment. These included a centre specific night time sweep protocol to reduce the risk of fire, such as unplugging appliances not required at night time.
- Two zones had been identified within the designated centre as a contingency plan to effectively support residents in the event of a fire occurring in the designated centre.
- A protocol had also been put in place in the event of a lone worker being in the designated centre at night time, this included scheduled contact with a link centre occurring during the night time. This protocol had not been required to be used since December 2024 as a second waking staff was in place in the designated centre.
- Regular fire drills including a minimal staffing drill had taken place complete with senarios of where a fire may be located to reflect the exits being used during the evacuation. Learning and recommendations were documented and actions taken by the provider and staff team where required.
- The risk rating for the safe evacuation of the residents remained high at the time of the inspection as the person in charge explained they were awaiting the final report on the fire risk assessment to be made available to them to ensure all control measures were in place and effective.

It was discussed during the inspection and at the feedback meeting that a fire evacuation sling that was observed by the inspector was not being used by staff during fire drill simulations to ensure the effective use of the equipment in the event it was required to support one resident to leave the building. The resident's PEEP outlined how the sling could be used to transfer the resident to the transport vehicle. The inspector acknowledges that alternative equipment including a wheel chair was available to assist the resident to safely evacuate as well as increased staff resources at night time.

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.

- Monthly medication audits were being completed. Actions identified were addressed these included incorrect identification of a minor injury as a medication error and the incorrect prescription chart used for a short term medication.
- The most recent medication audit completed on 19 June 2025 had no actions.
- 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 crushed.
- 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.
- Another resident had a regular medication documented to be held and not given while they were in receipt of an antibiotic for seven days in September 2024. This was documented on the resident's prescription chart and in line with the general practitioner's guidance and prescription at the time.
- While nursing staff were available to support the administration of medications to the residents, additional care staff had completed training in the safe administration of medications and emergency medication administration. In addition, two core staff members were scheduled to attend such trainings to further enhance the supports being provided to the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of the personal plans of two of the residents during the inspection. Both were found to be subject to regular review. 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. For example, residents had been supported to under go assessments from the dementia care team with recommendations being made
- Residents had been supported to identify some goals that were meaningful to them such as gardening activities and trialling new sensory experiences such as bubbles. The goals were reflective of known interests that the residents were able to participate in.
- One resident had plans to go on their annual pilgrimmage with a community group later in the summer.
- Where additional equipment had been identified to assist a resident, these had been provided in a timely manner. This included a specific shower chair and a comfort chair.
- Following a co-ordinated review by the physiotherapist, occupational therapist and speech and language therapist in October 2024 for one resident a postural management profile was developed and had been subject to regular review since implemented to ensure the effectiveness of the profile.
- Daily routines were documented to reflect person centred care being provided. For example, one resident's sleep routine included guidance to allow the resident to wake naturally themselves.
- Gaps in some documentation had been identified by the provider's internal auditors in January 2025, these included documenting the progress of personal goals. The inspector noted documentation which evidenced key worker meetings had taken place with residents and documented review taking place of personal plan during May and June 2025.

Judgment: Compliant

Regulation 6: Health care

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

- Residents were supported to avail of relevant national health screening programmes in line with their age.
- When required residents were supported to undergo assessments such as those relating to dementia screening
- 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 fluid intake monitoring for one resident.
- Residents were being supported to have annual health checks and assessments.

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 staff had attended a once off training in positive behaviour support.
- 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.
- A low physical hold was required to be used to support one resident with blood letting to obtain a sample of blood as requested by the resident's general practicioner during quarter 2 2024. This had been completed following consultation with the positive behaviour support team to ensure the safety of the resident and all staff had received specific training to support the resident prior to the holds being used. In addition, the Chief Inspector had been informed in writing of the use of this restriction.

Judgment: Compliant

Regulation 8: Protection

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 safeguarding plans required for any of the current residents 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.
- 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 provider had ensured a parking permit for the transport vehicle had been provided following the previous HIQA inspection.
- As a result of increased staffing resources at night time, all residents were consistently being supported with activities of daily living in a timely manner.
- Daily routines were altered to suit individual residents. If a resident required to rest, this was supported with sensory activities taking place in the designated centre at times that suited the individual if they did not wish to engage in community activities.
- A resident had recently been supported to get a battery for their wheelchair to enable staff to take them out for walks in their local community more often. There were plans to assist the resident to access the local library and other community facilities. The person in charge outlined plans for the staff to be supported by the occupational therapist during initial walks in the locality using this equipment.
- The staff team were striving to continue to provide all the necessary supports to each resident in this designated centre for as long as possible. A co-ordinated supports meeting was scheduled to take place on 24 July 2025 to review assessments that had been completed and to discuss the changing needs of the residents. A review of how best to support the current and future needs of the residents was planned to be part of this meeting.

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	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	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 23 OSV-0007458

Inspection ID: MON-0038931

Date of inspection: 22/07/2025

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has an audit system in place which ensures that service delivery is safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. The PIC and/or delegate will adhere to the audits in place to regularly assess and record the individuals needs, complaints and services in place within the centre. Retrospective audits will be completed on a hard copy and kept locally in the designated centre. The provider will continue to explore electronic work arounds to see if retrospective audits can be completed on e-system. The latest six-monthly reg. 23 audit of the designated occurred on the 09/07/2025. The provider will ensure the designated centre will be audited at least twice per year in line with regulation going forward.	
Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent: In the case of the Person in Charge being absent due to emergency absence or unanticipated events, going forward the provider will notify the Chief Inspector as soon as it becomes apparent that the absence will be for more than 28 days. The provider will include information on the length or expected length of the absence of the PIC.	

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 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.	Not Compliant	Orange	30/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Not Compliant	Orange	31/07/2025

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Not Compliant	Orange	22/07/2025
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector	Not Compliant	Orange	22/07/2025

	of the absence, including the information referred to in paragraph (2).			