



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 9
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 December 2024
Centre ID:	OSV-0008689
Fieldwork ID:	MON-0042189

About the designated centre

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

Cork City South 9 is a 3 bedroom bungalow located in a housing estate in Co. Cork. Residential services are provided to three adult female residents with an intellectual disability. There are separate living, dining, kitchen and bathroom facilities for residents. Each resident has access to telephone, TV, radio and Internet. There is an enclosed garden space to the rear and the house is wheelchair accessible. The residential service is open 7 days a week, 365 days of the year. Residents are supported by a team of care assistants, social care workers and a social care leader. Residents also have access to a nurse as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 December 2024	08:30hrs to 15:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection completed in the designated centre Cork City South 9. The residents living in Cork City South 9 had previously lived together in a congregated setting. This was the first inspection completed since the centre became operational in December 2023, and the residents had moved into their new home.

Overall it was evident that residents were supported to engage in their local community and maintain their independence in line with their choices and wishes. Oversight by staff members and local management in the centre ensured that residents received a good quality of care and support in their home.

On the day of the inspection, the inspector met with all three residents living in Cork City South 9. Residents told the inspector that they were happy living in their home. Two residents told the inspector that they were supported to attend day services, with one resident attending five days each week while the other resident attended twice weekly. The third resident had retired and spoke about their involvement in social clubs in their local community. Residents were supported daily by one staff member. Residents spoke about going shopping in local shopping centres, relaxing at home and specific locations they enjoyed visiting. Residents had plans to attend a Christmas pantomime and have their dinner in a restaurant. On these occasions, a second staff member was rostered on duty to support the residents to engage in these activities.

The premises of Cork City South 9 was a three bedroom bungalow. Each resident had their own private bedroom. The residents' home was wheelchair accessible, with a small garden area to the back of the property. Residents spoke about their friends calling to their home for a cup of tea and a chat. As the centre was wheelchair accessible, residents' friends who required a wheelchair to mobilise could visit them in their home. It also meant that the residents' home was suitable should the needs of residents change in the future with respect to their mobility. The residents' home was decorated to a high standard with photographs on display throughout. Residents had decorated their home for Christmas by decorating a Christmas tree with lights and baubles. Additional Christmas decorations were on display throughout the residents' home.

The designated centre had a vehicle available so that residents could access activities, clubs and groups in their local community. On the morning of the inspection, one resident went to their day service while two residents were supported to go out for their breakfast and to do some clothes shopping. One resident spoke about going shopping with staff members, telling the inspector that they enjoyed having the staff to support them to buy clothing. The resident showed the inspector some of their recent clothing purchases, telling the inspector that the staff member who supported them had 'a great eye for style'. The resident told the inspector that they were very happy with their purchases, and that the staff member

had ensured that the fabric of the clothing was suitable in line with their support needs.

The inspector met with two staff members who were supporting residents on the day of the inspection. One of the staff members had worked with the residents for seven years, having previously worked with them in a congregated setting. Staff spoken with told the inspector that they felt the residents' transition into their new home and gone very well, and they were able to support residents to attend activities as per their individual choices as they had the vehicle to access their local community. Staff members told the inspector that they felt well supported by the management team in the centre.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Oversight and management systems in place ensured that residents were provided with a good quality of care and support in their home. Auditing, team meetings and the supervision of staff members ensured that areas for improvement in the centre were identified, and that staff members could raise concerns through these forums. Improvements were required to ensure that the six monthly unannounced visit report was made available to management in the centre in a timely manner.

The person in charge was present in the centre at a minimum of three days each week. It was evident that residents were comfortable in their presence and that they knew them well. Staff spoken with felt well supported by the management team. An on-call management system was in place when the person in charge was not ordinarily working in the designated centre. This ensured that staff members had access to a member of the management team at all times.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

A person in charge had been appointed by the registered provider. The inspector met with the person in charge on the day of the inspection and it was evident through discussions that they were aware of the assessed needs of residents. It was evident that they held the necessary skills and qualifications to fulfil the role of

person in charge.

At the time of the inspection, the person in charge completed this role for a total of two designated centres. It was evident that they could ensure the effective governance, operational management and administration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a team of social care workers and care assistants. Residents also had access to a community nurse when required. A total of seven staff members were appointed in the designated centre. At the time of the inspection there were no staffing vacancies in the designated centre.

The inspector reviewed the staffing rota from 13 October 2024 to 22 September 2024. It was noted that residents were supported by a member of the staff team at all times. The rota clearly showed the staff member on duty and the hours they were working. This information was also provided for the person in charge so that staff members knew when they were working.

Judgment: Compliant

Regulation 23: Governance and management

A schedule of team meetings had been planned for 2024. Team meetings took place bi-monthly. At the most recent team meeting in October 2024, discussions were held around the safeguarding of residents, fire, transport and auditing. Staff members were also subject to an annual supervision meeting. The inspector reviewed the most recent supervision record for three staff members. There was no evidence of any concerns highlighted by staff members at these meetings.

Management in the centre informed the inspector that a six-monthly unannounced visit had taken place approximately five months before the inspection had taken place. However, this report had not been provided to the person in charge and therefore a plan had not been put in place to address any potential concerns regarding the standard of care and support in the centre. As a result, this report was not available for the inspector to review in line with the regulations.

An audit schedule had been put in place by the person in charge. Auditing completed in the centre included;

- Complaint's audit
- Review of accidents, incidents and near misses

- Health and safety audit
- Residents' personal plans audit
- Risk register audit

When actions were identified in these audits, an action plan was developed to ensure continuous quality improvement in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract outlining the care and support that they received in their home. It was noted that residents paid for nursing support. Residents did have access to a community nurse when required however they were not included in the whole time equivalent of staff working in the centre. It was noted that for one resident, the requirement for nursing support on a consistent and frequent basis did not align with the assessed health needs of the resident. Records of visits by the community nurse to support the resident's health needs were not documented. Management spoken with during the inspection noted that this required review for all residents living in the centre, and committed to completing a review of this after the inspection had taken place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had developed a statement of purpose. This document outlined the specific care and support needs that residents received in their home. It was noted that due to recent appointment of a new regional manager that the organisational structure outlined in the statement of purpose was not correct. This was updated by the person in charge on the day of the inspection.

It was noted that the statement of purpose adequately reflected the facilities provided to residents in their home and the staffing levels provided.

Judgment: Compliant

Quality and safety

Residents' rights were promoted in their home with respect to risk management,

management of their finances and their environment. It was evident that residents were provided with supports to ensure their independence was promoted and respected, and that they were provided with the skills to continue to increase their independence.

The compatibility of two residents living in the centre had been reviewed by the registered provider, and this continued to be monitored closely. Residents were being supported to develop positive relationships with each other, and this was supported by the multi-disciplinary team including psychology and the community transition officer. Both residents were met with during the inspection and told the inspector that they were happy living in their home. It was evident that residents had been advised that they could be supported to move to a new home if they so wished, however from documentation reviewed it was evident that residents wanted to continue to live together and build a positive relationship with the support of the staff team.

Regulation 12: Personal possessions

Each resident had their own individual bank account for which they were the account holder. An assessment of each resident's capacity to manage their money had been completed. When residents were deemed to have a good understanding of their finances, they were supported to manage their finances independently if they wished. This ensured that residents' rights were promoted with respect to the management of their finances.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to visit their family and spend time with them in their home, and outside of the centre. One resident spoke about their plans to meet with their family over the Christmas holidays, which they told the inspector they were looking forward to. The resident showed the inspector photographs of their family, and it was evident that maintaining contact with their family was very important to them.

It was evident throughout the inspection that residents had access to facilities for recreation, and that they were supported to develop and maintain relationships and wider links with their local community. Since moving into their new home, residents had met some of their new neighbours, and spoke about meeting with them and having a chat they went about daily their life. They were also supported to maintain contact with those they had lived with previously in a congregated setting, to ensure they maintained these friendships.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of three bedrooms, a communal sitting room, a kitchen/dining room and a bathroom. The residents' home was decorated to a high standard, with residents telling the inspector that they chose the colour their bedrooms were painted before they had moved into their new home. Residents' personal possessions were displayed in their bedrooms and there was effective storage available for their personal items.

The residents' home contained the facilities as outlined in Schedule 6 of the regulations. This included access to facilities to launder their clothing, and to dispose of general waste in their home.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register had been developed by management in the centre and this was reviewed by the inspector. This register did not contain any high level risks, and discussions with management noted that there were no risks escalated to senior management at the time of the inspection. Where risk assessments had been developed in areas such as safeguarding and behaviours of concern, there was evidence that controls had been put in place. Risk assessments were subject to regular review by the person in charge.

Individual risk assessments were completed with residents to identify any risks relating to the care and support they received in the centre. There was evidence of positive risk taking where one resident was supported to stay independently in their home for a number of hours. There was evidence of controls being put in place to ensure the safety of the resident when they spent time at home on their own. Following a near miss incident, supports and controls had also been put in place to re-educate a resident in regards to road safety to continue to promote their independence in accessing their local community.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems had been put in place in the centre. Fire resistant doors, emergency lighting and a fire detection and alarm system were provided in the centre. In the event of a fire, fire-fighting equipment was readily available. Staff members completed checklists on a regular basis to ensure these systems were working effectively.

The inspector reviewed the emergency evacuation plans in place for each of the three residents. These plans outlined the level of support each resident required in the event they needed to evacuate the centre. These plans were subject to regular review. The inspector reviewed fire evacuation drills completed in the centre since the centre opened in December 2023. It was evident that residents were aware of the fire evacuation procedures and demonstrated that they could evacuate quickly and safely in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the three residents' personal files. Each resident had been supported to develop goals they wished to achieve. Goals included going on holidays, giving their garden a makeover and attending day services. There was evidence of progression of the residents' goals and work completed to achieve these. Photographs of residents completing their goals were located in their personal files.

Residents were supported to meet their health and social care needs. Each assessed health care need was supported by an associated plan of care. Residents were supported to attend health appointments and these were recorded in their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

One resident had a behaviour support plan. This plan identified any potential triggers, and provided guidance to staff on how to support the resident in both a proactive and a reactive manner. This resident had access to allied health professionals including a psychologist.

There were no restrictive practices in place in the centre. This ensured that residents lived a life free of restrictions, and were supported to access all areas of their home, and that their rights were promoted and respected.

Judgment: Compliant

Regulation 8: Protection

The registered provider had developed a policy on the safeguarding of residents at risk of abuse. This policy was most recently reviewed in September 2023. A designated officer had been appointed. The inspector reviewed the documentation relating to three allegations of suspected abuse and noted that these had been reported in line with statutory guidance. When an allegation of suspected abuse was reported, a safeguarding plan was developed to ensure residents' safety.

The inspector reviewed two of the residents' personal files. These contained a support plan to meet the personal hygiene needs of residents, outlining the level of support they required to meet their hygiene needs. Residents spoken with were aware they could speak with staff members if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents had the freedom to exercise choice and control in their daily life. Each day, residents decided what they would like to do and this was supported by the staff team. Plans were made with residents to go to concerts, on holidays and to meet their friends as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City South 9 OSV-0008689

Inspection ID: MON-0042189

Date of inspection: 05/12/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC has contacted the staff that were appointed the duty of carrying out the provider review that was not available on the day of inspection. This report was completed and is now available in the centre. An action plan was put in place to come into compliance with any recommendations that were made in this report in relation to non-compliance in the centre. • The Register Provider has appointed a person to the role of carrying out internal provider reviews in designated centres in the organization on a 6-monthly basis. As part of this role, this nominated person will carry out inspections and issue a report within 2 weeks after the inspection. The PIC and PPIM have 2 weeks from the date of receiving this report to review and respond to the report, including highlighting action plans in how the designated centre is going to come into compliance. • Time Frame for Completion: 24/01/2025 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The PIC will ensure that an updated contract of care/ service agreement reflecting current services received within the designated centre is agreed and in place for all residents of Cork City South 9. 	

- Time Frame for Completion: 28/02/2025
- In addition to this the PIC has commenced a review of financial agreements for all residents of Cork City South 9 and is liaising with head of client services around this issue to rectify any discrepancies.
- Time Frame for Completion: 30/04/2025
- In the event where an amendment to financial contributions is required, this will be completed in conjunction with the organizational administration office, residents and/or their representatives.
- Time Frame for Completion: 30/04/2025
- The PIC will ensure the Community Nurse position will be added to the roster to inform staff of their scheduled availability to the centre.
- The Community Nurse updates resident's documentation in two locations, in residents care plans by reviewing health actions plans and recording nursing observations (ob's) and in residents' individual medical files. The Community Nurse records all their nursing notes and medical notes in the resident's individual medical files specific to each resident in the centre. This is stored in a secure location in the centre. This was not reviewed by the Inspector on the day of the inspection. Going forward and with the resident's permission, the parts of this folder that are not confidential to the resident, will be made available for inspectors to review.
- Time Frame for Completion: 24/01/2025

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 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 support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	24/01/2025
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	24/01/2025

	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.			
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	30/04/2025