



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

Issued by the Chief Inspector

Name of designated centre:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	04 June 2026
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0050651

About the designated centre

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

Blossomville is a purpose built single storey bungalow located in a town. The centre comprises of six bedrooms, two sitting rooms, a kitchen-dining room, a utility room, a staff office and bathroom facilities. The centre has a maximum capacity of six residents and can provide full-time residential care to residents with intellectual disabilities and /or autism who present with behaviour that challenges and additional needs. Both male and female residents over the age of eighteen years can reside in the centre. The staff team comprises of a person in charge, social care workers, nurses and care assistants.

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
Thursday 4 June 2026	09:05hrs to 15:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was a focused risk inspection to follow up on previous concerns identified in the centre related to resident incompatibility and safeguarding. During the course of the inspection, the inspector met all six residents living in the centre. The inspector also had an opportunity to speak with the person in charge (PIC) and three staff members. During the inspection, it was found that resident incompatibility and safeguarding concerns remained which was reflected in areas of non-compliance with key regulations.

Upon arrival at the centre to commence the inspection, the inspector was requested to stay in the centre's smaller sitting room while staff let the residents know of the inspector's presence. The inspector followed this request and during this time overheard residents being advised about the inspection. A 'Nice to meet you' document was also provided by the inspector to help explain who the inspector was and why he was in the residents' home. The PIC was overheard discussing this document with two residents shortly after the inspection started.

Once the inspector was informed that all residents had been told of his presence, the inspector spent some time in other communal areas of the centre. At this time three of the six residents were up with the other three residents still in their bedrooms. Two of the residents that were up were greeted by the inspector but neither of these interacted verbally with the inspector although they did look at the inspector. The third resident did briefly speak with the inspector in the centre's larger sitting room and indicated that they were good. When asked what they were doing later in the day they said that they would be watching Batman DVDs in their bedroom.

The same resident requested their breakfast from a staff member present and this was soon provided with the resident moving into the kitchen for this. While there the resident was overheard being asked by a staff member about what they wanted to have for breakfast. The resident was also asked what they wanted for dinner later in the day with the resident choosing fish and chips. Other residents were also overheard being asked about what they wanted to do later in the day. These residents' choice was then reflected on an activity board in the centre with staff spoken with describing to the inspector how they used pictures to let residents pick their preferred activities and meals.

As other residents started to come out of their bedrooms, some residents left the centre for walks or for drives as the morning moved on. It was indicated by a staff member that one of these residents had walked to a local shop to get a can of coke. The inspector met the remaining three residents as the inspection progressed. Two of these residents did not significantly interact with the inspector although the third

did greet the inspector. With encouragement from the PIC, this resident showed the inspector a new bicycle that they had recently purchased.

A second resident had also bought a new bicycle recently and staff indicated that this resident was using the bicycle on the grounds of the centre. Staff outlined their hope that this resident would progress to using their bicycle on a greenway in the future. It was also outlined to the inspector by staff and the PIC that this resident had also recommenced swimming and was getting out more from the centre compared to previously. This was highlighted as being a positive development for the resident who had also attended a pet farm recently with another resident.

During the inspection's afternoon, residents who had been away returned to the centre for their dinner. The resident who had earlier chosen fish and chips for their dinner indicated that they had this meal and that it was nice. After dinner had finished, this resident and another resident briefly left the centre again with staff to bring a vehicle used by the centre for a wash in a nearby town but returned before the inspection's end. Another two residents left the centre also with other staff members in a different vehicle to go the cinema. The inspector was informed that this trip to the cinema was to mark a recent birthday for one of these residents. These two residents had not returned to the centre before the end of the inspection.

While residents were in the centre, they were seen to move around the centre or to spend time with staff in the centre's communal areas. Staff members on duty in the centre during the inspection (including the PIC) were observed and overheard to be pleasant and warm in their interactions with residents. Such staff outlined how residents' general quality of life and their ability to decide what they wanted to do had noticeably improved from previous inspections of the centre in 2024 and 2025 where concerns had been raised in such areas. The staff spoken with did highlight though that the presentation of one resident in the centre could adversely impact other residents.

The atmosphere in the centre throughout the inspection was quiet and calm while it was also indicated that the centre had been relatively calm in the weeks leading up to this inspection. However, from the discussions with staff and from reviewing safeguarding and incident records, this was not always the case. In particular, it was noted how one resident's presentation could result in the resident shouting, screaming, banging windows and throwing items which could adversely impact the other residents living in the centre. For example, it was highlighted how because of the resident's presentation, other residents could be hit or they could have leave rooms in the centre. Such matters were resulting in safeguarding concerns and were related to resident incompatibility. These contributed to areas of non-compliance being found on this inspection which will be discussed further later in this report.

In summary, the six residents living in this centre were met during this inspection. While verbal engagement with these residents was limited, staff spoken with indicated that there had been improvements in the residents' quality of life. It was also highlighted though that one resident's presentation could impact their peers which was related to safeguarding and resident incompatibility concerns. On the day

of the inspection, the centre's atmosphere was quiet and calm with staff on duty engaging pleasantly and warmly with residents.

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

Capacity and capability

At the time of this inspection, the provider did not have a clear plan to address safeguarding and resident incompatibility concerns.

This centre was registered until December 2026 and had been previously inspected on behalf of the Chief Inspector of Social Services in November 2025. That inspection was carried out to assess the provider's progress with their stated actions in response to a warning letter that had been issued to the provider in July 2025 due to compliance concerns with the centre. The November 2025 inspection found noticeable areas of improvement particularly relating to residents' rights and the provision of food and nutrition. However, as had also been found on earlier inspections in 2024 and 2025, the November 2025 inspection raised safeguarding and resident incompatibility concerns. These concerns were reflected in a judgement of non-compliant being found under Regulation 8 Protection. Despite this, the provider's compliance plan response for Regulation 8 for the November 2025 inspection did not assure the Chief Inspector as it was not clear how the provider would address the safeguarding and resident incompatibility concerns.

As a result, the Chief Inspector sought further assurances from the provider on this area in January 2026. In response the provider acknowledged that one resident was not compatible with their peers in the centre and that the provider was not in a position to support this resident's complex mental health presentation. No plan was put forward by the provider in January 2026 on how this matter was going to be addressed although the provider did indicate that they were engaging with the Health Service Executive (HSE) about this matter. Subsequent communication since January 2026 indicated that this situation remained unchanged so the current inspection was conducted to review the previously identified safeguarding and resident incompatibility concerns. This inspection found that these concerns remained while it was indicated to the inspector that the provider continued to not be in a position to support one resident's needs. No clear plan for addressing such matters was in place although the provider was continuing to raise these matters with the HSE.

Regulation 14: Persons in charge

In September 2025, the provider appointed the current PIC for this centre via an appropriate notification. Taking into account documentation submitted by the provider with the notification along with an interview held with the PIC in the same month, this individual had the necessary experience and qualifications to meet regulatory requirements. During this inspection, it was found that the PIC worked full-time and was responsible for this designated centre only. The PIC ensured that all requested information and documentation as requested by the inspector during the inspection day was made available. Throughout the inspection the PIC displayed a good knowledge of residents' needs. Staff spoken with also talked positively of the support from the PIC.

Judgment: Compliant

Regulation 23: Governance and management

Under this regulation, the register provider must have management systems in place to ensure that the services provided in a centre are safe and appropriate to residents' needs. As discussed further under Regulation 5 Individualised assessment and personal plan and Regulation 8 Protection, the centre was not in a position to support the needs of one resident which was related to safeguarding and resident incompatibility concerns. Concerns in such areas had also been raised with the provider on multiple other occasions by the Chief Inspector including engagement in January 2026 and inspections in November 2025, June 2025, October 2024 and April 2024. The need for a clear plan to address such matters had been highlighted to the provider during two unannounced visits to the centre conducted by an external auditor in December 2025 and May 2026. At the time of the current inspection, the provider did not have a clear plan to address the identified safeguarding and resident incompatibility concerns.

It was acknowledged though that the provider had highlighted these matters to the HSE throughout 2026. Correspondence provided to the inspector on the day of Inspection indicated that the provider was giving to some consideration to potentially discharging the relevant resident from its services. Potential discharge of the resident had not been decided upon but were a discharge to proceed it would need to be done in a manner that was consistent with regulatory requirements. The PIC indicated to the inspector that if a discharge was to be proceeded with, it would be done in a planned and safe manner. It was also highlighted that potential discharge had not yet been discussed with the resident involved although it was indicated that this was influenced by the particular needs of the resident. The inspector was informed that this would be reviewed with the provider's multidisciplinary team.

While the identified safeguarding and resident incompatibility concerns were the focus of this inspection and impacted compliance with key regulations, there were also indications that improvements found during the November 2025 inspection had been sustained. This was particularly evidenced regarding the level of choice afforded to residents for their meals and the activities they did. It was indicated by staff and the PIC that residents were now being supported to do more activities. Examples of these included going to visit towns, doing shopping, visiting a pet farm and going to see different GAA stadiums. Such findings did provide some assurances that, despite the ongoing safeguarding and resident incompatibility concerns, the provider's actions had improved the quality of life for residents in other areas.

Judgment: Not compliant

Quality and safety

Safeguarding and resident incompatibility concerns remained in the centre. This was evidenced by a high volume of safeguarding incidents occurring in the centre between residents and the outcome of a compatibility assessment completed.

Following the November 2025 inspection, a high volume of safeguarding notifications had been received from the centre. The majority of these involved interactions between the residents living in the centre. Although safeguarding plans had been put in place following such incidents and efforts had been made to prevent such incidents occurring, the volume of such incidents had remained high for some time. This had also been noted on other previous inspections of the centre during 2024 and 2025. Some of the safeguarding incidents that had occurred since the November 2025 inspection had adversely impacted residents. This included residents being anxious or frightened which raised resident incompatibility concerns. The provider's multidisciplinary team had conducted a compatibility assessment in January 2026 which concluded that one resident was not compatible with their peers and that the provider was not in a position to support this resident's needs. This situation remained unchanged at the time of this inspection.

Regulation 5: Individual assessment and personal plan

To comply with this regulation, the register provider is required to ensure that arrangements are in place to meet the needs of each resident and that a centre is suitable for the purposes of meeting the needs of each resident. In January 2026, the provider's multidisciplinary team had conducted a compatibility assessment for residents following safeguarding and incompatibility concerns that had been raised by the November 2025 inspection. This assessment concluded that one resident was not compatible with their peers in Blossomville and that the provider was not in a

position to support the resident's complex mental health presentation. On the current inspection the inspector was informed that this remained unchanged with this matter contributing to safeguarding concerns which are discussed further under Regulation 8 Protection. This meant that at the time of this inspection, appropriate arrangements were not in place to meet this resident's needs nor was the centre suitable for the purposes to meeting these needs. It was acknowledged though that the resident had recently commenced being seen by a specific psychiatrist which was highlighted as a positive development for the resident.

Judgment: Not compliant

Regulation 8: Protection

Under this regulation, the provider is required to ensure that residents are protected from all forms of abuse. Findings of inspections from April 2024, October 2024, June 2025 and November 2025 along with a high volume of safeguarding incidents or allegations occurring in the centre involving residents during that time period raised concerns about the compatibility of these residents to live together. Since the November 2025 inspection, the volume of safeguarding notifications received from the centre had remained high with 48 such notifications received up to May 2026. Forty-six of these notifications related to interactions between residents of the centre and were classed as either psychological or physical abuse. While it was noted that some of the notified safeguarding incidents were indicated as having a minor impact on the residents involved, others suggested a higher impact. For example:

- One resident had raised concerns about the noise from another resident in January 2026, March 2026 and May 2026. During the instance in May 2026, the resident informed staff that their peer had been "roaring all day" and that they "couldn't be listening to that anymore".
- A different resident was indicated as being frightened due to the presentation of a peer in May 2026. At the time the peer was banging the kitchen table and waving their hands in the direction of the resident. This resulted in the resident putting their fingers in their ears, walking out of the kitchen and leaving their snack behind.
- In January 2026, a third resident looked anxious and put up their hands as a form of protection when another resident walked past. The former resident was then hit by the latter resident.

While ongoing efforts were being made to prevent negative impacts on residents, the nature and volume of these notifications indicated incompatibility concerns amongst the current resident group in the centre. Out of the 46 notifications received since the last inspection related to interactions between residents of the centre, it was noted that one particular resident was involved in 29 of these notifications as being the person causing concern. As discussed further under Regulation 5 Individualised assessment and personal plan, the provider had

acknowledged that the centre was not in a position to support the needs of this resident. Safeguarding plans in place related to the recent notifications received indicated that this resident required an alternative location but there was no plan for how this would be provided at the time of this inspection.

All six residents living in the centre had each been impacted by multiple safeguarding incidents since the November 2025 inspection. Consequently at the time of the current inspection, each resident had at least one open safeguarding plan in place. Such safeguarding plans are intended to outline and provide for measures to ensure the safety of residents. The volume of safeguarding incidents occurring in the centre since 2024 involving resident interactions, raised queries as to how effective these safeguarding plans were. The provider had previously indicated that a safeguarding plan in place for one particular resident was not as effective as others but that this was mainly due to that resident's fluctuating mental health difficulties. It was notable though that an external auditor had highlighted the safeguarding plans in place as an area for improvement in unannounced visits that had been conducted for the centre in December 2025 and May 2026. On the day of the current inspection, the PIC indicated that they had been seeking an overhaul of the safeguarding plans in place.

Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Blossomville OSV-0001822

Inspection ID: MON-0050651

Date of inspection: 04/06/2026

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 Provider wishes to inform the Chief Inspector that subsequent to the inspection of June 4th last an emergency Admissions Transfers and Discharge (ADT) committee meeting was held on the 12/06/2026. Following lengthily discussions and in recognition of the recommendations made by the MDT at a meeting held on the 26/01/2026 it was agreed to formally discharge the identified resident despite there currently being no identified location made available for the resident at this present time. • The Provider wishes to confirm to the Chief Inspector that it has informed the HSE of the ADT decision. The Provider will continue to advocate on behalf of the resident for a suitable alternative location. • The Provider can confirm that it has received confirmation of a meeting date with the General Manager Lead for Disability for Cork North and North east area scheduled for July 6th 2026.	
The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:	

As outlined under regulation 23 the Providers ADT met and has formally discharged the resident in question as it is no longer in a position to support the residents needs. The resident is currently been reviewed by the MHID consultant in line with their recommendations. In the interim, the Provider will ensure all residents are supported by the MDT.

- The PIC wishes to confirm to the Chief Inspector that an Annual MDT review meeting was held on 17/06/2026 for each resident where individualized needs and supports were agreed upon with the MDT.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- As previously outlined in regulation 23 and regulation 5, the Provider has taken the decision to discharge the resident contributing to the high level of safeguarding incidents in the centre. The Provider wishes to confirm to the Chief Inspector that to improve the effectiveness of the safeguarding plans it is currently reviewing its own safeguarding process. To that end, there will be greater input and involvement from the resident, the PIC and support team from the designated centre. The Provider aims to amalgamate the existing safeguarding plans to be more comprehensive and robust for each individual resident where required.
- In the absence of a definitive discharge plan for the resident in question and despite the registered Provider advocating for same, the Provider has put an interim measure in place whereby a 2nd vehicle has been provided to the centre through a rental arrangement to help reduce the occurrences of safeguarding incidents which will help support the needs of all residents. This rental vehicle was put in place on the 24/06/2026.
- The PIC has made a referral for additional support from the Social work dept for all other residents within the centre.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

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	06/07/2026
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/09/2026
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of	Not Compliant	Orange	17/06/2026

	meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2026