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:	The Oaks
Name of provider:	Autism A Chara
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 August 2026
Centre ID:	OSV-0008064
Fieldwork ID:	MON-0046100

About the designated centre

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

The designated centre is a ground-floor apartment that can provide 24-hour care and support to three adults diagnosed with autism, including other complex needs. There are three bedrooms in the designated centre, all of which have en-suite facilities. The apartment has a communal open-plan area with a kitchen/ dining room and sitting room. There is a utility room and one additional shared bathroom. There is also an office for staff where administration takes place. Part of the designated centre has a self-contained apartment with a kitchenette and living space for one resident. The designated centre is supported by a staff team of an area manager, a person in charge, a senior social care worker, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 18 August 2026	09:45hrs to 16:15hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

A routine unannounced inspection was carried out by one inspector over the course of one day. The inspector found that residents were receiving good quality, rights-based care. There were clear lines of accountability and the provider and person in charge had systems in place to ensure good governance.

The centre is located in a busy estate in south county Dublin and has access to a wide variety of amenities, such as shops, parks and recreational facilities as well as easy access to regular public transport.

The premises comprised of a large three bedroom ground floor apartment. The premises was divided to created an internal apartment for one resident who had the goal to live independently. The front door opened up into the communal sitting room and kitchen. The sitting room was spacious, to one side there was six-seater sofa and to the other a sofa and chair faced a television. There were a number of notice boards on the wall in the sitting-room. These notice boards contained a number of pieces of information for the residents for example; how to make complaints and had pictures of the staff on duty on the day of the inspection. Another named "weekend" had multiple pictures of activities and facilities in the area, this was described by the person in charge as a choice board that supported discussions with the residents on what to do at the weekend. The kitchen was in one corner of this large room, and was divided from the sitting room by a counter top and half door.

There were two residents living in the centre at the time of the inspection and the inspector spoke with one resident and was introduced to the second. On arrival the inspector was met by the person in charge at the centre door who explained that one resident's typical routine was disturbed that day due to the need to have maintenance personnel on-site. This type of disruption increased the likelihood of the resident engaging in behaviours of concern and they advised the inspector on how best to proceed to ensure that they did not inadvertently cause the resident further distress. On entering the premises, the inspector followed the person in charge's advice and only said a brief hello to the resident at that time. The resident said hello and asked for a different inspector by name.

Later in the morning the inspector met the second resident who was happy to speak with the inspector. This resident spoke about their long term goal to move into an independent apartment, telling the inspector "its good here but I'm moving out in the future". They told the inspector that they had their own apartment in the centre so that they could get used to doing all the things they would need to when living on their own. They spoke about how having their own space was very important to them and they liked having their own space not shared with the other resident. The resident spoke about their life in the centre, they told the inspector about going to the gym or going on hikes. When asked, the resident spoke very positively about

the staff who supported them. They spoke about their two key workers and how they went with them to the gym. The resident told the inspector that they would speak to their key workers or the team leader or the person in charge, if they were not happy about something.

During the conversation the resident brought the inspector to see their apartment. One end of the hallway had a door, with a hand written sign "Resident's apartment" the resident noted they wrote the sign. When this door opened there was a short corridor with three rooms off it and another door at the end which lead out to an exit. To the left was the resident's bedroom. It was large with sufficient storage and a large ensuite. On one wall the inspector observed a "cleaning schedule" which listed chores to keep the room tidy. The scheduled used words and pictures such as making the bed, putting laundry in the basket, in the bathroom there was a similar visual schedule but related to personal care. There was a small kitchenette located across the hall from the bedroom. The kitchenette had a number of cupboards and microwave, an air-fryer as well as a sink and a small fridge. The kitchenette looked out into the sitting room which had a sofa and TV as well as a desk and desk chair with a computer on it.

Throughout the apartment there were personal touches with photographs and decorations that were important to the resident. The resident appeared very happy when showing the apartment. They spoke proudly about keeping their room tidy and told the inspector that they would have to learn to cook soon and again reiterated that in the future they wanted to live on their own.

The other resident gave permission to the person in charge to show the inspector their room while they were out, despite expressing the wish not to speak with the inspector during the inspection. This resident had a bright and spacious room, they had desk with a computer in one corner and a large green bean bag in the other. The ensuite attached had a shower, the lights were out in this room when the inspector viewed the room due to the maintenance work on going in the centre.

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

Capacity and capability

The purpose of this inspection was to monitor compliance with the regulations. Overall residents were being provided with good quality rights- based care. The centre was found to be fully compliant with the regulations inspected against.

The provider and person in charge had systems in place to ensure that there was effective oversight and governance of the centre, with clear lines of accountability. The person in charge ensured notifications were submitted to the Office of the Chief

Inspector of Social Services (Chief Inspector) for all incidents as required by the regulations.

Residents were supported by a skilled and experienced person in charge and staff team. Staff were very knowledgeable about the residents and their care needs. While there was a large number of vacancies within the centre, the person in charge was committed to providing residents with support from staff they were familiar with in line with their personal plans and ensuring continuity of care for residents.

Regulation 15: Staffing

On the day of this inspection, the registered provider ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the centre.

The staff team comprised the person in charge, a team leader, social care workers and direct support workers. On the day of the inspection there were five vacancies, three for permanent full time staff and two for the centre's relief staff panel. The provider and person in charge were in the process of recruiting for these vacancies. Two people were in the process of on-boarding for full time roles. The provider had employed an agency staff member full time since January to support the staff team. The inspector reviewed three months of the planned and actual rosters for June, July and August 2026. It was found that the provider was committed to ensuring continuity of care for residents within the service, with part time or relief staff members working additional hours and the person in charge and team leader at times worked directly with residents rather than using staff who were unfamiliar with the residents. The inspector noted that at all times in the rosters sampled, there were sufficient staff to meet the needs of the residents in line with with support plans.

The inspector spoke with the team leader and two staff members including the agency staff member and found they were very knowledgeable about the resident's preferences and care needs and the methods to support their behaviour. The staff members spoke about their responsibilities in relation to safeguarding residents.

The inspector reviewed a sample of three staff files in relation to the information to be obtained in respect of staff and found that all information required as per Schedule 2 of the regulations was in place.

All of the above meant that the residents were receiving care from staff they knew well and who understood their care and support needs.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective management systems in place, including clear lines of accountability, to ensure that the service provided was safe and appropriate to the resident's needs. The provider ensured that the service was regularly reviewed carrying out a yearly review and six-monthly unannounced visits.

The provider and person in charge had systems in place to monitor and review the quality of care being provided to residents. The person in charge carried out regular audits including, financial audits and health and safety audits which were completed every quarter. In addition, an audit of residents' files was completed monthly. The inspector noted that these audits resulted in identified actions being carried out for example; the need to replace the light fittings had been identified and on the day of the inspection there was maintenance on-site replacing the light fittings around the centre.

The person in charge also completed an annual quality assurance report, the most recent (January - December 2025) was provided to the inspector. This was of good quality, providing an overview of topics such as the use of restrictive practices, safeguarding and auditing. It also contained feedback from residents and their representatives. The residents' feedback was in general positive and included discussions of their goals. The feedback from residents' family members was particularly positive with descriptions of the service and staff as "excellent".

The provider carried out six- monthly unannounced visits as required by the regulations. The inspector was provided with the two most recent reports arising from these visits dated July 2026 and March 2026. The reports demonstrated that the provider reviewed each regulation and evaluated if the requirements of the regulation were being met. For example, the most recent review noted that some of the residents' health related support plans such as dental care plan required review in line with policy. A review of the residents' files found that all their care and support plans were up-to-day having been reviewed within the last year.

The inspector was provided with minutes for the staff team meetings for three months - April, May, June. Staff meeting minutes were reviewed and demonstrated that topics such including residents’ needs and their goals, audit actions, training and development as well as policies and procedures were discussed. Where staff members were unable to attend a meeting, the inspector saw evidence of that they signed that they read the minutes. The person in charge acknowledged that the team meetings had not taken place in July due to staffing shortages but one was planned for August. The person in charge was assured the staff team were aware of all changes as there was management presence on site five days a week in the form of the team leader or the person in charge and they ensured all staff were kept informed of any changes to the residents' support plans.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of both residents' files, incident records and fire records, showed that the person in charge notified the Chief Inspector of all incidents as outline in the regulations.

The person in charge had a system in place in ensure that incidents were reviewed in a timely manner and those that required it were notified to the Chief Inspector. Where the person in charge was not available to complete notifications, this was covered by a person participating in management.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the care being provided to the residents in the centre. The inspector found that the staff and person in charge were assisting residents to engage in active lives in line with their preferences and engaged in decision making regarding their care and the centre as a whole.

Each resident's communication needs and preferences were known and respected. Staff and managers used accessible information such as easy read documentation to support residents in realising their rights and decision making. Overall residents' rights were at the centre of all care provided within the centre. This was evident through observation of staff interactions with residents as well as through document review.

Each resident had a comprehensive assessment of need which informed plans for their care. Residents' were supported to live active lives in line with their preferences. Residents had identified personal goals which were meaningful to them and the inspector saw evidence of these goals being progressed with staff support.

There were systems in place to provide residents with positive behavioural support, when required. Staff who spoke with the inspector demonstrated understanding of residents' needs and how best to support residents to prevent behaviours of concern. Residents' positive behaviour support plans, worked together with their safeguarding plans to protect residents from all forms of abuse.

The premises was observed to be well maintained and had ample personal and communal space to meet the needs of both residents.

Regulation 10: Communication

The provider had ensured that residents had individual plans in place to address communication needs. A review of documentation including residents' files and observations show that residents were assisted and supported at all times to communicate in line with their needs and preferences. Residents had access to telephones and appropriate media. Both residents had a television and a desktop computer in their private spaces.

Each resident had a detailed "about me" document on file. This outlined the resident's personal preferences and care and support needs in a person centered manner. This included detailed information regarding their communication preferences and methods. In addition, care plans were noted to include information on how best to communicate with residents regarding their care plan.

The inspector saw evidence of information being given to the residents in an accessible format using simple clear language in line with their assessed communication ability. This included information on their care plans, how to make a complaint and information on human rights. For example, an easy-to-read guide on how to make a complaint was displayed on a notice board and included the photos and phone numbers of who to contact with their complaint, as well as information for advocacy. The supportive communication environment resulted in residents accessing their human rights in a meaningful and empowering way. This will be discussed further under Regulation 9.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents and staff, observations and a review of residents' support plans it was clear that residents were living full and active lives. The inspector found that residents were supported to participate in a number of opportunities for social and recreational engagement. The inspector observed residents coming and going from their activities of choice.

Neither resident attended a day service regularly. Both residents were provided with one-to-one staffing so that they could successfully access their community. Each resident had different interests and this one-to-one staffing allowed them to attend the activities of their personal preferences. These activities included writing, swimming, special Olympics, hiking, gym and skiing and the inspector observed the residents coming and going from the centre on the day of the inspection. One resident spoke with the inspector about their holiday which was planned for the week after the inspection, going to two different locations in Ireland. They spoke about being very excited to go and they had plans to go hiking while away.

The residents were supported to maintain personal and family relationships. This included supporting residents to visit family and or speak with family via video calls and going on holidays with family members.

One resident had the goal of "winning medals at the special Olympics" and this was broken down into regularly attending training and the gym and carryout the activities as recommended by their coach. This resulted in this resident winning a medal and the inspector saw evidence that this achievement was celebrated by the resident and staff team.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around of the centre. As previously described the centre comprised of a large three bedroom ground floor apartment, which was configured to allow for a small internal apartment.

From the outside the inspector noted that the windows were dressed so that passers by could not see into the apartment. The front door opened up into the spacious communal sitting room and kitchen, described in the opening section. One resident had their own apartment with their own living space and kitchenette, this resident told the inspector they liked having their own space and spent most of their time in that space. Off the sitting room was a laundry room with a washer and drier and storage room with lots of presses. The inspector observed a visual instruction on how to use the washing machine on the wall of the laundry room.

The apartment was bright and well maintained. As discussed earlier there were maintenance ongoing in the centre on the day of the inspection, the nature of this work resulted in increased dust and dirt in the centre. The person in charge had a plan for addressing this on the day of the inspection and also had a plan for a "deep clean" of the premises when the residents were on holiday the following week.

The inspector viewed the three bedrooms in the centre. Each of the occupied bedrooms had artwork and photographs of family and friends and outings on the bedroom walls and appeared decorated to the taste of the resident. The third unused bedroom had neutral decor. Each of the bedrooms had a large, ensuite with a shower. There was also a separate bathroom with a bath. This was decorated with some characters from "Finding Nemo" film. The person in charge explained the stickers were chosen by the resident who had a bath daily while the other rarely used the bath.

Overall the provider had ensured that the premises met the requirements as outlined in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety systems including fire detection, containment and fighting equipment. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment throughout the centre.

The inspector reviewed fire safety records, including fire drill details and personal emergency evacuation plans (PEEP). The inspector reviewed the PEEPs for both residents and found that they contained clear details of supports required in the event of a fire. The staff who spoke with the inspector were aware of these procedures, including different supports that each resident required to evacuate safely. Staff had appropriate training in fire safety as required. The provider demonstrated through their drills that they could safely evacuate all residents under day and night time circumstances in a timely fashion.

During a walk through the inspector carried out a manual check of all the fire doors on the premises and noted that all closed as required.

There was a high level of fire alarm activation and evacuation in the centre over the previous year. There had been 24 unplanned evacuations in the previous 12 months. The inspector reviewed the actions taken by the provider in relation to this and found that they were active in advocating for their residents and working with the housing authority in relation to this issue. Unplanned evacuations were as a result of a combination of fire panel fault, and malicious or accidental fire alarm activation by other residents of the apartment block. There was a noticeable reduction since April 2026.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both residents' files and found that that they contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representatives and the multidisciplinary team as appropriate. These assessments were reviewed every 12 months or more frequently as required and were used to inform the residents' care plans. The care plans were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support.

The inspectors reviewed a number of care plans which reflected individual supports for residents such as:

- dental care
- personal and intimate care
- positive behaviour support plans
- safeguarding plans
- mental health plans
- weight management.

The inspector reviewed the residents' personal plans and found they detailed goals which the residents were in the process of achieving. These goals were linked with care plans, including health care, and the residents' personal preferences. Long term goals were often broken down into measurable and manageable steps. For example, as previously noted one resident had the long term goal of living independently. This was broken down into several goals such as managing their own laundry and managing their own finances. These goals were again broken down into smaller simpler steps such as, learning to use the washing machine and drier and taking responsibility for completing this chore. The inspector observed supports such a visual schedules and instructions on how to carryout these chores in the laundry room and in the resident's bedroom.

Overall, the inspector found that residents' care needs were regularly reviewed and updated taking into account the residents' personal tastes and their changing needs. Which resulted in residents' having their needs met and their decision about their care being respected.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to provide positive behaviour supports to residents with an assessed need in this area. The inspector found that there was a focus on preventing the occurrence of behaviours of concern.

Both residents had positive behavioural support plans in place and these were reviewed by the inspector. They were found to be devised by an appropriately qualified professional and subject to regular review. The plans were of good quality, detailed, easy to understand and provided information to enable staff understand and address behaviours of concern including:

- the possible reason for or function of the behaviours of concern
- the situation or context that may make a behaviour of concern more likely
- how to identify when a resident was becoming more likely to engage in behaviours of concern
- strategies to use to help prevent such behaviour

- how staff should respond if the resident does engage in such behaviour and how to respond afterwards.

The positive behaviour support plans and interventions focused on the prevention of behaviours of concern, as described in the opening section of this report, on arriving the inspector wad advised by the person in charge of how best to proceed in order to prevent further distress to one resident.

The inspector found that staff in the designated centre were in receipt of training in positive behaviour support. There was a system in place for staff and managers to review incidents and reflect on how staff responded, with learning from this reflection being discussed at team meetings and if necessary resulting in changes to the residents' support plans. In addition to reviewing incidents, there was a system to review and learn from times when a resident became distressed and was supported to return to a calm state without engaging in any behaviours that placed them or others at risk of harm, and learning from these positive outcomes were also discussed with staff. The staff who spoke with the inspector demonstrated good understanding of the plans in place and were able to describe how best to support residents when they were becoming distressed.

There were environmental restrictive practices ongoing in the centre and chemical and mechanical restraints were used occasionally. The inspector confirmed that these were appropriately risk assessed, carried out in line with best practice and reviewed by the provider and multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The inspector found evidence that there were arrangement in place to protect residents from all forms of abuse and harm. All staff had received appropriate training in safeguarding residents and residents were supported to develop the knowledge, self-awareness and skills needed for self care and protection.

Each resident had a "safeguarding action plan" in place which the inspector reviewed. The inspector found that these were of good quality and were proactive in identifying ways to ensure the residents were safe from all forms of harm. These plans contained accessible information in the form of social stories to explain situation specific expectations about behaviour, using simple language and pictures which aligned with the residents' communication needs. The plans were written by the designated safeguarding officer, person in charge with input from the staff team and the residents and were reviewed every three months or more frequently as needed. This review included a reflection on any incidents that may have occurred in that time period.

There were five safeguarding reports in the centre in 2026, four of these were closed and one was open. The inspector reviewed documentation in relation to two

closed reports and the open report and found that the person in charge and provider had reported these incidents appropriately to the local adult safeguarding team. Following each incident the safeguarding action plan for the residents were reviewed. The inspector found that the person in charge was taking the necessary steps, within their remit, to progress the one open safeguarding report.

The inspector reviewed safeguarding training records and found that all staff had received appropriate training in the prevention, detection and response to abuse. The person in charge ensured that there were intimate care plans in place for residents who needed it. The staff who spoke with the inspector were aware of safeguarding policy and procedure, safeguarding plans and intimate care plans and how to adhere to those plans.

Judgment: Compliant

Regulation 9: Residents' rights

Through observations, documentation review and conversations with staff and a resident, it was clear that residents' rights was at the core of the care being provided to residents. The centre was operated in a manner which respected the rights of the residents including their right to privacy, the inspector observed respectful interactions between staff and residents.

There were systems in place to support residents to exercise control and participate in decision making about their care and the running of the centre. The person in charge explained that the residents had declined to participate in a formal residents meeting, however they did engage in a meal planning meeting every week. The inspector saw the agreed menu for the week of the inspection on the notice board. During the file review the inspector saw one-to-one discussions with the residents regarding their care and support needs. The residents' opinions were captured in their words within plans and consent saw sought for all plans in place in the centre. Communication supports were used to good effect to support resident accessing their human rights; for example, there were restrictive practices in place within the centre, as discussed under regulation 7. The inspector saw that each restrictive practice was discussed with the resident to whom it applied. It was explained in simple language and a record of the residents' understanding of why it is used and their consent to its use was recorded on the file in the residents' own words.

Residents were provided with information regarding advocacy services and their rights. The residents who spoke with the inspector identified who they would contact and what steps they could take if they had any concerns or were unhappy with an aspect of their care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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