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 Blossoms
Name of provider:	Autism A Chara
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	22 July 2026
Centre ID:	OSV-0008065
Fieldwork ID:	MON-0051094

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. The centre can provide for residents that have a mild to moderate diagnosis of Autism. Currently, there are two female adults living in the designated centre, but the centre can accommodate three adults. There are three bedrooms in the designated centre all of which include en-suite facilities. The apartment has a communal open plan area consisting of 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. The designated centre is supported by a staff team, made up of an area manager, a person in charge, a senior social care worker, four social care workers and two support workers. The person in charge is employed as a full-time employee, dividing their time between this designated centre and one other.

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
Wednesday 22 July 2026	10:00hrs to 17:30hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

An 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 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 building was surrounded by a high hedge providing a level of privacy to residents as it blocked direct view into the apartment. The front door opened up into the communal sitting room and kitchen. The sitting room was spacious and had an airy atmosphere created by the the large number of windows around the room. The windows were dressed with curtains that let the light in but provided privacy. There were sofas on one side of the living room and the six-seater dining table positioned beside the kitchen area. The kitchen was divided from the sitting room via a counter and half door. The kitchen was clean and large with lots of storage. There were two notice boards on the walls in this area, one had pictures of the staff due to be working that day and the other had a list of the two residents' favourite meals and a plan for the meals for that week. Off the living room was a large utility room with washer and drier and further storage.

There were two residents living in the centre at the time of the inspection and the inspector was able to meet both during the inspection. On arrival, the inspector was met by the team lead and a resident, the resident took the inspector by the arm and showed them to the kitchen area. The inspector observed interactions between the resident and the staff member. The team lead interpreted the resident's communication, naming that the resident wanted "a snack" and they proceeded to support the resident to choose what they wanted. After the snack the resident again took the inspector's arm and brought them to their room The resident's bedroom was very large and spacious with a sofa and piano to one side and a bed on the other and lots of open space. The room was brightly decorated, the resident had some pictures on the wall of days out with staff and family. The inspector observed the resident moving around their room making use of the open space. When the inspector commented on the piano, a staff member noted that the resident's interest in it changed from time to time but staff who could would play it for the resident. They noted that the space in the bedroom was kept clear for the resident who enjoys a lot of movement. There was a large, clean en-suite attached to this resident's bedroom.

The inspector met the second resident after they returned from a walk with a staff member. This resident sat and had a cup of tea and spoke excitedly about their plan

for the day, to go to a hotel for the night. The resident told the inspector which staff they were due to go away with. As the resident became more excited the inspector observed staff and the person in charge support the resident to remain calm. They described the plan for the day and the time line when their key worker would arrive and when they would be leaving for the hotel. The staff member then redirected the resident to focus on a productive activity related to that plan, in this case packing their bag for the night. The resident did not wish to speak with the inspector about their home and very much focused on their plan for the day.

The resident gave permission for the inspector to view their room. Their room was large and beautifully decorated and set up to give the impression of a studio apartment. The room was divided in two using floor length curtains. To one side was the resident's bed and to the other was a green leather sofa and chair facing a wall mounted TV and a small table and two chairs. There was an en-suite attached to the bedroom which was clean and well maintained. A staff member explained that the resident preferred to eat alone and really enjoyed having their own space. Later in the afternoon the resident proudly showed off their packed luggage as they were leaving and cheerily waved and said goodbye to the inspector.

The inspector also viewed the spare bedroom, this was not as large as the other two but was a good size and was currently being used as an occasional break room for staff, there was a small desk and office chair and a three-seater sofa in the room. It too had an en-suite, which as well maintained.

At approximately 10:45am, the fire alarm was activated and all people in the apartment, including the inspector, exited the apartment in a timely fashion and assembled in a small green space near the apartment block. Each resident was accompanied by staff members. One resident stayed in the assembly area, while the other who appeared somewhat distressed by the noise walked further away with two other staff members. This demonstrated that the fire safety measures in place were effective.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring a good quality and safe service.

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 12 regulations inspected against.

The provider and person in charge had effective systems in place to ensure that there was good 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 for all incidents as required by the regulations.

The provider had ensured that the number, qualification and skill-mix of staff was appropriate to the number and assessed needs of the residents on the day of the inspection.

The inspector found that there was an effective complaints procedure in place in the centre, with complaints being responded to in a timely fashion.

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 two social care worker vacancies. The inspector reviewed three months of the planned and actual rosters for May, June and July 2026. It was found that the provider was committed to ensuring continuity of care for residents within the service by utilising a small group of regular relief or agency staff to cover gaps in the shift plan. The inspector noted that there were no unique or once off names recorded on the actual roster in the rosters reviewed. The team leader, who was delegated responsibility for the roster, noted that when unexpected leave arose, permanent staff members were open to working additional hours.

The inspector spoke with three staff and the team leader on the day of the inspection. They were all very knowledgeable about the residents care and support needs, and daily plans for all the residents. The inspector observed residents and staff interactions and noted that these were warm and friendly and respected residents' communication preferences and needs.

The inspector reviewed a sample of four 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.

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 including a visual inspection of the centre 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 for example; the visual inspection in January identified that new curtains were required for the communal areas and these were in place on the day of the inspection.

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 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 and January 2026. The reports demonstrated that the provider reviewed each regulation and evaluated if the requirements of the regulation were being met. For example, in January 2026 the report noted under regulation 17 that one resident was using a rollator and that the all parts of the premises was accessible. The document included a review of resident's assessment of need, care plans and incidents and resulted in actions being identified, the inspector saw evidence that these were acted upon in a timely fashion. For example, the audit on 16 July 2026 identified that one resident required further input from a dietitian and a review of the resident's file showed that a referral had been made to a dietitian.

Staff meetings were held on a monthly basis. Staff meeting minutes were reviewed and demonstrated that topics such as residents, progress with their goals and care plans, safeguarding, health and safety, audit outcomes and recruitment were discussed during these meetings.

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

Regulation 34: Complaints procedure

The registered provided had an effective complaints procedure in place in the centre, which was in an accessible format and was displayed in a prominent position.

The inspector saw the complaints procedure displayed on one of the notice boards in the kitchen-living room. An easy-to-read copy of the complaints procedure was available on the residents' files. There were one-to-one conversations with each residents regarding how to make a complaint and recording if the resident indicated they understood and or raised any concerns. One resident was noted to not have indicated that they understood the procedures. Staff explored options to advocate for this resident and spoke to the national advocacy service on behalf of the resident.

The inspector reviewed residents' meeting happening in the centre and found that they had been developed in an accessible manner which clearly outlined the supports in place to residents if they wished to make a complaint

The inspector reviewed the complaint registered maintained by the person in charge. There was one complaint in the last 12 months. The inspector reviewed the records related to this complaint and found good practice employed to respond to the complaint. The complaint was investigated promptly, the complainants were kept updated on the progress of the complaint at each stage via phone and or in person meetings. There were three parts to the complaint and measures were put in place to address two of the concerns. The third part was a request for what would have amounted to an unnecessary rights restriction for one resident and was not implemented. The outcome and rational was explained for the actions taken or not was explained to the persons making a complaint and was well documented.

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 residents were being provided with good quality, rights-based care. Care being provided to residents was based on

a comprehensive assessment of their needs. Residents were supported to make decisions about their care and identify personal goals. Staff worked with residents to achieve their personal goals. Residents were supported to access appropriate health care, including a wide range of medical and allied health professionals in line with their assessment of need and medical recommendations.

Staff and managers demonstrated an awareness of how communication supports and accessible information was supportive of the residents realising their rights. The provider ensured that all residents had plans in place to support their communication needs. Residents were supported to understand and exercise their rights. There were systems in place to ensure they contributed to choice and decisions about their daily lives, care and supports and the running of the centre.

There were systems in place to protect residents from all forms of abuse. Residents were also able to access positive behaviour supports and psychology supports plans when needed.

A review of fire documentation and participation in an evacuation of the centre during a fire alarm, showed that the provider had effective fire safety systems in place including fire detection and containment equipment and fire drills. The provider was actively working with the housing authority responsible for the whole apartment building to address the high number of fire alarm activations. There had been a significant reduction in the number of alarm activations since April 2026 but two took occurred on the day of the inspection.

Overall residents were supported to live active, healthy lives and exercise choice and control within their lives.

Staff, the person in charge and the provider demonstrated awareness of the residents' rights and of their roles and responsibilities to meet the needs of the residents through conversations and actions.

Regulation 10: Communication

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.

Each resident had a detailed document "about me" on file which 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. For example, in relation to one resident's diabetic care plan it detailed how best to communicate to the resident that they had already had the recommended amount of carbohydrates for that time period.

The provider ensured that each resident who required it had access to a speech and language therapy (SALT) services to assess and provide communication recommendations and supports. A review of residents files showed that one resident was regularly accessing such supports and observations of the interactions between the resident and staff demonstrated that the speech and language therapy recommendations were been implemented. For example, staff were observed to respond to the resident's non-verbal communication as recommended by naming what was communicated and acting upon it immediately. The SALT also recommended the trailing of an assistive communication device and this was being implemented by staff. Minutes of team meetings showed that there was regular discussion regarding how to implement the communication recommendations and evaluation of the resident's progress with it.

All of the above meant that residents were supported by staff who understood their communication styles and needs and were responsive to the resident's communication.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident was found to be receiving appropriate care and support in line with their assessed needs and the nature of their disability. Neither resident was attending day services but rather had assigned staff to support them engage in activities of interest to them during the day. One resident's needs required two to one staffing to enable safe access to the community and the inspector observed that on the day of the inspection this was in place and a review of planned and actual rosters showed that it was consistently in place.

A review of residents' files and conversations with staff and a resident, demonstrated that residents were encouraged to engage in activities of interest to them. Residents' files contained "monthly review" documentation and this outlined what each resident did the previous month. This was presented differently depending on the resident's communication needs with one mainly written and the second mainly photographs. Staff were very aware of residents preferences and were able to discuss options for daily engagement.

One resident benefited from routine and enjoyed a lot of movement. Discussions with staff and a file review showed that this resident engaged in a lot of swimming and walking or hiking in familiar locations. The other resident enjoyed novel activities and visiting new places and so the activities recorded in their file showed a much wider variety of activities and range of locations. The provider was in the process of developing a new post for a community access facilitator, the objective was to have a staff member dedicated to expanding and enriching the residents' engagement in the community.

Residents were supported to maintain and develop relationships with family members. It was noted that the residents' right to refuse visits and communication with family members was respected by staff.

All of the above meant that residents lived full and active lives and engaged in activities that aligned with their interest and preferences.

Judgment: Compliant

Regulation 28: Fire precautions

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 the course of the inspection the fire alarm was activated, as described in the opening section, everyone in the centre exited in a timely fashion. There was a clearly sign-posted assembly area, not all residents remained in this area, but staff were on hand to ensure that the resident who found the sound distressing was safe. The inspector noted that all fire doors in the centre closed when the fire alarm activated and that there were no gaps between the door and the surrounding area that would compromise fire containment. The inspector reviewed the documentation in relation to fire safety including maintenance of fire fighting equipment and found them to be in order.

There was a high level of fire alarm activation and evacuation in the centre over the previous year. There had been 22 unplanned evacuations. 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, however, two incidents of fire alarm being activated due to a fault occurred on the day of the inspection one before the inspector arrived and one as described earlier.

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.

The inspector found that residents' assessment of needs were subject to annual review or sooner should an identified need emerge for residents both in relation to areas of health care or overall wellbeing. These assessment of needs 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:

- communication supports
- using mobility aids
- feeding eating drinking and swallowing
- skin care
- maintaining relationships with family
- positive behavioural supports.

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. Goals were often broken down into manageable steps with a view to achieving a longer term goal. For example, one resident really enjoyed visiting lots of different places, they had a goal of learning to use their mobility aid including independently putting on the brakes in different environments. This was identified as the first step in enabling them to safely use public transport systems and access to a wider range of locations for outings.

As a result, residents' needs were understood and addressed in a comprehensive planned manner. Their preferences were taken into account and integrated into plans for their care and personal goals, supporting them to live lives that were fulfilling.

Judgment: Compliant

Regulation 6: Health care

Each resident was found to be provided with appropriate healthcare and had access to range of medical and allied health care professionals. This included access to the following services, when required by the residents:

- general practitioner (GP)

- dental
- optician
- physiotherapy
- speech and language therapy
- neurology
- psychiatry.

Hospital appointments were also facilitated as required and both residents had a number of health and well being actions plans in place to include, a hospital, dental and diabetes support plans. Residents' were supported to engage in health screening programmes. Staff and managers respected the residents' right to refuse treatment.

For example, at times one resident declined to engage in their regular physiotherapy exercises, staff discussed this with the resident, identified the reason for the exercises and when the resident continued to say no, the staff member accepted this and suggested other movement.

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 and a focus on strategies to prevent 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 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.

The inspector found that all staff in the designated centre were in receipt of training in positive behaviour support and that refresher training had been identified when required. The three staff who spoke with the inspector demonstrated good understanding of the plans in place. As described in the opening section of this report, the inspector observed the person in charge and staff use some of the preventative strategies outlined in the plans to support a resident remain in a calm emotional state.

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.

Before the inspection a review of all the restrictive practices notified to the Chief Inspector on a quarterly basis was carried out. 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 provider had systems in place to protect residents from all forms of abuse and to support residents to develop skills required for self care and protection. The inspector reviewed safeguarding reports and associated incidents.

There were three safeguarding reports in the first six months of 2026 and a total of 13 in 2025. All of these had been reported to and closed by the local adult safeguarding team. The inspector reviewed the safeguarding plans in place for both residents and found that they were detailed and easy to understand and being implemented by the care staff. Depending on the safeguarding concern they included educational pieces, for example; one resident communicated in physical touch and efforts were being make to teach methods of saying hello that did not involve touching other residents. This was being supported by recommendations from the behaviour support specialist and the speech and language therapist.

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 engagement with residents and staff, 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.

The provider and person in charge were very active in advocating for the residents' right to have a peaceful home and so were engaging with a housing authority in order to address the high number of fire alarm activations. This engagement included emails and meetings with the housing authority in order to advocate for the residents, the records of which were reviewed by the inspector. Staff and managers recorded the impact on the residents, with the person in change meeting and discussing incidents with one resident and the opportunity to make a complaint was given to the resident. One resident's communication needs meant that this discussion could not take place, so staff kept a record of their reaction to the fire alarms for example, noting that they appeared upset and confused by being woken and placed hands over ears to block the noise. As previously discussed under regulation 34, residents were provided with information on and referred to advocacy services.

Residents were invited to regular residents' meetings which took place every week. The inspector reviewed the minutes of these meetings and noted that a variety of topics such a plans or ideas for activities, things they would liked or wanted to change and ideas for meals. The residents views were recorded, where residents were unable to verbalise their their views, observations were recorded for example; it was recorded that a resident enjoyed going swimming but appeared unhappy when they tried an unfamiliar café, as a result plans were made to go back to their local café. Over the course of the inspection, the inspector observed staff and the person in charge offer residents choices for example, presenting a resident with two snacks to choose from.

As previously discussed under regulation 34, residents were supported to understand the complaints procedure and voice complaints. Where staff and managers were concerned regarding their ability to understand and voice complaints residents were supported to access advocacy services.

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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant