



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

Issued by the Chief Inspector

Name of designated centre:	The Blossoms
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	20 September 2024
Centre ID:	OSV-0008166
Fieldwork ID:	MON-0035149

About the designated centre

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

The Blossoms is a residential centre which supports up to four children between the ages of 12 and 18 with an intellectual disability, autism and behaviours that challenge. The centre is based in a rural setting in North West County Dublin and is situated on a large site with gardens and outdoor spaces. The children residing in the centre attend school and are supported to access their local community through the supports provided by the staff team. The centre is made up of one large detached building which is divided into a main unit containing two resident bedrooms with en-suites, a large living room, a large kitchen/dining room, a utility room with separate toilet, a sun room and a staff office. There are two self-contained apartments within the centre also each of which contains a kitchen/living/dining room and a bedroom with en-suite. Both of the apartments have access to a garden space and one contains a stand-alone sensory room in the garden area. All three sections of the centre have their own independent entrances. The centre is managed by a person in charge who is employed in a full-time capacity. They are supported by two deputy team leaders and a staff team made up of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Friday 20 September 2024	10:00hrs to 16:15hrs	Sarah Cronin	Lead
Friday 20 September 2024	10:00hrs to 16:15hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

From what the residents told us and what inspectors observed, it was evident that the young people living in this centre were supported to enjoy a good quality of life. The inspection had positive findings, with full compliance against regulations inspected. These are discussed in the body of the report.

The designated centre is a large house in a rural setting close to a large town in Co. Meath. It is home to four young people. The house comprises two self-contained apartments which consist of a bedroom, bathroom and kitchen. Each resident in the apartments had their own back garden, with play equipment such as swings and a sensory cabin. The main part of the house comprises a sitting room, two resident bedrooms which were en suite, a staff office, a large kitchen, utility room and conservatory. The back of the house had a trampoline and a football goals. The sitting room had a games console and a scooter which one of the residents had recently purchased. Each residents' bedroom was nicely decorated and had ample space for them to store their belongings. The house was clean and warm, and nicely decorated which created a homely atmosphere.

Residents in the centre communicated in a number of ways which included speech, body language, facial expressions, gestures and behaviours. Some residents used visual supports to understand which staff were on duty and about their routines. The kitchen had pictures on each of the cupboards to promote residents' independence. Inspectors had the opportunity to meet with the four residents and six members of staff over the course of the day.

On arrival to the house, one of the inspectors met with a resident who was relaxing in their apartment with a member of staff. The resident was using their tablet device and greeted the inspector and went out into their garden. The resident showed the inspector their sensory cabin which had a number of pieces of sensory equipment in line with their assessed needs. The resident was active and was observed going in and out of their living space and garden freely and using their swing. They appeared to be happy and content and were well presented. It was evident that the staff was familiar with how to respond to specific requests which the resident made. Inspectors had the opportunity to briefly engage with another resident in their apartment. The apartment had lots of soft toys and a swing chair for the resident to enjoy. The resident showed inspectors their bedroom. They had recently completed a barista course and had a coffee maker in their apartment. Staff told the inspector that the resident enjoyed making coffee and planned to do another course in the near future.

One of the residents was attending school on a daily basis, while others' school placements were temporarily on hold. There was evidence of the person in charge and the staff team advocating for the residents' right to access education, and proposing solutions to support the children in their placements. As an interim measure, children were accessing a tutor within Nua Healthcare, who was reported

to be following their individual education plans. One resident chose to engage with a tutor a number of times a week and were due to start an online course in the coming months. Another resident had purchased a new television the morning of the inspection and returned to the centre a short time later. They were observed to walk around the house and being supported to make their lunch and a smoothie. They appeared to be happy in the company of staff. The fourth resident returned from school later in the afternoon, and inspectors briefly greeted them as they relaxed on their bed. Staff told inspectors about how they had adapted the resident's bathroom to have a bath in it to enable them enjoy water play. The resident had a number of sensory toys available to them to play with.

Staff spoke about some of the activities which residents enjoyed. This included swimming, going out for long walks, going out for lunch. They spoke about some of the progress which the residents had made, which included building tolerance of sitting in restaurants. One resident particularly enjoyed going to theme parks, which was facilitated by staff. Another resident enjoyed feeding birds, and staff had purchased a number of bird feeders which were placed around the conservatory area. Staff spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities, and demonstrated a commitment to ensuring a safe service for them.

To gain further insight into the residents' lived experiences in the centre, inspectors reviewed feedback which they had given to the provider as part of the annual review. These indicated that children enjoyed playing with water, watching movies, playing hide and seek, going shopping and getting their hair cut. There was also a compliment recorded from a family member on the care and support their relative was receiving.

Staff had completed training in a human-rights based approach to health and social care. Inspectors observed that the residents' rights to choose their routines and preferences in the house were promoted and upheld. Residents' rights to access education and to access services they required were promoted and it was evident that staff were advocating with external agencies where that was required.

Residents were supported to keep in touch with, and spend time with their family and friends. There were clear plans in place to support family visits in consultation with external agencies and childrens' representatives where that was required. There were various areas of the house where residents could have guests and spend time with. Other residents were provided with transport, and staff support where it was required to visit their family homes.

In summary, this inspection had positive findings. It was evident that the residents were happy and comfortable in their homes, and that they were supported to have a good quality of life. The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in the centre, and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This inspection was an announced inspection which took place to inform a decision about renewal of the registration of the centre. Overall, inspectors found that the provider and the person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, which offered a comfortable and homely place to live. The inspection found full levels of compliance with regulations inspected.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The provider had a number of management systems in place to monitor and oversee the service. This included a weekly governance matrix and various audits in key service areas which were regularly reviewed and actioned as required. There were regular meetings between staff and management, and a governance call which reviewed key service areas each week at senior management level.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of each resident. At the time of the inspection, there was a full complement of staffing in place, which provided consistency and continuity of care for residents. Staff had accessed training to enable them to develop knowledge and skills relevant to their roles to ensure they could best meet residents' care and support needs. Staff accessed professional supervision in line with the providers' time lines. The inspectors had the opportunity to speak with two staff and they said that they felt well supported in their roles.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider with their application to renew the registration of the designated centre. All of the information required under this regulation was submitted in full.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge which was submitted by the provider as part of their application to renew the registration of the centre. Based upon this documentation, and interactions with the person in charge on the day of the inspection, it was evident that they had the required knowledge, skills and experience to fulfill their duties. The person in charge had responsibility for another centre. They split their time between the two houses and were supported in their role by a deputy person in charge. It was evident that the person in charge knew each of the young people living in the centre well.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there were suitable staffing arrangements in place in the centre. There was a full staffing complement in place on the day of the inspection. Inspectors reviewed rosters for the six weeks prior to the inspection taking place and found that there were an adequate number of staff on duty by day and night to meet residents' assessed needs and associated staffing allocations. Residents' continuity of care was promoted by using a low number of relief staff to fill any vacant shifts.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the staff training matrix for the centre and found that all staff had completed mandatory training in areas such as fire safety, managing behaviours of concern, self administration of medication, food hygiene and first aid. Staff had completed additional training in areas relating to infection prevention and control such as hand hygiene and personal protective equipment. Staff were completing training in a human rights-based approach to health and social care services.

Inspectors viewed the supervision schedule which was in place for staff in the centre and found that staff were receiving supervision in line with the provider's policy. Inspectors viewed a sample of supervision sessions for three staff members. These were found to have discussions on training and development, in addition to areas related to their work with residents.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were effective governance and management arrangements in place to oversee the quality and safety of residents' care and support in the centre. As outlined above, the provider had a clear management structure in place. The provider had carried out an annual review and six-monthly unannounced provider visits in line with regulatory requirements. The inspector reviewed these documents and found that they did identify areas requiring improvement, and these actions were populated into an action plan.

Inspectors found that the provider had a number of systems in place to ensure effective monitoring and oversight of key aspects of the service. For example, inspectors saw that the person in charge maintained a weekly governance matrix for the management team which had data such as incidents and accidents, complaints, safeguarding and risk. Where required, actions were identified and this information was regularly reviewed to ensure these were progressed in a timely manner. Regular audits took place in various aspects of the service such as personal plans, health and safety, medication and finances.

Inspectors viewed minutes from the previous 3 staff meetings and found that there was a standing agenda in place which included detailed discussion about each resident, including incidents or accidents, risk management and safeguarding. This meant that key information about the service was shared with, and discussed with the staff team supporting the residents to ensure safe and consistent care.

Judgment: Compliant

Regulation 3: Statement of purpose

Inspectors reviewed the provider's statement of purpose and found that it met regulatory requirements. It contained information required in Schedule 1 of the regulations. The statement of purpose was regularly updated and was available in the house to residents, families and staff.

Judgment: Compliant

Quality and safety

Inspectors found that the centre promoted each of the residents' rights and supported them to engage in activities of their choice. Each of the residents had a

comprehensive needs assessment which informed their individual risk management plans, support plans and person-centred plans. Inspectors saw that residents had access to health care in line with their assessed needs. They accessed a range of health and social care professionals in line with their needs.

Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. Residents had access to a behaviour support specialist and restrictions were reviewed regularly.

Risk management systems were in place which ensured that the provider had appropriate systems in place to ensure risks were appropriately identified, assessed and managed in the centre. Adverse events were documented, and measures put in place to mitigate future reoccurrence.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

Regulation 13: General welfare and development

Residents were supported to have opportunities to play in line with their interests. For example, inspectors observed that there was a games console in one part of the house and a sensory cabin in another. Residents had access to a football pitch at the back of the house and a trampoline. Inspectors spoke with staff and saw correspondence and minutes of meetings with relevant stakeholders about residents' access to education, and residents were accessing a tutor within the service in line with their individual education plans. Inspectors observed residents being supported to develop life skills such as making lunch and preparing a snack with staff support.

Residents were supported to maintain personal relationships with family members in line with their care and support needs. Some residents had their own mobile phones, while others were supported by staff. Where residents were meeting with family, or spending time in their family homes, staff facilitated transport and

provided support as appropriate.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. Inspectors did a walk about of the centre with the person in charge. The house, and apartments within the house, was found to be laid out to meet the needs of the residents living there. The house was bright, spacious and colourful. Each resident had their own bedroom and bathroom and had space for their personal belongings. Gardens had play equipment for residents to enjoy. Furthermore the centre had been configured to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors found that the provider had good systems in place to ensure that risks were assessed, managed and reviewed. This included a system for responding to emergencies. Inspectors reviewed the provider's risk management policy, a record of incidents and accidents in the centre, the risk register and residents' individual risk management plans. The policy was found to meet regulatory requirements. The inspector viewed a record of incidents and accidents in the centre, and noted that the learning from these events were shared with staff, but also escalated to management on a weekly basis.

Inspectors spoke with staff involved in an incident which had occurred in the centre the day before the inspection. It was evident that the provider had swiftly responded to a significant incident to ensure that the resident and staffs' health and safety was managed. They spoke about the follow up which had occurred with management since the incident, and the plans to discuss it with members of the clinical team to put additional control measures in place to mitigate against recurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors carried out a walk about of the centre and found that the registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment. There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, inspectors found that these were all subject to regular checks and servicing with a fire specialist company. Inspectors reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

There was a written plan to follow in the event of a fire or emergency during the day or night. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors carried out a review of two care plans and found that there were suitable arrangements in place to meet residents' assessed needs. Residents' comprehensive assessments of needs informed person-centred care plans and outlined the associated supports and interventions residents required, which guided staff in the delivery of care in line with residents' needs.

Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. Inspectors saw that care plans were available in areas including communication, positive behaviour support, health care, life skills, education, money management, culture and safeguarding, as per residents' assessed needs.

Furthermore, residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. Residents enjoyed activities such as going for drives, walks in the park, going to Emerald park, swimming and visiting family.

Judgment: Compliant

Regulation 6: Health care

From a review of two care plans, it was evident that residents' health was monitored and assessed regularly. Individual health plans, including health promotion and health monitoring, were in place. Additionally, residents were provided education around making positive choices to promote good health.

Residents in this centre had access to a variety of health-care professionals in order to meet their assessed needs. Residents accessed clinical appointments both through the provider's multi-disciplinary team and in the community, in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors reviewed residents' individual risk management plans and behaviour support plans and found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Residents in the centre had access to a behaviour specialist.

Residents' plans outlined proactive and reactive strategies for staff to follow. There were some restrictions in place which included having coded access points. From a review of the restrictive practice log, and residents' care plans, there was a clear rationale for these restrictions, and they were regularly discussed and reduction plans were evident where possible.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. Where a restrictive practice was in place it was noted they had been assessed and with an accompanying risk assessment to further provide rationale for their use. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had policies and procedures in place to safeguard residents, and that they were following these in line with national policy. As outlined earlier in the report, all staff had completed training in the Children's First Act. Staff were familiar with the procedure for reporting any concerns, and safeguarding plans

had been prepared with measures to safeguard residents.

Residents had an assigned social worker, with some residents also assigned a guardian ad litem (GAL). There had been twenty notifications related to safeguarding made to the Office of the Chief inspector in the year prior to this inspection taking place. Inspectors reviewed the safeguarding log, and documentation associated with each of these notifications and found that the provider had put additional safeguarding measures in place where they were required.

Where residents required support with personal care, this was clearly outlined in a manner which upheld the residents' privacy and dignity in addition to supporting them to develop independence in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, it was evident that the centre promoted and upheld residents' rights across a number of areas. For example, residents had freedom of movement in the centre within their own spaces.

Residents' right to access appropriate education and at times, appropriate clinical supports were recognised and advocated for by key members of staff. This was evident from speaking with staff, and from reviewing residents' care plans.

Residents' independence was promoted and for some of the older residents, there was a focus on developing life skills such as preparing snacks and meals. One of the residents' rights to make their own decisions in relation to smoking was recognised and staff were working with them to support them to make healthier choices by using information in a way they could understand.

Finally, residents' right to communication access was also evident throughout the day. There were visual supports on the walls, and in residents' bedrooms to label where items were, staff rotas and easy to read information. However, more importantly it was observed that staff were familiar with each residents' communication support needs and adapted their communication to suit those needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant