



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

## Issued by the Chief Inspector

Name of designated centre:	Lar Foley House
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0002339
Fieldwork ID:	MON-0048183

## About the designated centre

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

Lar Foley House is a community based residential centre operated by St. Michael's House. The designated centre is located in North Dublin in a suburban area and provides full-time residential support for up to seven residents. The centre comprises a two-storey building, with five bedrooms on the ground floor, and a two bedroom self-contained apartment on the upper floor. The centre is managed by a person in charge who is responsible for a team of staff nurses and support staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 5 November 2025	10:30hrs to 16:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre.

During the inspection, the inspector had the opportunity to meet with three residents. Residents were unable to provide verbal feedback about the service, therefore the inspector used observations, in addition to a review of documentation, and conversations with staff, to form judgements on the residents' quality of life and compliance with the regulations. The inspection was conducted over one day and was facilitated by the person in charge.

The centre comprised of a seven bed roomed two-storey building which was located in a quiet residential estate but close to a local town in North Dublin. There were five bedrooms on the ground level, and a two bedroom self-contained apartment on the upper level.

The centre had the capacity for a maximum of seven residents, at the time of the inspection there were five residents living in the centre full-time.

This centre provides residential care and support for six residents from the age of 17 years upwards who have been living together since they were young children. This centre has a bespoke condition of registration in place to allow residents to age in place so they can continue living in the centre with their peers as they incrementally reach adulthood.

The inspector observed the designated centre was generally very clean and well-maintained throughout. The residents shared a sitting room, a kitchen come dining room, two bathrooms, a utility room, a playroom, a sensory room and access to a large back garden. Upstairs, one resident had the use of a self contained apartment with two bedrooms, a kitchen and plenty of living space.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include photographs, and memorabilia that was important to each resident.

The inspector spoke with the person in charge, programme manager and staff on duty on the day of inspection. They all spoke about residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring residents needs were met to a high standard at all times.

They also spoke about the high standard of care all residents receive and had no concerns in relation to the well being of any of the residents living in the centre.

Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

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. When the inspector arrived two residents were getting ready to go swimming. This planned outing was the choice of both residents and in line with their daily planners.

Other activities included going to the cinema, bowling, Halloween trail in Malahide Castle, Causey farm and going on holiday's. Some of the residents participated in a local park run on Saturday mornings.

The atmosphere of the centre was noted to be calm and relaxed. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support.

The service was operated through a human rights-based approach to care and support, and both residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

In summary, the inspection found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well-being and welfare was provided to a good standard. However, improvements were required in relation Regulation 28: fire precautions. This is discussed under the relevant regulation below.

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

## Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The designated centre was adequately resourced to support the residents. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports.

The management of the service had ensured that staff resources were utilised in a manner which filled any gaps in the roster and ensured continuity of care for the residents.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There was a regular core staff team in place and they were knowledgeable of the needs of the residents and had a good rapport with them. Residents and staff members were seen to have positive relationships which were effective in promoting residents' rights and ensuring their safety. Staff were observed to be available to residents should they require any support and to make choices.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

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.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

Residents were in receipt of support from a stable and consistent staff team. Staffing levels were in line with the centre's statement of purpose and the needs of the residents.

The inspector examined the planned and actual staff rosters for September and October 2025. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

The inspector saw that residents were very familiar with staff members and that there were positive relationships between residents and staff. Staff members were familiar with residents' preferences, their assessed needs, and the important relationships in their lives.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the training records for staff working in the centre. All staff were up to date in training in required areas such as safeguarding vulnerable adults, manual handling and fire safety. Refresher training was available as required to ensure that adequate training levels were maintained.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Judgment: Compliant

### Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a selection of records across Schedule 3 and 4. The registered provider had ensured the records of information and documents pertaining to each resident as specified in Schedule 3 was correct and in order. Similarly the sample of records viewed pertaining to Schedule 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

A series of audits were in place including monthly local audits and six-monthly unannounced visits.

The provider had completed a six-monthly unannounced visit of the centre and had completed actions which had been identified as a result of this audit.

Audits carried out included a six monthly unannounced audit, risk management audit, medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport which was assigned for the centre's use.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the resident's well-being and safety.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

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. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

Staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

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 were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided. However, an action relating to an inner room had not been progressed and required immediate attention.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

The inspector found that appropriate safeguarding procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. There was a comprehensive assessment of need in place for both residents, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concern.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

## Regulation 10: Communication

The inspector found that the residents were supported by staff who understood their communication needs and could respond appropriately.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

Staff were observed to be respectful of the individual communication style and preferences of all residents as detailed in their personal plans.

Residents had access to relevant communication media including televisions and streaming services.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

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. Minor wear and tear was observed by the inspector on the walk around, mainly in the communal areas where there would be an increased footfall.

The designated centre was found to be clean and tidy. It provided a pleasant, comfortable and homely environment for residents.

Each resident had their own bedroom which was personalised to reflect their tastes. Photographs of the residents were displayed in communal areas and the decor of the sitting rooms reflected the residents' interests.

The centre had also been adapted 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.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment throughout the centre. The fire panel was addressable and easily accessed in the entrance hallway and the fire doors, including bedroom doors closed properly when the fire alarm was activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector 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.

However, during the walk through of the centre the inspector found that for one bedroom, used as a staff bedroom, on the top floor of the house, staff would have to exit their bedroom through another room in the event of a fire. The issue of the inner room had been identified through the providers own audit in January 2025 however, recommendations made at that time to address the risk had not been progressed in a timely manner.

The inspector brought this to the attention of management. The inspector requested that the provider review the bedroom layout and floor plans in order to address the risk. Before the end of the inspection, the inspector was advised that the staff bedroom had been moved to a more suitable location and the room was locked and out of use.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each resident's files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents who required support with managing behaviour had access to multidisciplinary professionals including psychiatry and psychology. Behaviour support plans were in place on residents' files. These were reviewed and updated regularly. Staff were informed of the recommendations in place to assist residents in this area.

The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

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

The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice.

Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Residents also had intimate care plans which detailed their needs and preferences in respect of care being provided in this area.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Lar Foley House OSV-0002339

Inspection ID: MON-0048183

Date of inspection: 05/11/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Sleepover room was moved on the day of inspection 05/11/2025. Door of inner room (original sleep over room) in apartment is now locked and not in use to comply with fire regulations. It is now used for additional storage.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	05/11/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	05/11/2025
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	05/11/2025