



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

Issued by the Chief Inspector

Name of designated centre:	Cill Caisce
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	24 June 2026
Centre ID:	OSV-0002355
Fieldwork ID:	MON-0045753

About the designated centre

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

Cill Caisce is a designated centre operated by St Michael's House located in North County Dublin. The centre provides a residential service for up to five adults with intellectual disabilities, and can provide support to residents who have additional physical or sensory needs. The centre is a two storey house which comprises of five bedrooms, kitchen/dining room, living room, staff room and two shared bathrooms. The centre is staffed by a person in charge and a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 24 June 2026	10:30hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection carried out to assess ongoing compliance with regulations and standards. The findings of the inspection were positive and showed the provider was responsive to the needs of residents and that residents were supported to enjoy an active and meaningful life.

To assess the quality of life for the residents the inspector relied on a combination of observations, discussions with residents, a review of relevant documentation, and conversations with key staff members.

The centre comprised of a two-storey house located in a housing estate in a suburb of North Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had capacity for a maximum of five residents, and at the time of the inspection there were no vacancies.

The inspector carried out a walk around of the centre in the presence of the person in charge. The centre was observed to be a clean, tidy, warm and comfortable environment.

Residents' bedrooms were nicely decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The kitchen dining area was the main hub of activity in the house. When residents returned from being out and about, they came into the kitchen had tea or coffee and told with staff about their day. Similarly, the sitting room was used by residents as a shared space in the evenings.

On the day of the inspection, some residents attended day services, while others relaxed in the centre which was in line with their will and preferences. The inspector had tea with two residents on arrival, both residents were getting ready to go out to a local park and have a coffee. They both told the inspector they liked living in the designated centre. One resident showed the inspector their bedroom and the other resident showed the in inspector a folder containing brochures of all the shows they had been to.

Later in the day, the inspector spent time in the sitting room and had the opportunity to meet and talk to all five residents. Many of the residents had enjoyed holidays or were looking forward to holidays over the summer. They talked about how much they had enjoyed these trips and about other trips which they were planning.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. The inspector saw that staff were kind and person-centred in their interactions with the residents and residents appeared comfortable and relaxed in their homes.

Residents were observed to have choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles.

Furthermore a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

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

Capacity and capability

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.

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 service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

The inspector spoke with two staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

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

person in charge provided support and formal supervision to staff working in the centre.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

Furthermore, 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.

Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care that was person centred.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the appropriate 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.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The inspector examined the planned and actual staff rosters for May and June 2026. 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.

There were two staff vacancies at the time of this inspection however, from a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available. The person in charge told the inspector that regular relief staff were utilised to cover planned and unplanned leave. This meant that residents were ensured consistency of care.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, manual handling and fire safety.

Furthermore, staff had completed additional training in behaviour support, safe administration of medication and Feeding, Eating, Drinking and Swallowing (FEDS) and food safety.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight. The person in charge worked full time and had responsibility for one other designated centre. They were supported by a service manager who in turn reported to a director of services.

A series of audits were in place including monthly local audits in the areas of health and safety, medication, finance and IPC and provider-led six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was an adequate premises, facilities and supplies and residents had access to a transport vehicle.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the resident's or their family or representative.

The contract of care also outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them.

These supports were in line with the resident's assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

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 living in the designated centre. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred.

The inspector 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.

Residents were receiving appropriate care and support that was individualised and focused on their needs. The person in charge had ensured that each residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions that residents required. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident.

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

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.

The inspector observed a good selection and variety of food and drinks, including fresh food, in the kitchen for residents to choose from in the centre. The kitchen was also well-equipped with cooking appliances and equipment.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

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 residents were supported by staff who understood their communication needs and could respond appropriately.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

Throughout the duration of the inspection, the inspector observed residents receiving information and being communicated with in the best way that met their assessed needs.

Some residents required support to engage in conversations with the inspector. The inspector saw that staff members clearly understood residents' communications and were able to support conversations.

Residents had access to telephone and media such as radio and television.

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 design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment.

Each of the residents bedroom had been personalised to the individual resident's tastes, with photos of family members and friends and activities they enjoy and was a suitable size and layout for the resident's individual needs.

However, the inspector did observe that there were parts of the residents' home that required attention, namely the handrails on the stairs required repainting and the upstairs bathroom ceiling paint was beginning to peel and early signs of mould were observed.

These issues had been already been identified prior to the inspection through the provider's own audits and notified to the provider's maintenance department, and had been prioritised on the provider's wait list.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well organised and well stocked with fresh and frozen nutritious food.

The inspector observed that staff had a good knowledge of residents' food preferences and any dietary requirements.

Some residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file.

Judgment: Compliant

Regulation 28: Fire precautions

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

There was 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, 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.

Judgment: 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 residents file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, health care, nutrition and feeding, mobility and safeguarding, as per residents' assessed needs.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. The inspector found that residents had up-to-date personal outcome plans on file which were continuously developed and reviewed in consultation with the resident, relevant key worker, and where appropriate, allied health care professionals and family members. The inspector saw that residents were supported to choose goals that encouraged their independence and personal development.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had established systems to safeguard residents from abuse. For instance, a clear policy was in place, providing staff with guidance on the appropriate actions to take in the event of a safeguarding concern.

Furthermore, all staff had completed safeguarding training equipping them with the skills necessary for the prevention, detection, and response to safeguarding issues. Safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Office of the Chief Inspector (Chief Inspector) in line with regulations.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents welfare and self development.

Residents were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment.

The residents' overall well-being and welfare was provided to a good standard. Residents were supported to engage in activities of their choosing and were offered opportunities to further develop their independence and skills.

For example, activities included attending social clubs, parties, swimming, going to concerts and visiting friends. Some residents attended day services and one resident was completing work experience in a local bakery.

Residents were also supported to maintain relationships with those important to them and to continue to develop relationships with people in their local community.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant