



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

Issued by the Chief Inspector

Name of designated centre:	Lorcan Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	04 June 2026
Centre ID:	OSV-0002373
Fieldwork ID:	MON-0045754

About the designated centre

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

Lorcan Avenue is a designated centre operated by St. Michael's House located in North County Dublin. It provides community residential care and support to six adults with an intellectual disability. The centre is a two-storey house which consists of two sitting rooms, kitchen/dining area, six individual resident bedrooms, a number of shared bathrooms, a staff room and office space. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge and social care workers. Nursing support is provided through the organisations on-call system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 4 June 2026	10:45hrs to 16:30hrs	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.

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 six residents, and at the time of the inspection there were six residents living in the centre full-time.

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.

There was adequate private and communal spaces. The communal dining and sitting room areas were spacious and bright and comprised of two sitting rooms and a kitchen come dining area, which was in constant use throughout the day.

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 inspector had the opportunity to meet all of the residents who lived in the designated centre during the course of the inspection. Two residents showed the inspector their respective bedrooms and one resident showed the inspector around the house and introduced her to residents who had just returned home in the afternoon. One resident had a cup of tea in the kitchen with the inspector and talked about their plans for the weekend.

Residents were receiving a good quality person-centred service that was meeting their needs. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

The inspector observed residents' coming and going from their homes during the day and engaging in activities of their choice. 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. A weekly activities

board was accessible to all residents in the communal space to support residents routine management. One resident worked locally in a supermarket. All of the residents enjoyed going on holidays including hotel breaks in Wexford and a camping holiday in Wales. Residents also enjoyed gardening and were supported to maintain the beautifully landscaped back garden.

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.

The person in charge and staff were striving to ensure that residents lived in a supportive environment. It was clear that residents' views and wishes were listened to and that their autonomy was respected.

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.

The next two sections of this report presents 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.

The findings of the 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 person centred.

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 found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

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.

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.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

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.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information. The inspector reviewed actual and planned rosters at the centre for April and May 2026 and the current June 2026 roster. 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.

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

The inspector spoke with staff members on duty and found that all were knowledgeable about the residents' support needs and their responsibilities in providing care to the residents.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport with residents.

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, infection prevention and control (IPC), manual handling and fire safety.

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

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 was based in the 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, restrictive practices 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 sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors. It was found to contain the information as required by Schedule 1 of the Regulations. It outlined sufficiently information on the services and facilities provided in the designated centre, its

staffing complement and the organisational structure of the centre and information related to the residents' well-being.

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

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The provider had submitted notifications on practices and adverse events as per the requirements of this regulation.

The inspector reviewed three incidents logged in the designated centres log on the day of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

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. This inspection found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

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. As part of the inspection, the inspector carried out observations of residents' daily routines, their engagement in activities and their interactions with staff.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

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.

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

The person in charge had ensured that 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. Residents were receiving appropriate care and support that was individualised and focused on their needs.

Residents' health care needs were well assessed, and appropriate health care was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

Residents were supported to make decisions about their care and support, and on the running of the centre. Furthermore, staff supported residents to self-advocate and, where required, advocated on behalf of residents to ensure that they were facilitated in exercising their rights.

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.

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.

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.

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 both residents could enjoy living in an accessible, comfortable and homely environment.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant environment for residents.

Both 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.

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

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.

The individual assessment informed person-centred care plans 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. 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.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place.

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.

The inspector observed that the health and wellbeing of each resident was promoted and supported in a variety of ways. Residents' diet and nutrition was supported through dietitian and speech and language therapy, where required.

The inspector reviewed two of the residents' healthcare plans. They included guidelines around resident's medical needs including epilepsy management, oral care, nutrition, bone health, and psychiatry.

The inspector was told that residents were supported to access public health screenings when they were invited to attend these.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

All staff were up-to-date in mandatory training in Safeguarding Vulnerable Adults. Staff spoken with were informed of the safeguarding procedure and of their safeguarding duties.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider operated the centre in a manner that respected residents' rights and dignity. Residents were consulted with in the running of the centre, and their choices, will and preferences were supported and upheld.

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. Staff and management spoke about residents in a person-centred and professional manner.

The residents' overall well-being and welfare was provided to a good standard. Residents had choice and control in their daily lives, deciding their weekly plan and being supported by sufficient number of staff who could facilitate their individual choices.

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 were supported to be active members in their community and to participate in activities meaningful to them.

Residents were consulted with in the running of the centre. The inspector reviewed weekly residents' meetings from April and May. The minutes reflected discussions on activities and food choices. Human rights principles were discussed to support resident awareness and understanding.

The registered provider had ensured that each resident's privacy and dignity was respected and upheld. Each resident had their own bedroom, and there was ample communal living space. Residents' personal information was securely stored to protect their privacy.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant