Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rossmore
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0002404
Fieldwork ID:	MON-0045054

About the designated centre

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

Rossmore is a designated for people with intellectual disabilities operated by St Michael's House. It provides full-time residential support to male and female adults. The service is located in a residential area in South Dublin, and within walking distance of local amenities such as shops and leisure facilities. The centre is close to public transport which enables residents to access additional facilities in their local community. The centre comprises one large two-storey dwelling. Residents have access to a communal sitting room, kitchen/dining room, utility room with laundry facilities and another small sitting room. In addition, there are two communal bathrooms provided, located on the ground floor and first floor of the centre. There are gardens to the front and rear of the centre. Staffing is based on the assessed needs of residents. An over night staff member is available to provide assistance to residents if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 19 March 2026	10:20hrs to 16:45hrs	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. The inspector determined that, overall, residents received high-quality care provided by a familiar staff team who delivered it with kindness and respect.

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 South 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 five 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.

The kitchen dining area was the main hub of activity in the house. When residents returned from being out and about, they each came into the kitchen had tea or coffee and told with staff about their day.

The sitting room was big and spacious. It was nicely decorated with photos and memorabilia pertinent to the residents. It was clear that residents liked to enjoy both communal spaces for their own recreation and with the other residents living in the designated centre.

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.

Residents were observed to lead busy and active lives, expressing satisfaction with their home and the staff who supported them. 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.

Throughout this inspection, residents appeared comfortable and at ease with staff, demonstrating a relaxed and happy demeanor in their home. It was evident that they had a strong rapport with the staff.

The inspector had the opportunity to meet most of the residents who lived in the designated centre during the course of the inspection. Residents told the inspector that they were very happy in their home and that some of them had lived there for many years. They shared their enjoyment of activities such as going out for meals, trips to the pub, bowling, knitting, attending local clubs, sporting events and going clothes shopping. Two residents showed the inspector their respective bedrooms. One resident played the guitar and sang a couple of songs for the inspector, another resident joined in.

Some residents were in paid employment and one resident had recently retired. This resident showed the inspector photos of a party their employer had held for them to celebrate their retirement.

Many of the residents had enjoyed 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.

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 inspector found that residents were well informed of issues relating to their home and safeguarding.

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. 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.

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. 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 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.

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 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

On the day of the inspection, the provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose and the size and layout of the designated centre.

The inspector examined the planned and actual staff rosters for February and March 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.

Residents were in receipt of support from a stable and consistent staff team. Resources in the centre were planned and managed to deliver person-centred care. A high staff to resident ratio was maintained in the centre, which ensured residents' specific person-centred support needs were met in line with their assessed needs.

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

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

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, 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 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 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. 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. Residents regularly accessed activities in their local community, some attended local community clubs and events. On the day of the inspection residents were getting ready to go out for a meal together and told the inspector they were looking forward to it.

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

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.

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.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individualised specific-risk assessments were also in place for each resident.

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 made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the designated centre 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. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes. Furthermore, residents were actively involved in the upkeep of the house and garden.

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 saw that mealtime records showed a range of meals were prepared which offered choice and good nutritional value.

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 26: Risk management procedures

The provider had a risk management policy and standard operating procedure in place, which was reviewed by the inspector. The provider had ensured that the policy included all necessary information in accordance with regulatory requirements. For instance, it contained detailed information on managing the unexpected absence of a resident, accidental injuries, self-harm, and outlined the systems in place within the designated centre for the assessment, management, and ongoing review of risk.

In line with the risk management policy, there was a risk register in place which detailed potential risks in the centre as well as the measures in place to reduce or eliminate them.

Risks identified were assessed and necessary measures and actions were in place to control and mitigate the risk.

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.

Residents were informed of the fire evacuation arrangements.

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.

The inspector reviewed three of the residents' files over the course of the inspection. Each file contained a comprehensive assessment of need which was informed by the resident, their representatives and the multi-disciplinary team. Comprehensive care plans were in place which guided staff in meeting residents' assessed needs. The care plans were comprehensive and were written in person-centred language.

Furthermore, they were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included communication needs, social and emotional well being, safety, health and rights.

Easy-to-read documents were included for each resident's assessment of need and they were consulted in all goal setting.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

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 explicit 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.

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

At the time of this inspection there were no safeguarding concerns open. However, the inspector's review of preliminary screening forms evidenced that the information provided was both comprehensive and detailed. Additionally, interim and formal safeguarding plans, where necessary, were incorporated as part of this process.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant