



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	12 November 2025
Centre ID:	OSV-0002398
Fieldwork ID:	MON-0045270

About the designated centre

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

The Pines is a designated centre operated by St. Michael's House. It provides residential care and support for up to four adults with an intellectual disability. Residents with additional physical and sensory support needs can also be accommodated in the designated centre. The designated centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes, and residents with well-managed health conditions, such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual disability and mental health diagnosis. The centre comprises a detached two-storey house in a busy Dublin suburb. Each resident has their own bedroom. The centre is managed by a person in charge and service manager. The staff team consists of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 12 November 2025	10:00hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that the centre was operating at a high level of compliance. Residents told the inspector that they felt safe and were happy living in the centre. It was clear that they were receiving good quality and person-centred care and support that promoted their human rights.

The centre accommodates two adult residents. It comprises a large two-storey house in the suburbs of Dublin. It is very close to amenities and services, including shop, restaurants, pubs, and the provider's day services. The house contains individual bedrooms, a dining room and kitchen, a utility room, bathrooms, two sitting rooms, and staff offices. There is a large rear garden for resident to use. Overall, the house was seen to be clean, homely, comfortable, well equipped, and there were no restrictive practices. Specialised equipment was available and it was maintained in good working order; for example, mobility equipment was up to date with its servicing requirements.

The inspector also observed good fire safety systems, including fire detection, fighting and containment equipment. The premises, restrictive practices and fire safety are discussed further in the quality and safety section of the report.

The inspector observed a relaxed atmosphere in the centre. Residents engaged in activities of their choice, such as relaxing by listening to music and watching television; and there was a nice aroma of home cooking at dinner time. Staff engaged with residents in a kind and warm manner, and it was clear that they knew each other well; for example, the inspector observed residents and staff talking about their plans for Christmas and current affairs in the news.

Both residents were happy to speak with the inspector and talk about what it is like to live in the centre. They both said that they liked living in the centre and were very satisfied with the care and support they received. They described the centre as being calm, serene, and a lovely home. They said that it was warm, well-equipped, and provided sufficient space. They also had specialised equipment available to them, such as wheelchairs, which they said was comfortable and in good working order. They liked the food in the centre, and often had their favourite meals. They had participated in fire drills, and knew to evacuate the centre if the alarm sounded.

Residents complimented the staff, and said that they were dedicated, caring and helpful. They felt that there was enough staff on duty, and said that they provided good support to help them manage their health care needs and appointments. One resident spoke about a long-term condition that caused them discomfort at times. They were awaiting to see a specialist next month, and hoped that they would be

able to improve their comfort.

Residents spoke about the activities they enjoyed. They liked to spend time with their families, eat out, reflexology, massages, and relaxing in their home. They also enjoyed weekly visits from a therapy dog. One resident spoke about their personal goals, such as planning holidays. The other resident said that chose not to plan goals as they were busy enough. Residents told the inspector that they were satisfied with the supports they received to manage their finances, and overall felt that they could exercise choice and control in their lives, and exercise their rights, such as voting. One resident had contributed to advocacy and rights training programmes and was well informed on these matters. Residents said that they had no concerns, but could speak with staff or the management team if they had.

The inspector found that were good arrangements for residents' voices to be heard, and to ensure that their rights were promoted. Residents attended house meetings where they discussed common topics of interest, such as the premises, infection prevention and control, menu planning, health and safety, the support they received in the centre, and how to make complaints. In addition to the day-to-day consultations, they were consulted with as part of the unannounced visit reports and annual reviews of the centre. The most recent report and review noted positive feedback with residents saying that they were happy. Positive feedback was also noted from their families in the annual review. They were also supported to choose and pursue personal goals, such as going on holidays, if they wished to.

The inspector was primarily facilitated by a social care worker, and the person in charge attended the centre in the afternoon.

The social care worker was well informed on the residents' needs, and had an excellent understanding of their interests, personalities, preferences and individual needs. They told the inspector about the residents' changing health care needs, and the interventions they required, including extensive multidisciplinary team services.

The social care worker and person in charge spoke about the centre not having dedicated transport as well as the challenges posed by having a small number of staff who drove the provider's transport; only one full-time staff and one part-time staff drove. The centre borrowed a bus from the provider's day service at the weekends, and utilised taxi services as needed. However, these arrangements were not ideal, particularly when the bus and taxis were not readily available. The person in charge told the inspector that a risk assessment would be developed to assess the situation, determine the potential impact on residents and identify if additional measures are needed.

The social care worker and person in charge had no safeguarding concerns. They said that residents were happy, their rights were promoted, and there were good arrangements to meet their needs and wishes.

Overall, the inspector found that residents were happy, satisfied with the care and support they received, and felt safe in their home. They were receiving good quality care that was appropriate to their needs.

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

Capacity and capability

The inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was consistent and appropriate to their needs, and operated in line with the statement of purpose. For example, staffing arrangements were adequate and residents could access multidisciplinary team services.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and met the requirements of regulation 14. They demonstrated a good understanding of the resident's needs and of the service to be provided in the centre. They reported to a service manager, and there were effective arrangements for them to communicate.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, as well as various audits had been carried out in the centre to identify areas for quality improvement. Actions from the audits were being implemented to enhance the quality and safety of the services provided in the centre.

The person in charge was satisfied that the staff skill-mix and complement was appropriate to the assessed needs of the current residents. There was one vacancy, and it was managed well to reduce any adverse impact on residents. The person in charge maintained planned and actual rotas. The rotas clearly noted the staff on duty and the hours they worked. The inspector also reviewed a sample of the staff Schedule 2 files, and found that they contained the required information.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The meetings were scheduled monthly. The inspector read a sample of the 2025 minutes. The minutes noted discussions on updates to residents' needs and goals, safeguarding, incidents, complaints, infection prevention and control, staffing, and fire safety.

The inspector viewed the residents' contracts of care. They outlined the necessary information, including the fees to be paid.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably skilled and experienced for their role, and possessed relevant qualifications in social care and management. They demonstrated a good understanding of the residents' needs, and of the service to be provided in the centre.

The person in charge also had responsibility for another designated centre, but this was not seen to be impacting on their governance and management of the centre concerned.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of a social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection. The service manager of the centre had a nursing background, and was able to give guidance on the residents' health care.

The person in charge was satisfied with the staffing arrangements, and said that there was enough staff on duty. There was one vacancy, and it was filled by regular relief and some agency staff.

The inspector found that the agency staff member who had worked in the centre the night before the inspection had a recent vetting disclosure. They had also received an induction when they started working in the centre. The induction record sheet noted that the residents' needs and plans, safety matters, and reporting systems had been discussed with them.

Staff spoken with, spoke warmly about residents, and demonstrated an excellent understanding of their preferences and needs. Residents also told the inspector that they liked and knew all of the staff working in the centre, and were very satisfied with the support they provided.

The inspector reviewed three permanent staff members Schedule 2 files. The files contained the required information, including vetting disclosures, written references, and evidence of qualifications and photographic identification.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, multidisciplinary team services were available and the premises met the residents' needs.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time, and reported a service manager. There were arrangements for the management team to communicate, including scheduled meetings and informal communications. The person in charge also completed monthly governance reports that they shared with the service manager. The inspector reviewed a sample of the reports from 2025. They included information on residents' plans, risk assessments, health and safety, incidents, complaints, notifications, infection prevention and control, and restrictions.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. The provider carried out annual reviews and six-monthly unannounced visit reports which consulted with the residents, as well as audits on fire safety and safeguarding arrangements. Within the centre, the person in charge and staff team completed finance, infection prevention and control, and health and safety audits. The audits were found to identify actions for improvement where required, which were monitored by the management team to ensure progression.

There were effective arrangements for staff to raise concerns, including scheduled team meetings and supervision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector viewed both residents' contracts of care. They were signed by the residents and the provider, were recently reviewed, and outlined relevant information, including the fees to be charged to them.

Judgment: Compliant

Quality and safety

The inspector found that the residents' wellbeing and welfare was maintained by a good standard of person-centred safe care and support in the centre. Residents told the inspector that they liked living in the centre, and were happy with the care and

support they received.

The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. Residents determined how they spent their time and said that they could make choices in their lives, and exercise their rights. The inspector also observed that they were listened to and understood by staff, and treated with respect and kindness.

There were systems to enable residents to be involved in the operation of the centre and to make decisions about their care. For example, they attended house meetings to discuss topics concerning the centre, and could attend individual meetings to choose personal goals if they wished to.

Residents' needs had been assessed and associated care plans had been prepared. The plans, including those on behaviour support, health care, and communication, were readily available to guide staff practice. The plans were up to date and noted that residents could access multidisciplinary team services and were supported to attend various health care appointments.

The provider had implemented effective arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. There had been no safeguarding concerns or incidents since the previous inspection in 2024.

The residents required support to manage their finances and possessions. They told the inspector that they could access their money and spend it as they wished. However, the inspector found that minor improvements were required to the arrangements to ensure that residents' possession logs were subject to review and that all expenses could be verified.

The premises comprises a two-storey house located in a large suburb of Dublin with many amenities and services. The house comprises residents' bedrooms, staff offices, bathrooms, sitting rooms, a kitchen and dining room, a rear garden, and a utility room with an attached garage. The house was seen to be homely, comfortable, clean, and nicely decorated. There were no restrictive practices in the centre. The provider planned to renovate and reconfigure the premises to future proof it for residents; however, there was no confirmed time frame for the works.

The inspector observed good fire safety precautions. For example, there was fire-fighting equipment throughout the house, and staff had received fire safety training. Fire drills were also regularly carried out to test the effectiveness of the evacuation plans. Residents also told the inspector that they were familiar with the fire safety arrangements.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in their own individual means. The supports were underpinned by its

total communication policy.

The residents primarily communicated verbally. The inspector observed that they were listened to and understood by staff when they conversed. Staff were also found to have a good understanding of residents' non-verbal communication, such as their body language. Information on how residents' communicated was reflected in their care plans for staff to refer to.

The provider had ensured that residents could access different media forms in their home, including televisions and the Internet. Residents could also use phones and smart devices to keep in contact with their family and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had prepared a written policy on the arrangements for residents' finances and possessions. The policy was overdue review since April 2024.

Both residents required support to manage their finances, such as the safe storage of their money, and regular audits of their transactions and cash balances. Residents told the inspector that they consented to these supports, and that they could access their money when they wanted to and could spend it as they wished. The inspector checked their cash balances and found that they were correct.

However, some minor improvements were required to the support and oversight arrangements. The inspector reviewed both residents' August 2025 bank statements and expenditure sheets with the person in charge. There was one discrepancy; a receipt for an in-house service had not been signed by the service provider to verify that they had received the payment.

The inspector also reviewed both residents' property logs. The upkeep of the logs required improvement, as one was last noted to be reviewed in August 2024.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents were supported and had opportunities to engage in activities in line with needs and interests.

Residents told inspectors about how they liked to spend their time, and said that they could choose what they did. Both residents enjoyed spending time with their families, reflexology, massage treatments, eating out, yoga and visits from a

therapy dog. They also liked to relax in their home, and watch television, journal and listen to music.

The inspector reviewed the residents' November 2025 daily notes and one resident's October 2025 activity report. They noted the activities the residents had engaged in, including those mentioned above, as well as the cinema, theatre and going to the park.

Residents were supported to maintain their relationships. For example, during the inspection, a social care worker helped a resident plan a Christmas party in the centre for their family to attend.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a two-storey house close to many amenities and services. The premises were found to be appropriate to the needs of the resident living in the centre at the time of the inspection.

The house was seen to be clean, bright, homely and comfortable. There was sufficient communal space including bathroom facilities, a kitchen and dining room, two sitting rooms, and a large garden. The house was well equipped and the facilities appeared to be in good working order. Residents' had their own bedrooms. Residents told the inspector that they liked the premises.

Specialised equipment, including electric beds and wheelchairs were, was available to residents, and was in good working order.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the house, and it was regularly serviced to ensure that it was maintained in good working order. The fire panel were addressable and easily found in the front hallway. The inspector observed good fire containment measures; fire doors, including the kitchen, sitting room and bedroom doors closed fully when released.

Staff completed daily and weekly fire safety checks, and the centre's fire safety officer completed more comprehensive monthly and quarterly checks. The provider's fire safety officer had also visited the centre earlier in the year to provide training for

staff and to audit the fire safety measures.

There was an evacuation plan for the centre and individual evacuation plans for the residents. The individual plans were up to date and outlined the individual supports residents required. The centre's evacuation plan required a minor update, which the social care worker completed during the inspection.

Fire drills, including drills reflective of different scenarios, were carried out to test the effectiveness of the fire plans. Learning from drills was noted and used to enhance the evacuation plans. Residents were reminded about fire safety during their house meetings, and told the inspector that they knew how to evacuate the centre if the fire alarm sounded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that suitable arrangements were in place to meet the needs of the residents living in the centre.

The person in charge had ensured that the resident's needs were assessed to inform the development of written personal care plans. The inspector reviewed the assessments and personal care plans. The plans included positive behaviour support, diet, mobility, relationships, finances, intimate care, communication, and health care plans.

They were found to be up to date with input from multidisciplinary team services and the residents, and were readily available to guide staff on the care and support residents required. They also included important information on the residents' interests, preferences and personalities.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs had been assessed, and were under regular review. The inspector found that residents were in receipt of extensive health care and services in respect of their assessed needs.

Health care plans with strategies and interventions were available to guide staff practices. The inspector found that the interventions were being adhered to, such as regular health checks. Information was also available to help residents understand their health care conditions.

Residents' care plans and health care records showed that they were supported to avail of a wide range of multidisciplinary team services, including internal and external services, such as physiotherapy, occupational therapy, dentists, chiropody, psychiatry, nursing, and their own general practitioners. Residents were also supported to attend specialist and consultant services, such as neurologists, and national screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents received good support to manage their behaviours where it was required. Staff had completed positive behaviour training to inform their practices, and care plans were available with information on appropriate strategies and interventions to use. Staff said told the inspector that the plans were effective.

There were no restrictive practices in the centre, and this demonstrated the provider's commitment to a restraint free environment that upheld resident's rights.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented good systems to safeguard residents from abuse. Residents told the inspector that they felt safe in their home, and there had been no safeguarding concerns since the previous inspection in April 2024.

The provider had prepared a written policy on the safeguarding of residents. It was readily available in the centre along guidance for staff on reporting concerns. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedures for reporting any safeguarding concerns. The provider's social work department had also completed a safeguarding audit in March 2025 to review the arrangements in the centre.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspector found that the plans were up to date and readily available to guide staff.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. Residents had a good quality of life, and were supported to make choices and decisions about their care and support, and how they spent their time.

Residents attended house meetings where a range of relevant topics were discussed. The inspector reviewed a sample of the meetings from August, September and October 2025. They noted discussions on activity planning, fire safety, the complaints procedure, menu planning and healthy eating, infection prevention and control, rights and advocacy.

During the meetings, residents were consulted with about the care and support they received, and indicated that they were satisfied; for example, during an August meeting, they said that they felt safe and had enough staff support. During a September meeting, they were consulted with about the provider's plans for the premises.

Residents were able to exercise their rights; for example, they said that they chose how they spent their time, could access their money, and had the opportunity to vote in the recent presidential elections.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Pines OSV-0002398

Inspection ID: MON-0045270

Date of inspection: 12/11/2025

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Receipts will be signed by in house service providers on the day of the service. Residents property logs will be reviewed montly as per SMH policy.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2026