

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

## Issued by the Chief Inspector

Name of designated centre:	Collins Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	21 October 2025
Centre ID:	OSV-0005059
Fieldwork ID:	MON-0042149

## About the designated centre

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

Collins Avenue is a designated centre operated by St Michael's House. The centre comprises a large two-storey house in a busy Dublin suburb. It is located close to many amenities and services. It provides residential care and support to adults with intellectual disabilities. Supports can also be provided for residents who have mental health challenges, autism, and behaviours of concern. Staff are educated and trained to provide care and support in a social care model. The centre is managed by a person in charge, and the staff complement includes a social care leader, social care workers and direct support workers.

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

Number of residents on the date of inspection:	2
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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
Tuesday 21 October 2025	09:30hrs to 16:00hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This unannounced inspection assessed the provider's compliance with the regulations and quality and safety of care provided to residents. From what residents told us and what the inspector observed, it was evident that residents living in this centre were leading active lives as members of their local community, and that the service was a person-centred one which had focus on residents' human rights. Ultimately, the inspector observed a high level of compliance with the regulations.

The inspection was completed over the course of one day and was facilitated by the social care leader and person in charge by engaging with the inspector and promptly providing all requested documentation. Through careful observation, direct interactions, a thorough review of documentation, and discussions with residents and key staff the inspector evaluated residents' quality of life.

The service provided in the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aimed to "provide a homely environment where individuals are supported to live as independently as possible and make choices out their lives" and "ensure a healthy and safe environment is maintained where everyone feels at home and safe". The inspector found that this was a service that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The centre comprised a large two-storey house in a busy Dublin suburb. The centre was close to many amenities and services including shops, cafés, and public transport. The designated centre was registered to accommodate two residents. The inspector had the opportunity to meet and briefly interact with one of the residents living in the designated centre. The inspector spent the morning in the designated centre. However, due to the unannounced inspection and assessed needs of the other resident it was agreed that the inspector would complete the inspection from the provider's office in the afternoon. All required documentation was made available to the inspector to complete the inspection.

The inspector conducted a walk through of the designated centre in the presence of a social care worker who was on shift. Overall, it was clean, homely, and nicely decorated. Each resident had sole use of one floor, although both floors were accessed by the same ground floor entrance. The ground floor comprised a large bathroom, a kitchen, a sitting room, a bedroom, and a laundry room. On the second floor there was a bedroom, an open plan living area with kitchen, a bathroom, a staff office and a sleepover room. Both floors were decorated to the residents' individual tastes.

The inspector observed adequate fire safety systems including emergency lighting, and fire detection, containment and fighting equipment. The inspector tested the

fire doors and they closed properly when released. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

The inspector briefly met with one of the residents, who was supported by two staff members. The staff demonstrated a strong rapport with the resident and showcased a thorough understanding of their support plans, assessed needs, preferences, and interests. One of the staff member's shared with the inspector that resident particularly enjoyed outings to get their haircut, listening to music, and watching TV and movies. Additionally, the staff member outlined the resident's plans for the day, which included a visit with their brother. Both residents were supported to participate in community based activities of their choice and were encouraged to be active consumers in their community by using all local facilities.

As previously reported the inspector did not have an opportunity to meet with the other resident. However, a review of all documentation and notes evidenced that the resident was happy living in the home, felt safe, and was engaged in a variety of home and community activities of their own choosing.

A review of all notifications prior to and during this inspection, and a review of all incidents evidenced there were no current or open safeguarding concerns, and both residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The social care leader and person in charge spoke about the high standard of care both residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by the inspector, interactions with residents, feedback from staff and documentation reviewed provided suitable evidence to support this.

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

The management team were informed of the residents' needs and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service.

Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

## 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 this inspection determined that the provider and person in charge had implemented management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their assessed needs.

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 service was led by a capable person in charge, supported in their role by a social care leader. They were supported by an experienced staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and reported to a Director of Adult Services.

The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents living in the centre. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing.

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records, which were in line with all relevant legislation.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024, which included consultation with residents and their families and representatives.

In compliance with regulatory governance requirements, the provider had completed unannounced visits to the centre twice per year and produced a report on the visits. Action plans were drawn up as part of these reports and inspectors observed that actions were being used to drive continuous service improvement.

There were contracts of care in place for both residents, which were signed by the residents. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

There were relevant policies and procedures in place in the centre, which were an important part of the governance and management systems to ensure safe and

effective care was provided to residents including guiding staff in delivering safe and appropriate care.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

### Regulation 15: Staffing

On the day of this 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 noted that the staff team were well qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

The social care leader was supported in their role by a service manager / person in charge, and a team of social care workers and direct support workers. The inspector spoke to the social care leader, service manager / person in charge, and to two staff members on duty, and found that they were all very knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

During the inspection, the centre demonstrated adequate staffing with three staff members present during the day and two staff members providing waking night-time supervision.

The social care leader effectively managed staff scheduling through comprehensive planned and actual rosters. An examination of the August, September, and October 2025 rosters confirmed the consistent presence of regular staff, supporting continuity of care for both residents. Coverage for vacant shifts was achieved through a consistent and small panel of relief and agency staff. The rosters reviewed by the inspector accurately documented all staffing arrangements, including the full names of staff on duty for each shift.

Judgment: Compliant

### Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set



out in Schedule 3 and Schedule 4 were maintained and were made available for the inspector to review. For example, a copy of the current statement of purpose, residents' guide, record of all complaints, and records pertaining to fire safety were all maintained in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, and multidisciplinary team services were involved in the development of residents' care plans.

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 designated centre was managed by the social care leader who reported directly into the service manager / person in charge. The social care leader worked directly with residents, but also had protected time to carry out their management, administrative, and regulatory duties and responsibilities. The person in charge was not based in the centre, but frequently visited the centre and there were good arrangements for the management team to communicate including regular formal team meetings and the sharing of governance reports.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including audits on medication, personal plans, safeguarding, staffing, training, fire, infection prevention and control, risk management and the premises. Audits reviewed by the inspector were comprehensive, and where required identified actions to drive continuous service improvement.

Additionally, a comprehensive infection prevention control (IPC) had been completed by the provider's IPC lead in October 2025. This audit documented high levels of compliance with three actions identified. At the time of this inspection all actions were in progress.

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in June 2025. The action plan documented a total of 10 actions. Following review of the action plan, the inspector observed that the majority of actions had been completed and that they were being used to drive continuous service improvement.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the social care leader or the person in charge. In addition to the supervision arrangements, staff also

attended monthly team meetings which provided a forum for them to raise any concerns.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
<p>The provider had in place a policy on referral, admissions, transition and discharge, which was reviewed by the inspector on the day of this inspection.</p> <p>There were contracts of care in place for all residents. The inspector reviewed two contracts of care in place for residents and found that these were signed by the residents or their family or representative.</p> <p>Contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.</p> <p>Prior to and during the course of the inspection inspectors completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.</p> <p>In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.</p>
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
<p>Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care. The inspector found that the provider had prepared</p>

written policies and procedures on the matters set out in Schedule 5 and these were available in electronic format for staff to refer to.

The inspector reviewed a sample of the policies. At a minimum, the provider ensured the policies and procedures required by the regulations were reviewed and updated where necessary every three years.

It was found that policies on provision of behavioural support, and residents' personal property, personal finances and possessions had not been reviewed within the required three years. However, the inspector was shown evidence that both of these policies were currently under review by the provider's quality department.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the provider had measures in place to ensure that a safe and quality service was delivered to each resident. 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.

Staff knew each residents' communication requirements and the inspector observed throughout the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that suited them. Staff were in receipt of total communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection.

Residents were encouraged and supported to make decisions about how their room was decorated and residents' personal possessions were respected and protected. Residents had easy access to and control over their clothing, and there were systems in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them safely and in a timely manner. Furthermore, systems were in place to routinely monitor and audit residents' finances in line with the provider's established policy.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support

needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had completed safe administration of medication training.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

## Regulation 10: Communication

The provider demonstrated respect for core human rights principles by ensuring that residents could communicate freely and were appropriately assisted and supported to do so in line with their assessed needs and wishes.

The provider had systems in place to support and assist residents to communicate in accordance with their needs. A review of information in the designated centre and conversations with staff indicated that residents required support with communication and that measures were in place to support these residents. The inspector read information which had been developed to guide staff and support residents to communicate, and staff demonstrated comprehensive knowledge of these supports throughout the inspection process.

One resident was supported with their communication through the use of social stories, and visual schedules and planners. The inspector saw evidence that these supports were in place and effectively used by the staff team to support the

resident's communication style and preference.

All staff were in receipt of training in total communication, which further enhanced their skills in communicating effectively with the residents they supported.

Additionally, residents had ready access to a range of media and personal devices as appropriate to their needs and abilities.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were able to access their possessions and property as required or requested. Records of residents' possessions deposited or withdrawn from safekeeping were maintained. For example, the inspector reviewed two residents' private property logs, which were found to be accurately maintained and up-to-date.

The provider had put in place suitable arrangements to inform and reassure residents that the insurance in place covered loss or damage to their property. For example, residents had up to date contracts of care and tenancy agreements on file.

Residents had easy access to and control over their personal finances, in line with their wishes. Information, advice and support on money management was made available to residents in a way that they could understand and all residents had finance support plans on file. Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on "Management of Service Users' Monies and Possessions".

The inspector reviewed two residents' financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed break glass alarm points, smoke and heat detectors, and emergency lighting. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

The inspector noted that escape routes through the centre were clearly indicated.

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

The inspector observed that the fire panel was addressable and easily accessed, and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed both residents' personal evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Additionally, the inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of two residents' medicine administration records by the inspector indicated that medicines were administered as prescribed.

Medicine administration records reviewed clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

There was a clear focus on medicines management, monitoring and review which aimed to reduce medicine related incidents and adverse events in the designated centre. For example, medicine error forms were completed as required and learning from this was used to further support staff knowledge and understanding and mitigate the risk of future errors occurring.

The provider and person in charge ensured that all residents received effective and safe supports to manage their own medicines. For example, residents had been assessed to manage their own medicines. Outcomes from these assessments were used to inform resident's individual plans on medicine management. No residents

were self administering medicines on the day of this inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Communication
- Emotional wellbeing
- Physical and intimate care
- Mental health
- General health.

Each resident was assigned a keyworker and they supported the resident to engage with and participate in decisions about their own lives and the running of their home. For instance, residents participated in individual weekly house meetings in which they discussed weekly activities, daily activity choices, and meals.

Residents were actively engaged in the person centred planning process, and person centred plans were made up of the following three sections:

- All about me
- Assessment of need
- Wellbeing outcome review meeting.

Staff spoken with demonstrated full awareness of residents' personal plans and the care support plans that were in place to empower the residents to live as independently as they possibly could.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, two positive

behaviour support plans reviewed by the inspector were detailed and comprehensive. In addition, the plans included information pertaining to antecedent events, proactive and preventive strategies for staff to follow in order to reduce the risk of behaviours that challenge from occurring.

Residents were connected with members of the provider's multidisciplinary team, including a clinical psychologist, who actively monitored incidents and collected data in order to inform interventions and provide positive behaviour supports to residents.

Staff members spoken with on the day of this inspection were very knowledgeable about guidelines in place, and the inspector observed positive communication and interactions between residents and staff throughout the inspection. Additionally, systems were in place to regularly monitor the behavioural support approach, and staff avoided practices that could be seen as institutional abuse.

There was one restrictive practice used within the designated centre. The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, the restrictive practice in place was subject to regular review by the provider's positive approaches monitoring group (PAMG), and was notified to the Chief Inspector. Furthermore, it was appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

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 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.

Staff spoken with were knowledgeable about abuse detection and prevention and promoted a culture of openness and accountability around safeguarding. In addition, staff knew the reporting processes for when they suspected, or were told of, suspected abuse. It was evident to the inspector that staff took all safeguarding concerns seriously.

On the day of this inspection there were no safeguarding concerns open. However, the inspector found that previous safeguarding concerns had been reported and responded to as required. For example, interim and formal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed one preliminary screening form and found that the incident,



allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of both residents' personal intimate care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with the residents' personal plans and in a dignified manner.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant