



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

Issued by the Chief Inspector

Name of designated centre:	Clew Bay
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	10 February 2026
Centre ID:	OSV-0002334
Fieldwork ID:	MON-0045058

About the designated centre

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

Clew Bay is a designated centre operated by St Michael's House located in an urban area of north Co. Dublin. It provides community residential services to six adults with intellectual disabilities over the age of 18. The centre consists of two premises located in nearby towns. One premises is a two-storey, end of terrace house with five bedrooms, three bathrooms, a kitchen, dining and living spaces. The other premises is a semi-detached house with two bedrooms (one of which contained an en-suite bathroom), a staff bedroom and office, a kitchen and dining area, living room, main bathroom, and outdoor utility area. The centre is located close to amenities including shops, pubs, churches, Garda station, credit union, banks, parks, a swimming pool and a library. The local shopping centre is a 10 minute walk and the area is well served by public transport. The centre is staffed by a person in charge and social care workers. Residents have access to nursing support through a nurse on call service if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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 10 February 2026	10:30hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The findings of the inspection were positive with the inspector finding the provider was responsive to the needs of residents and that residents were supported to enjoy an active and enjoyable life.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The designated centre was comprised of two houses located a short distance from each other in two suburbs of Dublin. Both houses were located close to many services and amenities, which were within walking distance and good access to public transport links. The centre was registered for six beds and was home to six residents, five in one house and one in the other house.

The inspector had the opportunity to meet most of the residents who lived in the designated centre during the course of the inspection. The inspector did not have the opportunity to visit the single occupancy house on the day of the inspection and therefore did not meet the resident on this occasion.

The inspector met three residents in the other house and spoke to two of these residents in more detail. The inspector found that residents were well-informed of issues relating to their home and human rights.

One resident showed the inspector around their home. The centre was observed to be a clean and tidy, warm and comfortable environment. There was adequate communal space. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The kitchen was busy and accessed regularly by all residents for meals and also just to spend time in. The inspector observed a resident choosing what he would like for lunch and was supported by staff to make it.

The sitting room was bright and well laid out and was in use by one of the residents throughout the day.

Each resident had their own bedroom which was decorated in line with their preferences and wishes. One resident chose to show the inspector their bedroom

and later in the evening sang a song they had written about their love of travel for the inspector.

The other resident told the inspector they like living in the house saying; 'its a good house, I get on well with everyone'.

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. Residents were observed receiving a good quality person-centred service that was meeting their needs. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of the residents living in the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports. In addition a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

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 provider had a complaints policy and associated procedures in place as required by the regulations. The inspector reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained.

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

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.

This inspection 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 had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge maintained a planned and actual rota showing staff on duty in the centre. The inspector examined the staff rosters for January 2026 and the current February 2026 roster. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

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

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

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.

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support the delivery of care to residents.

The inspector reviewed the staff training records maintained by the person in charge and found that it was effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults.

Supervision records reviewed were in line with organisation policy. 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 and the centre was sufficiently resourced to meet the needs of all residents.

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 and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit, risk management audit, finance, medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

A review of monthly staff meetings showed regular discussions on all audit findings, including health and safety issues.

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 vehicle for transport which was assigned for the centre's use.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

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

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

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

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

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. This was in easy-to-read format and accessible to all.

There was an up-to-date complaints log and procedure available in the centre. The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector 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.

The designated centre was generally clean and well-maintained although there were some improvements required to one bathroom in one of the houses. There was sufficient private and communal space in the centre.

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

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow.

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

The inspector reviewed two 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.

There was evidence that the designated centre was operating in a manner which was respectful of all residents' rights. The inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person centred approach to care and support. Residents activities included going to concerts, bowling, shopping trips, hotel stays and they had the opportunity to plan and arrange holidays throughout the year.

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.

The inspector saw that there were effective fire safety management systems in place and that many residents were informed of these systems.

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 saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

The inspector found that residents were supported by staff who understood their communication needs and could respond appropriately.

Some residents' had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff were familiar with residents' communication needs and care plans.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

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 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 being decorated in line with their tastes.

However, there was some upkeep required to the bathrooms of one designated centre. The inspector saw that paint was peeling away on the ceiling of one shower room and there was some mildew built up around the top of the tiles in the shower.

The issues had been identified by the person in charge and reported to maintenance.

Judgment: Substantially 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.

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

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 that a range of meals were prepared which offered choice and good nutritional value.

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.

Staff had received training in FEDS. The inspector observed staff preparing drinks which were in line with residents' FEDS care plans.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate systems in place to detect, contain and extinguish fires. Residents were informed of the fire evacuation arrangements. Some residents, in one of the houses, acted as fire deputies and supported the staff in completing routine fire safety checks and fire drills.

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

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files over the course of the inspection.

They were found to contain an up-to-date and comprehensive individual assessment of the residents' needs. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

Furthermore there were suitable care and support arrangements in place to meet residents' assessed needs.

The inspector saw that care plans were available in areas including communication, positive behaviour support, social supports, residents rights, health care and safeguarding, as per residents' assessed needs.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this.

Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

Staff received training in managing behaviour that is challenging and participated in regular refresher courses based on best practices.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. The inspector completed a review of restrictive practices in place in the centre and found that all restrictive practices were logged, regularly reviewed and risk assessed in line with the provider's policy.

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 had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

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

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

Judgment: Compliant

Regulation 9: Residents' rights

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

The inspector saw that staff interactions with residents were in a manner which upheld residents' dignity and provided residents with choice and control. Staff were seen offering residents choices, responding to residents needs and requests by providing direct assistance in a manner which respected residents' right to dignity and privacy.

Residents were observed to engage in meaningful activities in line with their assessed needs, likes and personal preferences throughout the inspection.

Overall, it was clearly demonstrated residents received a high standard of support, person-centred and rights-informed care, which was upholding their human rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clew Bay OSV-0002334

Inspection ID: MON-0045058

Date of inspection: 10/02/2026

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• The Technical Services Department (TSD) are scheduled to complete a site visit to review the bathrooms and the proposed works/costings by 10.04.2026.• An application to Dublin City Council is currently being completed and will be submitted by 30.04.2026. A Statement of Payment was requested from the Social Welfare Department for one resident in support of the application.• An Occupational Therapist Referral was sent on 15.10.2025 for the bathroom to be assessed. The referral has now been assigned to an Occupational Therapist and the review of the bathroom will be completed by 31.03.2026• The PIC has completed a risk assessment for the use of these bathrooms while we await the completion of these works.• Staff have removed the mildew to their best of ability and there is now an enhanced cleaning scheduled/equipment for this bathroom to ensure mildew is removed.• Staff will continue to monitor the bathroom and report any further issues as they arise to TSD.• An IPC audit has been scheduled and will be completed by 30.04.2026.	

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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	01/10/2026