Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fairview
Name of provider:	St Michael's House
Address of centre:	Dublin 3
Type of inspection:	Unannounced
Date of inspection:	27 March 2026
Centre ID:	OSV-0002350
Fieldwork ID:	MON-0044625

About the designated centre

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

Fairview designated centre is a community based home in Dublin 3 operated by St. Michael's House. The centre provides residential care and support to adults with intellectual disabilities. The centre has capacity for three people to be accommodated in the house and is home to three gentlemen over 18 years of age. The centre is a two story house which consists of three individual bedrooms, music room, staff bedroom, kitchen/dining room, two sitting rooms, three bathrooms and staff office. The house is located close to local amenities such as local post office, bowling, shops and is well serviced by public transport. The house is staffed by social care workers who are available to residents on a 24 hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Friday 27 March 2026	10:30hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance with regulations and standards. The person in charge was on leave at the time of the inspection but staff on duty were present to facilitate the inspection.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on compliance with the regulations and standards.

The designated centre comprised of one two-storey building, located in an inner coastal suburb of Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had capacity for a maximum of three residents and there were three residents living in the designated centre, who had shared a home for many years and knew each other well. Residents came and went freely from the centre to attend education and participate in community based activities of their choosing.

On arrival to the designated centre, two of the residents were out in their day service programme, or engaging in their daily tasks. Another resident was getting ready to go out with staff. The resident did return for a short period of time but opted not to engage with the inspector and to go back out on an activity with staff. In the short time frame the resident was present in the centre, the inspector had the opportunity to observe them being supported by staff. For example, the resident was supported to choose activities for the day and went for lunch locally where they met up with a family member.

Some residents were in paid employment and were actively involved in their local community. Staff told the inspector that the residents enjoyed socialising together and would regularly go to the pub together, head in to the city centre on public transport and arranged planned days out further a field with each other.

The inspector was shown around the centre by staff on duty, they were knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment. The premises were seen to be well maintained, clean and nicely decorated.There was adequate communal space.

The kitchen was busy and accessed regularly by all residents for meals and also just to spend time in. The sitting room was bright and well laid out. There was also a bedroom, a shared bathroom, a staff office and a staff bedroom on the ground floor and a nice garden space for residents to use.

The upstairs of the house had two individual bedrooms, a shared bathroom, a spare room that was being used as a small living room/ TV room and a large landing area with seating.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were observed to interact warmly with residents.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. A review of the provider's annual review of the quality and safety of care however, evidenced that they were happy with the care and support that the residents received.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

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

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

The inspector spoke with two staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Regulation 15: Staffing

The inspector examined the planned and actual staff rosters for February and March 2026. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

Vacancies were managed by familiar relief staff to ensure continuity of care and support for residents.

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

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control (IPC), manual handling and fire safety.

Information on the Health Act 2007 (as amended), regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. There was suitable local oversight. The person in charge worked full time and was based in the centre. They were supported by a service manager who in turn reported to a director of services.

A series of audits were in place including monthly local audits in the areas of health and safety, medication, finance and IPC and provider-led six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the resident's or their family or representative.

The contract of care also outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them.

These supports were in line with the resident’s assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1.

It 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

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The 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.

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

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions that residents required. Residents' individual care needs were well assessed, and appropriate supports and access to multidisciplinary professionals were available to each resident. Residents were receiving appropriate care and support that was individualised and focused on their needs.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents feeding, eating and drinking support needs had been well assessed. There were plans in place to guide staff in supporting residents in this area.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. The restrictions were appropriately managed in line with evidence-based practice to ensure that it was monitored, consented to, and assessed as being the least restrictive option.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

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

Residents' files contained communication care plans where required, and a communication profile which detailed how best to support the resident.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

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.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment.

Each of the residents bedroom had been personalised to the individual resident's tastes, with photos of family members and friends and activities they enjoy and was a suitable size and layout for the resident's individual needs.

However, the inspector did observe that there were parts of the residents' home that still required decoration and repair, namely one of the bathroom shower drain needed replacing and the ceiling painting was beginning to peel and early signs of mould were observed. Carpet on the stairs needed repair and the arm of a sofa in the sitting room was ripped.

These issues had been already been identified prior to the inspection through the provider's own audits and notified to the provider's maintenance department, and had been prioritised on the provider's wait list.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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

Some residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fire fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

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

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, health care, nutrition and feeding, mobility and safeguarding, as per residents' assessed needs.

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, the positive behaviour support plan reviewed by the inspector was detailed, comprehensive and developed by an appropriately qualified person. In addition, the plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The inspector found that the person in charge was promoting a restraint-free environment within the centre.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Where a restrictive practice was in place it was noted they had been assessed and with an accompanying risk assessment to further provide rationale for their use.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	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

Compliance Plan for Fairview OSV-0002350

Inspection ID: MON-0044625

Date of inspection: 27/03/2026

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
Outline how you are going to come into compliance with Regulation 17: Premises: Carpet on stairs was repaired on 19/04/2026 • Sofa in sitting room was replaced on 15/04/2026. • Providers technical services department has replacement of drain in downstairs shower on its Organisational work plan to have complete by end of quarter 3, 2026 • Providers technical services department has repainting of ceiling in upstairs shower room on its Organisational work plan to have complete by end of quarter 3, 2026. Early signs of mould on ceiling will be cleaned in line with IPC protocols by 18/05/2026.	

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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2026