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:	Marley Court
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	16 July 2026
Centre ID:	OSV-0002402
Fieldwork ID:	MON-0051093

About the designated centre

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

Marley Court is designated centre operated by St. Michael's House. The centre comprises a six bedroom, two storey house, located in a busy South Dublin suburb. The designated centre is located in close proximity to a large shopping centre, restaurants, wooded areas, and other amenities. Marley Court designated centre provides residential care and support to six adults with intellectual disabilities, and can support residents who have additional physical or sensory support needs. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The centre is staffed by a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 July 2026	09:30hrs to 17:00hrs	Mary Lillis	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out by one inspector over the course of one day. The inspection found that residents were provided with good quality, safe, rights based care. The centre was fully compliant with all regulations inspected against.

Marley Court is a two storey, detached house in the suburbs of Dublin city. It was close to a wide variety of amenities, including parks and shops and had easy access to public transport. Marley court consists of six bedrooms, three on the ground floor and three on the first floor. There was a large bright kitchen dining room, with a six-seater dining table and six chairs, a utility room, sitting room and large accessible wet room downstairs and a second bathroom upstairs. The premises was clean, beautifully decorated and had lots of homely touches such as photos and art by residents on the walls. It was well maintained both inside and outside, with a flowers at the front door and a landscaped garden with flower beds and seating areas to the rear.

There were five residents living in the centre at the time of the inspection with one vacancy in the centre. The inspector had the pleasure of meeting all of the residents. On arrival at the centre, one resident was present and all others had already left for their day services. This resident was enjoying a cup of tea at the kitchen table before going to an appointment. This resident showed the inspector parts of the garden and kitchen decorations that they really enjoyed for example; butterfly decorations that were in the flower beds. They also showed the inspector a framed jigsaw and noted that another resident had made it. This resident also pointed out the staff rota for the day and which staff member would be taking them to their appointment.

In the afternoon, the inspector had the opportunity to have a cup of tea and a chat with this resident again as well as the three other residents, when they returned from day services. One resident chose to say hello to the inspector and take their drink to their bedroom. The inspector observed residents and staff checking in and chatting about their days. Some residents chose to make their own drinks and made tea for others. While staff and the person in charge helped other residents who required such support. The inspector observed staff and the person in charge offering verbal and object choices to residents. The atmosphere in the kitchen was happy, busy and chatty.

The residents who spoke with the inspector were all very positive in their discussions of the centre and the staff telling the inspector:

- "good"
- "It's great"
- "It's lovely"

- "(staff name) is great"

When asked what they would change about the centre, one resident noted that they didn't like the kitchen chairs. The chairs were bought last year but this resident didn't like them and they pointed out some marks and damage to the paint on the chair. When the inspector asked who the residents would speak to if they were upset or unhappy, three residents identified the person in charge and their key workers by name. Two residents also spoke about their monthly meetings where they could raise any issues.

The residents all described to the inspector how they spent their days. They spoke about going to the the phoenix park, playing pitch and putt, going to the doctors and then out for coffee. One resident spoke about their work in a grocery shop and a hairdresser. The residents and person in charge were observed discussed plans for the weekend, one resident suggested going to visit their former house mate who had moved out in November 2025. This was agreed to be a great idea by two other residents and the person in charge agreed to call their former house mate to make sure that they were not doing something else on Saturday. The residents also discussed being invited to a birthday party later in the summer, with some residents were very enthusiastic about attending and others said they did not want to attend. Staff were seen to make note of the date and reassure residents that they didn't have to go but they could decide closer to the date.

Residents communicated to the inspector about things that were important to them in their home. One resident described how they had been living there for more than 20 years and were looking forward to retiring. Another resident described how they had a key to their own room and that this was important to them. A third resident spoke about their jigsaws and how they liked that their favourites were framed and in place around the house. Residents also pointed out photos on the wall to the inspector, of special occasions such as their 60th birthday party.

Overall, the inspector was told by residents and observed, that residents were in receipt of a high standard of care and support and were happy living in the centre. The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring a good quality and safe service.

Capacity and capability

The purpose of this inspection was to monitor compliance with the regulations. Overall residents were being provided with good quality rights based care. The centre was found to be fully compliant with the 11 number of regulations inspected against. The provider and person in charge had systems in place to ensure clear lines of accountability, good governance and oversight within the centre.

Residents were supported by a skilled staff team who were very knowledgeable about the residents and their care needs. The person in charge ensured that staff had access to appropriate training and were appropriately supervised. This meant that residents were provided with a safe and effective service which kept their needs and rights at the centre of care and support.

The provider ensured that residents had an up-to-date contract of care. The provider had a clear admissions process in place and the inspector found evidence of good practice in relation to considering prospective residents, the statement of purpose of the centre and the care needs that the centre can support.

The person in charge ensured that the Chief Inspector was notified of all incidents as outlined in the regulations.

Regulation 16: Training and staff development

The inspector carried out a review of the training records available in the centre on the day of the inspection and found that the person in charge had ensured that staff had access to appropriate training including:

- Fire safety
- Managing behaviour that is challenging
- Safeguarding
- Fire Aid
- Hand Hygiene and infection prevention control
- Feeding Eating Drinking Swallowing
- Medication management
- Human Rights.

The majority of staff were up to date in relation to this training, where staff required refresher training this was highlighted and the staff member notified. Two staff members required refresher first aid training and this was booked to complete later in August. The person in charge also obtained declarations that agency staff members had completed the above above training and a record of this was kept in the designated centre.

The inspector also sampled the supervision records of three staff members and found that they were participating in supervision in line with the provider's policy. Supervision sessions were recorded on a template and had a set agenda. Topics included, supporting residents, engaging with families, team working, learning and development and well being.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. The inspector found that there was regular oversight and monitoring of the care and support provided in the designated centre.

The person in charge and provider had systems in place to routinely monitor and review the care and support being provided to residents. The person in charge had a system of audits in place, including health and safety, medication management and resident file audits. There was an annual review of the quality and safety of care in the centre. The inspector was provided with the most recent annual review dated March 2026. This was found to be person centre, it contained feedback from residents, their families and staff. The inspector noted that the actions arising from this feedback had been carried out for example; one resident asked for the upstairs bathroom ceiling to be repaired and the inspector noted that it was clean and well maintained during the walk through of the centre.

The provider had a number of mechanisms in place to oversee the centre. The provider carried out six monthly unannounced audits as required by the regulations. The inspector reviewed the two most recent unannounced audits dated June 2026 and December 2025. These audits reviewed each regulation and evaluated if the requirements of the being met and included a review of incidents within the centre. The audits identified proactive actions to support residents as their needs changed for example; it was identified that residents had increased medical needs and a nurse had been recruited to the staff team. Progress with actions were monitored by the person in charge and discussed at monthly team meeting. In addition, the person in charge completed a "data report" on a quarterly basis, this outlined and overview of trends in relation to progress with residents goals, the number and nature of incidents and notifications as well as staffing and training needs. This data report was sent to a person participating in management and discussed a management meeting between the person participating in management and the person in charge, which also took place quarterly.

Staff meetings were held on a monthly basis. Staff meeting minutes were reviewed and demonstrated that topics such including residents' needs and their goals, audit actions, training and development as well as policies and procedures were regularly reviewed.

All of the above meant that residents received a safe and supportive service, where their changing needs were understood and being responded to on a proactive basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre had one vacancy since November 2025. The person in charge explained that two individuals had been considered to move in but following a review of their needs it was determined that Marley court would not be suitable accommodation for them.

The inspector discussed the admissions process with the person in charge and reviewed the available documentation in relation to the possible admissions. The inspector found good practice in relation to considering a new admission to the centre. A multidisciplinary team meeting took place to assess if the centre could meet the proposed residents' needs, taking into account the resident's presentation and the care needs that the centre could support as set out in the statement of purpose. This meeting was attended by social workers, the person in charge, a person participating in management and allied health professionals where necessary. For privacy and general data protection reasons the full minutes of the meeting were not available to review but the outcome was clear and the person in charge was able to explain the rationale for a person not being admitted for example; one person presented with progressive needs that would necessitate a further change in accommodation.

The provider also had a compatibility assessment, which would have been carried out if either proposed resident had care and support needs that the centre could meet. The person in charge was clear that the vacancy within the centre would only be filled when a person who's needs could be met within the centre and who's admission would not impact on the other residents was identified.

The inspector reviewed four resident's files and found that each resident had a contract of care that had been agreed in writing with each resident. The inspector found that these had been updated within the last 12 months and were clear regarding what services and care was provided and what was included in their accommodation costs and what was not. The contract was presented in a detailed document and in a easy read document to support the residents' in giving informed consent.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of four residents' files and incident records, showed that the person in charge notified the chief inspector of all incidents as outline in the regulations. The person in charge had a system in place in ensure that incidents were reviewed in a timely manner and those that required it were notified to the Chief Inspector. Where the person in charge was not available to complete notifications, this was covered by a person participating in management.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the care being provided to the residents in the centre. The inspector found that residents were being provided with good quality rights based care. Care being provided to residents was based on a comprehensive assessment of their needs. Residents were supported to make decisions about their care and identify personal goals. Staff worked with residents to achieve their personal goals.

The staff and person in charge were aware of how communication and accessible information was supportive of the residents realising their rights. The inspector found that residents were supported to make decisions about their care and the day to day running of the centre. This was evident through observation of staff interactions with residents as well as through document review.

There were systems in place to protect residents from all forms of abuse. Residents, who needed such support were able to access positive behaviour supports and psychology supports plans when needed. These were reviewed regularly and updated as needed.

Regulation 10: Communication

From file reviews, conversations with residents, two staff and the person in charge, as well as observations, it was found that the resident's communication needs and preferences were understood, respected and supported. The provider had in place a referral procedure for any residents who required it to obtain specific communication assessments.

Staff who spoke with the inspector were aware of the individual communication needs and preferences of each resident, this information was outlined in the resident's personal plans and the inspector observed staff putting this into practice, providing residents with choices and using their routines to support communication. For example, one resident who was non-speaking returned from day services. The staff member supporting them explained the resident's typical routine, their preferences and noted that seeing the physical object helped the resident make choices. The staff member took out a box of tea and cuppa soup from the kitchen press and the resident chose the cuppa soup by touching the box. The staff member supported the resident to make the soup before they went back to their room to enjoy their drink.

A review of four residents files, showed each resident had a summary explanation of their communication needs and those who required it had a more detailed

communication passport which outlined their preferred methods of communication and the meaning of individual signs and or words and phrase. The inspector found that visual schedules and social stories were used to support residents' to make choices and understand their options.

This file review also showed that information that was important to resident's care was presented in manner that was accessible to the resident, this included, their contract of care, care plans, how to make a complaint and information on specific health needs and interventions. The supportive communication environment resulted in residents accessing their human rights in a meaningful and empowering way. This will be discussed further under Regulation 9.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with residents and staff and reviewing residents' support plans, it was clear that residents were living active lives and engaging in activities which they enjoyed and were important to them.

The inspector found that residents were supported to participate in a wide variety of activities that interested them. All residents attended day services. As discussed in the opening section of this report, residents described to the inspector how they spent their very active days including participating in sports, and creative activities and eating out. One resident described their employment. They worked in a shop once a week and in a hair dressers every second week. They spoke about really enjoying the work, in particular the hair dressers.

Each resident had on file a short summary of their previous years highlights and goal trackers for this calendar year. These contained notes and photographs of events and activities and goals that the residents had and were in the process of achieving. This included attending concerts, musicals, and parties.

Residents were supported to maintain relationships with family and friends. Many of the residents were noted to regularly visit family members particularly at weekends. As described earlier the residents were supported to maintain friendships with a former resident who no longer lived in the house and were observed to make plans to meet with that resident at the weekend.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents files and found that each had a comprehensive assessment of their needs with input from appropriate health care professionals. The assessments looked at all aspects of the residents lives, including mental and physical health and well being, social interests activities and personal relationships. These were recorded on the provider's template and included in put from the resident, their key worker and person in charge and allied health professionals as needed.

The assessment of need was used to inform the residents' care plans. A wide variety of plans were reviewed by the inspector, for example mental health, positive behaviour support, nutrition and diet, feeding eating drinking swallowing plans, and skin integrity to name a few. These plans were person centred and very detailed, providing good guidance to anyone who is supporting the resident. The inspector saw evidence of care plans being updated when required for example when health professionals updated recommendations and all support plans being reviewed every three months even if an update was not required.

Each resident met with their key worker and devised personal goals. These goals were regularly reviewed and updated. Each resident had a goal tracker and these were completed as progress was made, for example one resident set a goal of writing to a favourite celebrity and this noted to have been completed and a stamped addressed envelope included in the hope that the celebrity would write back. Other residents had identified favourite activities such as attending concerns and musical theater, their goal trackers included the dates that tickets were booked for and photos of the resident at the event if it had already taken place.

Judgment: Compliant

Regulation 6: Health care

The registered provider and person in charge had systems in place to ensure that each resident was provided with appropriate health care to meet their needs. Each resident had access to a general practitioner (GP) of their choosing.

A review of four residents' files showed that medical recommendations were explained to the resident and their consent for medical treatment was obtained, for example an easy read guide was available on file in relation to the application of some prescriptions. There was also a record of consent for staff to attend medical appointment with residents.

Residents attended a variety of medical and allied health professionals for example; gastroenterology, neurology, dermatology, psychiatry, dietetics, and speech and language therapy. The inspector saw evidence of the recommendations from health professionals being put into practice within the centre for example; one resident was recommended a gluten free diet and the inspector saw this resident was provided with gluten free snacks and dinner in line with those recommendations. As

mentioned earlier under Regulation 5, care plans were updated regularly when health recommendations changed. Residents who were eligible were supported to engage in screening programmes such as bowel screening and breast check.

The person in charge and provider were found to be responsive to the resident's medical needs. The provider had determined that the residents would benefit from having access to nursing staff and recruitment was in progress to meet this need. The person in charge recognised that some residents found it difficult to wait for medical appointments, and ensured that two staff were available to attend their appointments. This allowed one staff to join the queue for the relevant appointment and then call the resident and their second support staff in when it was time to see the medical professional. This allowed the residents to successfully attend medical appointment by reducing waiting times and associated anxiety.

All of the above meant that residents were provided with support to attend medical appointments, understand and consent to medical treatments. This supported the residents to live healthy lives as they aged and reduce any pain or illness they experienced.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there was systems in place to provide residents who needed it with positive behaviour supports. The inspector reviewed three positive behaviour support plans and found them to be developed by an appropriate professional, detailed and providing sufficient information to support the reader to understand how best to act in order to reduce the likelihood a behaviour of concern would occur. One plan was in the process of being updated, with a psychologist having reviewed it the week before the inspection.

Each plan included;

- the probable cause and or function of the behaviours of concern
- the situation or context that may make a behaviour of concern more likely
- how to identify when a resident was becoming more likely to engage in behaviours of concern
- strategies to use to help prevent such behaviour
- how staff should respond if the resident does engage in such behaviour
- for some residents these support plans also contained skills teaching such as recognising emotions and implementing breathing exercises for anxiety.

Staff who spoke with the inspector were knowledgeable about the support plans and the inspector observed the person in charge and staff using strategies as outline in the positive behaviour support plan. For example, at the kitchen table one resident was becoming very enthusiastic when speaking with another resident and was

getting too physically close to the other resident, who was starting to show early signs of discomfort. The person in charge observed this and gave clear direction to one resident "lets give (name) some space" and then redirected them asking for help to prepare a drink. This simple but deft interaction was in line with the residents support plans and also ensured that they continued to have a really positive interaction.

There were no restrictive practices ongoing within the centre at the time of the inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had in place systems to protect residents from all forms of abuse and to support residents to develop skills required for self care and protection. The inspector reviewed safeguarding reports and associated incidents. There were 13 safeguarding reports made to the local adult safeguarding team in 2026, 11 of which were closed and two remained open at the time of the inspection.

The inspector reviewed active safeguarding plans for two residents. They were of good quality, detailed, easy to understand and included recommendations from professionals such as psychiatry and psychology. These plans were also closely linked with and integrated into the residents positive behaviour support plans as discussed earlier.

The person in charge ensured that there were intimate care plans in place for residents who needed it. The staff who spoke with the inspector were aware of safeguarding policy and procedures as well as intimate care plans and how to adhere to those plans.

Judgment: Compliant

Regulation 9: Residents' rights

Through observations, documentation review and engagement with residents and staff, it was clear that residents' rights was at the core of the care being provided to residents. The centre was operated in a manner which respected the rights of the residents including their right to privacy, the inspector observed respectful interactions between staff and residents. The staff and person in charge, respected the residents rights to privacy for example as described earlier, one resident had a key to their own room, which they noted was very important to them as they did not want anyone in their room without their permission.

Residents were invited to regular residents meetings which took place every week. The inspector reviewed the minutes of these meetings and noted that a variety of topics such a plans for the month, things they would liked or wanted to change and ideas for meals. The residents views were recorded and each resident signed their name to the meeting minutes. Some residents chose at times not to attend the meeting. One resident, on returning home from their day service, seeing a lot of people in the kitchen assumed it was time for the residents meeting, happily declaring "everyone's here, lets do the meeting". The person in charge clarified the day for the next residents meetings and the resident appeared a little disappointed. These meetings provided residents with a format to participate in the running of the centre and voice any compliments or complaints.

The inspector also saw evidence communication supports were used to good effect to support resident accessing their human rights; for example, easy read information was evident on residents files to enable informed consent regarding their care and supports. Staff members had completed training in 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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant