



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Santa Sabina House
Name of provider:	Santa Sabina House Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0000159
Fieldwork ID:	MON-0041946

## About the designated centre

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

Santa Sabina House is a purpose built nursing home, with accommodation for maximum 38 residents. Accommodation is set out over two floors in single bedrooms with en-suite bathroom facilities. The designated centre provides care and services to female residents over 18 years old. The centre provides extended care, convalescence care, respite care (up to 6 weeks), dementia care and palliative care as well as caring for residents with physical disabilities. Residents with low, medium, high and maximum care needs can be accommodated in the centre.

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

Number of residents on the date of inspection:	34
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## How we inspect

To prepare for this inspection the inspector or 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 19 February 2026	08:00hrs to 14:35hrs	Sinead Lynch	Lead
Thursday 19 February 2026	08:00hrs to 14:35hrs	Aislinn Kenny	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out by two inspectors over one day. The purpose of the inspection was to monitor ongoing compliance with the regulations and standards. Residents spoken with told the inspectors that they were happy and content living in the centre. The residents told inspectors that they particularly enjoyed the Mass in the centre and all residents had high praise for the staff working there describing them as 'wonderful' and 'marvellous'. There was a friendly and cohesive atmosphere in the centre and inspectors observed that staff and resident interactions were kind and friendly. Staff and residents appeared to know each other well and were observed chatting throughout the day.

The centre provides accommodation for a maximum of 38 residents and is laid out across two floors with access by stairs, lift and a chair lift. Residents had access to a number of communal day spaces on both the ground and first floor such as a chapel, parlour, activity room, community room, a piano room, an activity and training room with the main dining room available on the ground floor. Residents' accommodation were located on both floors. All bedrooms were single with en-suite facilities.

The premises was designed and laid out to meet the needs of the residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Directional signage was in place throughout and the centre was nicely decorated with artwork and other items of interest on display. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance that was well organised.

Residents sat together in groups to enjoy their meal. There was a choice of meals available and residents told the inspectors that there was never a problem asking for something else. The meals were observed to be nutritious and wholesome with large portions served. The atmosphere during mealtimes was unhurried and sociable with residents chatting with each other and also with staff. A choice of drinks was available throughout the meal and refreshments were served throughout the day also. The inspectors observed staff offering a variety of drinks including soup, tea and coffee throughout the day and residents were given a choice with what they wanted to accompany this. One resident described the food as 'excellent' while another described it as 'good solid food'. Inspectors observed that the soup of the day, which was changed on a daily basis, was also displayed in Irish language for residents who spoke Irish.

There was a prayer service at 11.30am each morning and this followed on to Mass at 12 midday. Mass was held in the chapel on-site six days a week. There was a

very good attendance at Mass and residents could be heard singing hymns from the chapel.

There were many crocheted items around the centre that some residents had made. These included blankets and scarfs. They were bright and colourful and well-maintained. Residents had created a Valentine's day display where they had included messages of gratitude and warmth towards staff and these were displayed on red hearts.

There was an activity co-ordinator working full-time in the centre. The residents spoke very fondly of this person and the activities that were made available to the residents. Residents could participate in sewing, painting and board games. The residents were recently invited to partake in the Bealtaine Festival showcasing their art work. Inspectors observed residents participating in a lively crossword game and a sing-along taking place on the day of the inspection.

There were secure gardens and courtyards in the centre. Residents had access to them at any time. These were observed to be well-maintained with safe comfortable seating available. There was also a 'loop' around the centre for residents who could go out independently.

There were information notices displayed around the centre. This was to assist residents in contacting other supports if required, such as advocacy services, pastoral care and any other services that are available to residents living in the centre.

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

## Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The registered provider of Santa Sabina House was Santa Sabina House Limited.

The inspectors followed up on the compliance plan from previous inspections and found that the provider and person in charge had completed all necessary items within the required time-frame.

There was an established governance and management structure in place. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. The inspectors reviewed governance and management documentation including audit records, meeting minutes and complaints. There was a comprehensive audit schedule which included audits of food and nutrition, safeguarding, falls and care plans. Staff meetings, management and health and safety meetings took place regularly.

The person in charge was supported in their role by a company director who was present on the day of inspection and administrative staff, two Clinical Nurse Managers (CNMs), nurses, healthcare assistants, housekeeping, catering, and maintenance. There were a team of religious chaplains available to residents each day.

The centre was found to have sufficient staff to meet the needs of the residents living in the centre. These staff had been provided with training appropriate to their roles. Supervision in the communal rooms was in place throughout the day of the inspection. At all times during the inspection there was appropriate assistance available to the residents.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

The inspectors reviewed the complaints log and found that complaints were appropriately managed in the centre. The complaints policy and procedure had been updated and reviewed recently. There was one complaint since the last inspection which was managed appropriately and the outcome provided to the complainant.

### Regulation 15: Staffing

A sample of staff duty rotas was reviewed, and from communication with residents, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured all staff had access to appropriate training. Staff were appropriately supervised throughout the centre.

Judgment: Compliant

### Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

### Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents within the required time-frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place in the centre which was displayed around the centre. The complaints procedure was in line with the regulatory requirements. The single complaint received since last inspection was accurately recorded and promptly investigated.

Judgment: Compliant

## Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a high standard of care and a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social and religious care needs were incorporated into their daily care, which they all appeared to really enjoy.

Residents were consulted about and participated in the organisation of the designated centre. There was an active social programme where birthdays and other occasions were celebrated. Residents' meetings took place in the centre and were well attended by residents and areas such as food, infection control, privacy and dignity were discussed. Residents had a 'key to me' assessment carried out which detailed their likes and dislikes and activities preferences.

There were minimal use of restrictive practices in place. Residents came and went as they wished and lived their lives in accordance with their preferences. The centre had a restraint register in place and any restrictive practices that were in place were reviewed on a daily basis. Residents using restrictive practices had a care planning detailing this; care plans were very detailed and sufficiently guided staff in relation to their use.

A transfer document was in place and was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The environment was clean and tidy on the day of the inspection. The inspectors observed good practices in relation to standard precautions to reduce the spread of infection. Staff were observed to have good hand hygiene practices. The inspectors observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately. Clinical audits in the area of infection control were taking place and issues identified were appropriately actioned by the person in charge.

A safeguarding policy was in place in the centre and details of advocacy services were on display throughout the centre. Safeguarding was also discussed with residents at the residents' meetings.

Residents' nutritional needs were met in the centre. There was a choice of meals available via the menu on display on each table in the dining room. Food was observed to be home-made, nutritious and plentiful. Residents with dietary

requirements were catered for and any dietary needs were detailed in their care plans.

### Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 18: Food and nutrition

The dining room was spacious and had menus on display on tables. Condiments and drinks were available on the tables for the residents and there was adequate numbers of staff in attendance. Residents who needed assistance were in upright positions in chairs and were not rushed. Residents spoken with said that they were happy with the quality and quantity of food offered.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The centre was using the National Transfer document on their computerised care planning system. These forms had a section to document a resident's infection status. A sample of transfer forms where residents were transferred to the acute care were viewed by the inspectors, these forms were fully completed to support the sharing of information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

The provider had ensured that effective governance arrangements were in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship. The provider had ensured compliance with the *National Standards for Infection prevention and control* (2018).

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. There was a low use of restraints. Less restrictive alternatives were trialled and documented in the residents' care plans. There was evidence that consent was obtained when restraint was in use.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. From a sample of staff files reviewed An Garda Síochána vetting disclosures were in place for staff before they commenced in their role.

The provider was not a pension-agent for any resident living in the centre but support was made available to residents should they require when dealing with their finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and respectful. There was independent advocacy services made available to all residents and their contact details displayed around the centre.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant