



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

Issued by the Chief Inspector

Name of designated centre:	Sabhaile
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	03 February 2026
Centre ID:	OSV-0002370
Fieldwork ID:	MON-0048385

About the designated centre

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

Sabhaile is a residential service operated by St Michael's House. It provides care and support for up to five adults with an intellectual disability. The centre comprises one large single-storey house located in a North Dublin suburb, with five bedrooms, a kitchen and dining room, large living area and second small living room, utility room and staff room. Sabhaile has a modest-sized contained garden and is located in close proximity to a range of local amenities. Residents are supported by a team of nurses and social care workers who are managed by a person in charge. Residents receive support in areas such as personal development, healthcare and independent living support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 3 February 2026	09:00hrs to 12:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of designated centre, Sabhaile. The inspection was carried out to assess progress against actions set out in the provider's compliance plan response following an inspection in September 2025 where previously there had been poor compliance found.

From what residents told us and what the inspector observed, it was evident that residents living in this centre were treated with dignity and respect, and that they were empowered to make decisions about their own lives. The inspection had positive findings, with high levels of compliance across all regulations inspected demonstrating the provider had taken effective action to bring the centre back into compliance.

The inspection was facilitated by the person in charge. To form judgements on the residents' quality of life, the inspector used observations, discussions with residents, a review of documentation, and conversations with key staff.

The centre was registered to accommodate five adult residents. At the time of this inspection, there were four residents living in the designated centre. The inspector had the opportunity to meet with two residents living in the designated centre. Residents in the centre presented with a variety of communication support needs, and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Residents indicated that they were very happy with the service, and it was apparent to the inspector that they liked the staff and felt comfortable in their presence.

The designated centre is a purpose built bungalow situated beside one of the provider's adult day service centres. The designated centre comprised of five single occupancy bedrooms, a staff office / sleepover room, a kitchen, a sitting room, a living room, a utility room, a bathroom, and a large accessible shower room. Residents' bedrooms were arranged in a way that reflected their personal preferences, featuring items of interest to them.

During the previous inspection, the inspector identified a number of maintenance issues that detracted from the welcoming atmosphere of the designated centre. On this inspection, the inspector saw evidence that all issues had been escalated to the provider's technical service department, and were due to be completed by the end of February 2026. Furthermore, new recliner sofas had been purchased, and the person in charge had also sought and received approval for the purchase of new window blinds and curtains. The inspector noted that the designated centre was clean, and also observed staff completing daily cleaning tasks throughout the morning of this inspection.

The person in charge emphasised the high standard of care provided to all residents and expressed no concerns regarding their wellbeing or safety. They spoke to the inspector about changes and improvements that had been implemented following the previous inspection. For instance, staff vacancies had been back-filled and residents were now in receipt of quality care and support from a stable and core staff team. Additional nominated drivers ensured that residents no longer had to rely on alternative transportation to bring them to their preferred activities. Furthermore, plans to relocate one resident to a vacant bedroom were in progress. Assessments had been completed by members of the provider's multidisciplinary team which confirmed the move would better meet the resident's current assessed needs.

The inspector noted improvements pertaining the governance and management of the centre. Since the previous inspection, a full review of the rostered hours and staffing arrangements had been completed. The inspector noted that the person in charge had additional "management days" in order to complete tasks in line with regulatory requirements. A review of the designated centre's auditing systems also confirmed that ongoing review of improvement plans were taking place, which ensured that all actions set by the provider had been completed or were in progress.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The management team were informed of the residents' needs, and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected and where they were supported to live busy and active lives of their choosing.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. The provider had implemented management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their assessed needs.

There was a clearly defined management structure in place, and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. There was a regular core staff team in place, and they were knowledgeable of the needs of the residents and had a good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre. Warm, kind and caring interactions were observed between residents and staff and staff were observed to be available to residents should they require any support and to make choices.

Appropriate training is fundamental in supporting staff to understand behaviours that challenge and promoting environments that respect residents' rights and dignity. The staff team had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector saw that all staff were now in receipt of regular, quality supervision, which covered topics relevant to service provision, and professional development.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre, and there was regular management presence within the centre. The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance, and management systems in place were found to operate to a high standard in this designated centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for the previous year, which included consultation with all residents and their families and representatives.

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

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Regulation 15: Staffing

On the day of this inspection, the provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre. The inspector noted that the staff team were appropriately qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

Since the previous inspection, the provider had recruited and back-filled all vacant positions within the designated centre. The inspector examined the planned and actual staff rosters for January and February 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.

Improvements were also noted to the number of staff who were nominated drivers. At the time of this inspection there were three nominated drivers working in the designated centre. This had a positive impact on all residents, meaning they were able to attend planned activities, and their day service programmes without having to rely on alternative transportation for their planned activities.

During the inspection, the inspector spoke with three staff members on duty, and the person in charge and found that all were knowledgeable about the residents' support needs, and their responsibilities in providing care. Residents were familiar with the staff, and felt comfortable interacting and receiving care.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care. Examination of the staff training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, positive behavioural supports, and safeguarding, all of which contributed to a safe and supportive environment for the residents living in this service.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, manual handling, wheelchair clamping, oxygen therapy, emergency first aid, feeding, eating, drinking, and swallowing (FEDS), and infection prevention control (IPC).

Since the previous inspection, all staff members were now in receipt of quarterly supervision, as per the provider's established policy. The person in charge had developed a schedule of supervision for all staff members. The inspector reviewed this and found that all staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge. The inspector reviewed two staff members supervision records, all of which included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 23: Governance and management

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

Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

There was clear evidence of consistent oversight and monitoring of the care and support provided within the designated centre, with regular management presence on-site. Adequate arrangements were in place to ensure effective oversight and operational management during periods when the person in charge was off duty or absent. Additionally, clear and well-communicated on-call arrangements provided staff with access to managerial advice at all times, as needed.

An annual review of the quality and safety of care had been completed. It evidenced that the annual review assessed the centre against relevant national standards while also containing important feedback from and consultation with residents and their representatives.

The inspector noted that improvements had also been made to all auditing systems used within the designated centre. For example, following the previous inspection, the inspector observed and reviewed copies of the provider's Quality Enhancement Plan (QEP), and Quality Improvement Plan (QIP), which set out specific actions to bring the designated centre back into full compliance with the regulations. The inspector noted that all actions had been completed or were in progress. Furthermore, the QEP and QIP were regularly monitored and updated to ensure actions were completed or progressed in a timely manner.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats, and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people, and was used to improve quality and inform practice.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations, and in a manner which ensured the delivery of care was safe and person-centred.

Staff knew each residents' communication requirements, and the inspector observed throughout the morning of the inspection that staff were flexible and adaptable with all communication strategies used. There was a culture of listening to and respecting residents' views in the service and residents were facilitated and supported to communicate with their families and friends in a way that suited them.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. A walk around of the centre confirmed that the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The inspector saw evidence that all premises issues identified during the previous inspection in September 2025 had been escalated to the provider's technical service department, and were due to be completed by the end of February 2026.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge and senior social care worker. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required.

Where required, positive behaviour support plans were developed for residents. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented, and were subject to review by appropriate professionals.

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

Regulation 10: Communication

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

Throughout the duration of the inspection the inspector observed residents freely expressing themselves, receiving information and being communicated with in the best way that met their assessed needs. For instance, some residents had assessed communication support needs. Staff supporting these residents acted as communication partners, and were observed to be familiar with the residents' communication support plans.

Following the previous inspection, the provider's speech and language therapist (SLT) completed a review and updated three residents' communication guidelines. In addition, the person in charge ensured that residents' communication support plans were also reviewed and updated. Furthermore, a communication referral had also been submitted to the SLT department for another resident pertaining to assistive technology supports and recommendations.

Judgment: Compliant

Regulation 17: Premises

During the previous inspection in September 2025 a number of premises issues that detracted from the welcoming atmosphere of the designated centre were identified. On the day of this inspection, the inspector saw evidence that all issues had been escalated to the provider's technical service department. All premises works were signed off for approval, and were scheduled for completion by the end of February 2026.

The inspector also noted that actions set out in the provider's compliance plan response pertaining to one resident's bedroom had also been progressed. For instance, plans to relocate the resident to a vacant bedroom had been approved, and assessments completed by the provider's physiotherapist and occupational therapist confirmed that the move to the vacant bedroom would better meet the resident's assessed needs. In addition, the move would mitigate concerns regarding the resident's ability to evacuate swiftly in the case of an emergency.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, and administration of medicines. Since the previous inspection improvements had been made to the safe storage of all medicines. For instance, a medicine fridge with a lock mechanism had been purchased to ensure appropriate medicine storage.

Residents were in receipt of a comprehensive individualised service from their pharmacist who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the centre.

The inspector found that there were good arrangements for the oversight of medicine practices, including regular audits and checklists, to ensure that the provider's policy was adhered to, and that any discrepancies were identified. There was a clear focus on medicines management, monitoring and review which aimed to reduce medicine related incidents and adverse events in the centre. For example, medicine error forms were completed as required and learning from this was used to further support staff knowledge and understanding and mitigate the risk of future errors occurring.

The inspector found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. As part of this inspection, the inspector reviewed one resident's prescription sheet, and medicine administration records. These documents contained all necessary information, and evidenced that the resident received their medicines as prescribed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, all

residents had up-to-date positive behaviour support plans on file. The inspector reviewed three positive behaviour support plans, and found that these were very detailed, comprehensive, and developed by an appropriately qualified person. In addition, each plan identified potential stressors and stress indicators, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The provider ensured that staff had received comprehensive training, equipping them with the knowledge and skills required to support residents effectively. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

Since the previous inspection, the person in charge had completed a review of all restrictive practices used in the designated centre. The inspector noted that all restrictive practices used had been appropriately notified to the Chief Inspector in line with the regulations. The inspector completed a review of restrictive practices, and found they were the least restrictive possible and used for the least duration possible. The inspector also confirmed that these had been appropriately risk assessed, in accordance with the provider's established policy, and were subject to regular review by the provider's positive approaches monitoring group (PAMG).

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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant