



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

Issued by the Chief Inspector

Name of designated centre:	Woodview
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0002376
Fieldwork ID:	MON-0044765

About the designated centre

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

Woodview is a community based designated centre operated by St. Michael's House. The centre provides full-time residential care and support for up to six male or female adults with an intellectual disability. It is situated in a suburban area of Co. Dublin with access to a variety of local amenities such as a local shopping centre, hotel, a large park within a short walking distance, bus routes, and churches. The centre has a vehicle to enable residents to access day services, local amenities and leisure facilities in the surrounding areas. The centre consists of a large two-storey house with seven bedrooms. Residents in the centre are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, registered nurses, care assistants, and a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 7 January 2026	09:15hrs to 17:15hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was carried out by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care.

Improvements were required under regulation 16: training and development and regulation 17: premises.

The designated centre comprised of a large two storey house, located in a suburban area of Dublin. The house comprised of six bedrooms, an open plan kitchen/dining/living area, a sitting room, four bathrooms, a medications room and office. There were an additional two unused bedrooms upstairs that were used for storage. There was a garden to the rear of the house. The centre was close to local amenities and services including shops, restaurants and public transport.

The inspection was facilitated by the centre's person in charge. On arrival to the centre, the inspector was greeted by a member of staff. One resident had already left for their day service and the other residents were getting ready for the day or in bed resting.

Overall, the centre was well-maintained, clean and homely. Improvements were required in one of the downstairs bathrooms, the kitchen and one of the resident's bedroom. This will be discussed under regulation 17: premises. It was clear that the kitchen/dining/living area was the centre of the resident's home and all residents spent various amounts of time there throughout the day.

The centre had been recently painted and the residents had chosen the colours of their bedrooms. Resident's bedrooms were decorated to reflect the residents' interests and contained their personal items. One resident displayed their artwork in their bedroom which they created when an art teacher came to the centre once a week to complete art lessons with them.

The inspector had the opportunity to meet with all six of the residents over the course of the inspection. Residents in the centre communicated in their own styles. One resident spoke with the inspector about a topic that was of particular interest to them. They told the inspector that they were happy living in the designated centre and liked the staff that worked with them.

Over the course of the inspection, the inspectors observed staff supporting the residents in a professional, person-centred and caring manner at all times. Staff were frequently seen offering residents choice in their daily lives. Residents appeared to be relaxed and happy in the company of staff. There was a very relaxed, homely atmosphere in the centre. Staff that the inspector spoke to were

very knowledgeable of the residents' needs and the supports in place to meet those needs.

The inspector met with a family member of one of the residents during the inspection. They were visiting the centre to collect their relative for an outing. The family member spoke very positively about the care and support their relative received in the centre. They appreciated the level of communication from the person in charge and staff team and said they always felt welcome in the centre. The centre hosted parties throughout the year which resident's family were invited to. Family members of all of the residents had attended the most recent party for Christmas in December.

Residents engaged in activities of their choice and the inspector observed that residents were able to make choices on a daily basis about what they did. Four of the residents attended day services on either a part time or full time basis. One resident had chosen to no longer attend day service and they told the inspector they were happy with this decision. Resident enjoyed spending time together and on the day of the inspection, three of the residents had gone out for an evening meal together.

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

Capacity and capability

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

Improvements were required in the systems to regularly record and monitor staff training and staff required refresher training across a number of areas.

There was a full staff team in place in the centre on the day of the inspection and there was continuity of staffing which enabled the building of relationships between staff and the residents they support. Staff knew residents very well and were observed interacting warmly with residents.

The provider had implemented management systems to ensure that the service provided to residents was safe and appropriate to their assessed needs. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

The inspector found that the process followed during the recent admission of a resident to the service was in line with the provider's own admission policy and in line with the regulations.

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. The staff team in the centre was led by the person in charge and their deputy and consisted of staff nurses and health care assistants. There were four staff on shift during the day and two waking night staff working at night. The person in charge advised that on the day of the inspection that the centre had its full staffing compliment and there were no vacancies in the staff team.

There were planned and actual rosters in place in the centre. A review of the roster for the month of December demonstrated that the provider and person in charge had ensured that planned staffing levels were maintained in the centre during this period.

Team meetings were taking place in the centre. A review of the team meeting records for 2025 demonstrated that team meetings took place each month. There was a set agenda for the meetings which included safeguarding, staff training, health and safety, infection prevention control and resident updates.

Judgment: Compliant

Regulation 16: Training and staff development

During the opening meeting of the inspection, the inspector requested an up to date training matrix for all training completed by the staff team. This training matrix was not provided until near the end of the inspection. The training matrix did not demonstrate the date's staff had completed training where they were identified to require refresher training and therefore it was unclear how long staff had been due to refresh their training.

The persons participating in the management of the centre provided assurances where the training matrix did not contain a completion date that all staff had completed mandatory training and that the identified need was for refresher training.

The training matrix demonstrated that of the centre's staff, 67% were up to date on fire safety training, 78% were up to date with safeguarding of vulnerable adults training and 61% were up to date with antimicrobial resistance and infection control training. Five staff were booked to attend emergency first aid training in the coming weeks. In addition, not all staff were up to date with training in the areas of safe

administration of medication, Feeding, Eating, Drinking and Swallowing (FEDs) and manual handling.

The inspector reviewed the supervision schedule in place for the last year and found that not all staff had received supervision in line with the provider's policy. However, the person in charge had developed a supervision schedule for the year ahead. The inspector reviewed the last two supervision records for three staff members. There was a set agenda in place for these meetings and the topics discussed included supporting residents, leadership and learning, working as part of a team and reflective practice.

Judgment: Not compliant

Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person centred care to the residents. There was a full time person in charge in the centre, who was supported by a deputy. At the time of this inspection, there was a full staff team in the centre.

Staff spoken with felt very supported in their roles by the person in charge. There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There was a number of audits taking place in the centre, including an unannounced six monthly audit by the service manager, medication management audit and an audit on resident's finances.

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 staff team were very knowledgeable about the support needs of the residents and some had worked with the residents for a long time. Residents had access to a vehicle to access the community and the service ensured that a driver was always rostered on in the centre.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives had been consulted with in the completion of this annual review. Feedback from residents' families was very positive regarding the standard of care provided to their family member.

There were contingency plans in place in the centre in the event that a resident presents with an infectious disease. This included guidance for staff in the event of suspected and confirmed cases. It also contained guidance for communication with families. There was a person in charge/senior management monthly infection control checklist completed each month for the previous 12 months.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre took into account the services outlined in the statement of purpose and the residents living in the centre. The inspector reviewed the admission process in relation to the most recent admission to the centre. A transition plan and assessment had been completed prior to the resident moving into the service. This included a transition checklist to guide the process. An easy to read document was created for the residents living in the centre, which included a picture of the new resident, the bedroom that they would be moving into and a list of the resident's interests.

Following the resident's move to the centre, a post transition review took place to review the process and identify if any further supports were required. There was a written contract for the provision of services which was signed by the resident and their representative and contained the required information.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre. Improvements were required to the premises, which were long standing in nature.

Residents were provided with opportunities to take part in activities which matched their interests and supported to develop and keep personal relationships and links with the wider community in line with their preferences.

The provider had ensured that the person in charge and staff were vigilant in knowing and reporting the signs of possible abuse. Staff spoken with were very knowledgeable about safeguarding measures in place in the centre.

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

This inspection found that all residents were in receipt of person-centred care, and were supported to live healthy lives. For instance, the registered provider had provided appropriate healthcare for each resident.

There were effective arrangements in place to provide positive behaviour support to residents with assessed needs in this area. Restrictive practices, which were in place

in the centre, were regularly monitored and submitted to the Office of the Chief Inspector, in line with legislation.

The provider had arrangements in place for residents to receive visitors, in line with the residents' wishes.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

Where residents had an identified communication need, there was guidance in place to support staff communicating with the resident. These had been completed by a relevant allied healthcare professional. The inspector reviewed the communication passports in place for two residents. These contained information on how the residents communicate during their favourite activities and the things they like to communicate about.

Staff spoken with were very familiar with residents' communication styles and were observed engaging with residents throughout the inspection. Information was made available to residents in a format that was accessible to them. For example, the provider had created an easy to read invitation for one resident to invite them to attend training the staff team were receiving in the use of a hoist, if they wished.

Residents had access to the internet, television and tablets. Residents used various technologies to keep in touch with family members and to engage with different media formats. For example, one resident used their mobile phone to video call with a family member and their tablet to watch and listen to music videos.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that residents could receive visitors as they wished. There was a private space and facilities for residents to meet with visitors in the centre. It was clear from reviewing the daily records of the centre and speaking to residents how important visits to and from friends and families were to the residents. There were no restrictions in visitors attending the centre. Feedback from family members in the last annual review of the centre stated that family members always felt welcome in the centre.

The inspector met a family member who was visiting a relative on the day of the inspection. They spoke positively about visiting the centre and how they felt

welcome when visiting their relative. The centre held parties throughout the year that residents families attended, with the most recent party being before Christmas.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and be included in their chosen community, in line with their wishes.

Residents engaged in a wide variety of activities, both inside and outside their home. One resident engaged in art classes each week, in their home. Four residents were attending day service, on either a part or full time basis. One resident told the inspector that they did not wish to attend day services anymore and they were engaging in activities of their own choice, which included visiting locations in line with their interest in farming.

The centre was located close to a park and some residents enjoyed going for walks there and meeting family members for walks. Residents also visited local amenities in line with their interests. For example, residents who enjoyed films regularly attended the cinema.

Judgment: Compliant

Regulation 17: Premises

The designated centre was found to be generally clean, warm and welcoming on the day of the inspection. However, improvements were required to ensure that all areas of the centre were meeting the needs of the residents. One of the downstairs bathrooms has required review as a longstanding issue. This had been identified in previous audits of the centre. The person in charge advised that they had secured the funding to complete the works, however, no start date for the works had been identified.

Additional areas of the centre required review. These included:

- The kitchen countertop
- The ceiling in the upstairs bedroom
- The curtain pole, also in this bedroom

Each resident had their own bedroom. Residents' bedrooms were decorated with personal items. The house had recently been repainted and the residents had

chosen the paint colours for their bedrooms. One resident had displayed their artwork in their bedroom, while another resident displayed their large collection of medals which they had received from participating in athletic events.

There was a large bathroom downstairs that was fully accessible for residents. It contained an accessible Jacuzzi bath. Photos of residents were displayed throughout the downstairs of the centre and there was also a photo display of all staff members who worked in the centre, including their names.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to allied healthcare professionals as required.

The inspector viewed the healthcare plans for two residents and found that their healthcare needs had been identified and that they had good access to a range of allied healthcare professionals. This included chiropody, physiotherapy, general practitioners (GPs), dietitian, speech and language and psychology.

Where residents had an identified healthcare need, there was a healthcare plan in place. These provided guidance to staff on how to support residents with their health.

One resident's healthcare needs had changed significantly in recent months. There had been input from various allied healthcare professionals to support the resident and staff with the changing needs. For example, where staff had requested clinical input from an allied healthcare professional, they visited the centre and recommended a particular mattress for the resident. This mattress was then sourced by the service and put in place for the resident in a timely manner. Staff spoken with stated they felt very supported by the provider and clinical input.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Office of the Chief Inspector, as required by the regulations. The provider's Positive Approaches Monitoring Group reviewed all identified restrictive practices. The person in charge had completed a restrictive practices review within the last six months.

There was easy to read documents in place for residents to document their consent to restrictive practices which affect them.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed the positive behaviour support plan in place for one resident. This was completed by a relevant allied healthcare professional and had been reviewed in recent months. It contained proactive and reactive strategies to support the resident with their needs.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect residents' human rights and their health and wellbeing, as well as empowering residents to protect themselves. In response to a recent safeguarding incident which had occurred, there was one active safeguarding plan in place to safeguard residents. The plan detailed actions the provider and person in charge had taken immediately following the incident to safeguard residents. Staff spoken with during the inspection had reviewed the safeguarding plan and were able to detail the measures contained within the plan and the rationale for same.

A safeguarding audit had been completed in the designated centre in November 2025. The provider's designated officer had completed an onsite assurance visit recently and met with residents and staff. Safeguarding was discussed at staff team meetings.

Where there was a required need, intimate care plans were in place for residents. The inspector reviewed the intimate care plan for one resident which contained guidance for staff to protect their dignity and privacy. This plan had been reviewed and updated in the last 12 months.

Staff spoken with had a good knowledge of safeguarding procedures and requirements. At the time of the inspection, four staff required refresher training in the area of safeguarding vulnerable adults. This is discussed under Regulation 16: Training and Development.

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	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Woodview OSV-0002376

Inspection ID: MON-0044765

Date of inspection: 07/01/2026

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Safeguarding – 1 staff requires training (staff member is on extended leave) Date: 06/08/2026 • Positive Behaviour supports – 3 staff require training one staff booked for 13/02/2026 and 2 staff have been waitlisted for the next scheduled training date. Date 30/06/2026 • IPC training – all staff have completed training. Date: 13/2/2026 Completed • Fire Safety Training – 1 staff require training (staff member is on extended leave) Date: 30/08/2026 • Manual Handling – all staff have completed training. Date: 12/02/2026 Completed • FEDS – all staff have completed training. Date: 27/01/2026 Completed • Safe Administration of Medication – all staff have completed training. Date: 20/01/2026 Completed • The PIC has developed a training log for all staff to record, track, and monitors their mandatory training to ensure it remains up to date. A copy of this tracker will be maintained in the designated center's training folder. Date: 20/01/2026 - Completed • Staff training and compliance will be reviewed and discussed as part of the quarterly supervision meetings to ensure individual training needs are identified and addressed in a timely manner. Date: 31/01/2026 • Training has been added as a fixed agenda item at staff meetings. Date: 12/0/2026 	

- When an updated training matrix is requested the SETDD will require a minimum of 4/5 hours to compile this information as the required data is spread across multiple systems and databases that need to be collated manually. Depending on the size of the unit in question this information may be available earlier, but that is dependent on the data available. Date: 31/01/2026

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- An application for funding to renovate the downstairs bathroom has been submitted to Fingal County Council (FCC). FCC carried out a joint site visit with SMH housing Manager 19/02/2026. This work has been added to the SMH work plan and will be completed by the end of quarter 2. Date: 30/06/2026
- Funding for kitchen worktops has been approved and has been added to the technical services work plan. Date: 31/03/2026
- Ceiling in upstairs bedroom – Chief Assistant Technical Services Officer has assessed the works required to the ceiling, and the works have been issued for quotation through the appropriate procurement process. Date: 30/04/2026
- Curtain Pole in SU bedroom – Scheduled to be fixed by SMH technical services department. Date: 17/02/2026 Completed

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	06/08/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2026
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		30/06/2026
Regulation 17(7)	The registered provider shall make provision for	Substantially Compliant	Yellow	30/06/2026

	the matters set out in Schedule 6.			
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