



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

Issued by the Chief Inspector

Name of designated centre:	The Warren
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	08 July 2025
Centre ID:	OSV-0007716
Fieldwork ID:	MON-0039087

About the designated centre

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

The Warren provides a residential service for people under the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours of concern. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with the organisations model of support. Services at The Warren are provided in a home like environment that promotes dignity, respect, kindness and engagement for each service user. The Warren encourages and supports the residents to participate in their community and to access local amenities and recreational activities. The premises is a two-storey community house. Its design and layout replicates a family home and environment, where possible. There are five individual bedrooms for residents. The ground floor of the house is fully wheelchair accessible and can accommodate residents with mobility issues. The remaining bedrooms are on the first floor and one of these is en-suite. Residents are supported by a team of social care workers and direct support workers who are supported by a person in charge and the internal multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 8 July 2025	10:10hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet all of the young people living in this designated centre, as well as review information relevant to one young person who had just been discharged, and another who was due to join the centre following this inspection. The inspector spoke with family and front-line support staff of young people, as well as reviewing information provided through written surveys issued prior to this inspection. The inspector's observations of interactions and care delivery, documentary evidence and commentary from or on behalf of young people, families and staff members was used to indicate the lived experience of young people using this service.

The young people were all in full-time education and on summer break at the time of this inspection. The inspector observed good examples of how the young people were being supported to stay busy and active from the house and in their local community. Young people were playing music, watching television and playing outside in the garden, before all going together with their staff on a day out. Young people were observed to be comfortable in each others presence and happy to travel together. Staff had ensured the young people were appropriately dressed and protected from the sun as they left. The staff team had exclusive use of two cars to facilitate community access, and a sufficient portion of the team were insured to drive them. The inspector observed young people to be happy and relaxed with staff, and were smiling and laughing during the day. As the young people did not communicate using speech, staff demonstrated examples of how choices or questions were put to them. As referenced elsewhere in this report, the person in charge and staff team identified communication as one area which had potential to be developed further to optimise young people's accessibility.

The current young people were aged in their mid-to-late teens and as such were being supported to prepare for adulthood. This included supporting them to take on new responsibilities in the house, such as laundry, meal preparation and household chores. One young person took charge of the recycling in the house, another ensured staff were following green initiatives, and the third assisted staff in their checks of fire safety equipment. Young people were eligible to receive a disability allowance and the provider had supported each young person and their representatives to establish a financial account in their name. This was accompanied with plans to educate young people on awareness and budgeting of money to support them to use and store their own cash and debit cards. One young person was looking for part-time employment.

Young people were observed to be active in the personal hobbies and interests. One young person had recently enjoyed a show in the Gaiety Theatre and staff were looking for another show there. Another young person played for a local football team. One young person had enjoyed a trip to the Titanic Museum in Belfast. The inspector observed that young people enjoyed going on trips to farms, castles,

water parks, forest walks, cinemas, zoos, beaches and sensory days. Young people planned their outings and events in house meetings, in which they also planned out their meals. In line with suggestions made for the service, African and Asian dishes were incorporated into the meal planning for the house.

Young people's rights were discussed with them in house meetings and easy-read information posted in the common areas. Young people were reminded of their right to feel safe and respected, and to be supported to have an education, have time to play or to be alone. As the young people became older and risks related to safety reduced, the provider had identified opportunities to reduce restrictive practices in the house. While young people were supported to access their phone or other devices, they had agreed with the staff on limits to ensure progression of other activities and getting a good night's sleep.

Shortly before this inspection one young person had been discharged from this centre after the provider concluded that this was no longer the optimal setting to meet their changing needs and to encourage them to engage in a healthy routine. A more suitable service had been identified for them and the inspector observed evidence that the young person had been centrally involved in ensuring they liked the location and had the opportunity to visit before a decision was made. A going away party was organised in the centre for this young person. Another young person was in the process of moving into this centre in the coming weeks, and similarly they had been afforded the opportunity to visit the house and spend time with the other young people, to be assured that this setting was suitable to meet their assessed support needs. The incoming young person's bedroom was freshly painted, furnished and decorated based on their wishes and preferences and ready to accommodate them. The other young people's bedrooms were also decorated appropriate to their preferences, ages, personal needs and interests.

The inspector spoke with one family member over the phone during this inspection, and was provided written survey responses from other families. Overall families commented positively on the care and support of their loved ones in this centre. They commented positively on the new person in charge and how they were supporting young people to get out and active in the community more often. Families commented that the staff team were familiar and respectful to them, and supported the young people to go out to theme parks, farms and zoos together with families. Where family members had made complaints, they were satisfied with how they had been responded to by management.

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 being delivered.

Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013), follow up on solicited and unsolicited information received by the Chief Inspector of Social Services, and to inform a decision to grant an application to renew this centre's registration. In the main, the inspector found this service to be appropriately resourced, with suitable supervision arrangements to ensure oversight and accountability of the performance and quality of the staff team.

Staff demonstrated a good knowledge of their roles and of the interests, personalities and histories of the young people. Local and provider-level audits indicated areas in which the service was doing well and where it required action to improve adherence to regulation, standard of care, best practice and provider policy. The team was resourced with a person in charge who had a strong understanding of the regulations and standards and a front-line staff team who took charge of their responsibilities towards maintaining quality of care and proactively identifying areas for continuous development.

Regulation 14: Persons in charge

The inspector reviewed information on the person in charge submitted to the Chief Inspector, and met with them through this inspection. The person in charge started in their role in March 2025 and worked full-time in a supernumerary capacity as person in charge. They split their time between this centre and two others in the same role, and were appropriately deputised to ensure supervisory oversight when in the other locations.

The person in charge demonstrated a good knowledge and understanding of their duties and responsibilities under the regulations. They were a registered nurse with a qualification in intellectual disability nursing and further qualifications in leadership and management.

Judgment: Compliant

Regulation 15: Staffing

The inspector was provided evidence of seven-day managerial support in the centre between the person in charge and two team leaders, all of whom worked full-time. The centre was appropriately staffed in accordance with the statement of purpose and assessed needs of young people. The staffing complement was due to be reviewed in light of changing assessed needs in the house. The inspector was provided six weeks of worked rosters which indicated hours worked, training and leave days, and shifts affected by absences. The inspector reviewed personnel files for sample of staff members and found these to contain information required under

Schedule 2 of the regulations including qualifications, references and vetting by An Garda Síochána.
Judgment: Compliant
Regulation 21: Records
Documentary evidence required during this visit was observed to be kept up-to-date and readily accessible for the management and staff to provide for inspection.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had ensured that the designated centre was adequately insured, included against injury to young people.
Judgment: Compliant
Regulation 23: Governance and management
The inspector observed that the centre was adequately resourced to provide personal and social care for the number and assessed needs of the young people. The centre was found to be suitably staffed and had exclusive use of two vehicles with staff to drive them to ensure access to transport and community access. The person in charge was deputised by two team leaders which allowed for seven day managerial support for the team in the centre, and there were suitable on-call contacts readily available to staff for out-of-hour support. The person in charge had held at least one supervision meeting with each member of the front-line team since commencing in their role in March 2025. The inspector reviewed a sample of supervision meetings for four staff members and found that their discussions were meaningful, including topics such as challenges in their role, concerns regarding the centre culture, where they required support in their duties and where they were being support to upskill or take additional responsibilities. The inspector observed evidence that where necessary, staff members had been formally met as part of the provider's disciplinary process. The inspector also reviewed minutes of staff team meetings. These discussed the progress with young people's personal goals and how they enjoyed events and activities, provided updates on news and changes in the centre, and discussed

staffing matters. At each meeting the staff discussed their understanding of one care and support regulation, including the expectations of the management and of the front-line team in maintaining a good level of regulatory compliance.

The inspector reviewed the annual report of the centre for 2024. This report reflected on the achievements of the young people and the staff in the service through the year, changes in the centre, and plans for the year ahead based on the wishes of the young people and the plans associated with the young people preparing for adult life. The person in charge had conducted local audits on topics such as protection, finances, and communication. Findings and areas for development were consolidated into a live quality improvement plan, which set out specific and time-bound objectives for continuous quality improvement in the service, including where assessments were overdue, where goals required specific and measurable steps, and where improvement was required to demonstrate young people and family involvement in care planning.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

At the time of this inspection, a new young person had been identified for admission to this centre. The provider had completed their pre-admission assessments and had identified this young person's assessed supports to ensure staff were provided sufficient guidance and training in meeting their needs.

The inspector was provided evidence of dates on which the incoming young person had visited the house and met the young people currently living in the centre. This timeline included evidence that the young people spent time playing and doing activities together, and the provider had assured themselves that this young person would be compatible with the service and the other young people prior to finalising admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider submitted the current version of the statement of purpose for this designated centre as part of their application to renew registration. This included all information required under Schedule 1 of the regulations and had been revised to reflect changes in the centre personnel.

Judgment: Compliant

Regulation 31: Notification of incidents
The registered provider had notified the Chief Inspector of events and practices occurring in the centre within the required timeframes set out by the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The inspector reviewed the complaints log for this centre for 2024 and 2025. The details of these records included information on the concern raised, evidence of engagement with the complainant and the conclusion and actions taken on foot of the complaint. The inspector observed evidence that the outcomes of complaints were being relayed to the complainant, and how the provider was assured the complainant was satisfied with the action taken, and that they were provided details on the appeals process if they wished to move their complaint to the next stage of the process.
Judgment: Compliant
Quality and safety
The inspector observed that in the main, the provider had successfully implemented and sustained actions from previous inspections as well as from their own service reviews, to bring the service into regulatory compliance. The inspector found evidence through meeting the young people and engaging with their support staff and families, reading documents and observing routines that the young people were safe and happy in this house and were supported in their choices and plans. The young people were observed to enjoy varied and meaningful social, exercise and recreation opportunities in their community. The provider had ensured the young people's support strategies for their assessed needs were subject to routine and as-required review by relevant healthcare professionals and the multi-disciplinary team. Actions to further enhance the young peoples supports and autonomy as they approached adulthood were observed in progress, including revising communication supports, educating young people on finances, supporting appropriate bathroom use, and encouraging ownership of household chores.

Young people were supported to be aware of their human rights and staying safe and protected in their home and in their care activities. Where allegations had been made of a safeguarding nature, the provider conducted their investigations and identified where abuse, poor practice or staff misconduct had occurred, and taken appropriate action relative to the findings of the review.

Regulation 10: Communication

The inspector met with young people who did not communicate using speech, and observed good examples of how the staff supporting them confirmed the young people's choices and asked questions. The staff demonstrated examples of how pictures were used to support communication, and also identified where they believed communication systems could be developed to be more effective and to encourage the young people's potential to engage with them more.

The effectiveness of communication systems such as pictures and electronic devices were discussed in the centre's annual report, and the person in charge had conducted an audit in June 2025 of the effectiveness of communication in the centre. A finding from this audit was that guidance was required for staff in how they could use electronic devices to encourage engagement and ensure consistent use in routine supports. Referrals had also been submitted to the speech and language therapist to further enhance communication supports.

Judgment: Compliant

Regulation 13: General welfare and development

All current young people were attending full-time education in school. The provider had sufficient staff and vehicles to support access to the community and support young people to engage in meaningful recreational activities and hobbies on their own or as a group.

The premises was suitably decorated and designed for the number and age profile of the young people, and young people were provided facilities and equipment for play in the garden. Personal goals and support plans included developing life skills and preparing for adulthood, including household chores, using money, and preparing meals.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector reviewed support plans and staff guidance related to young people with specific dietary requirements and discussed these with front-line staff. Where young people required modifications to their food or drinks to reduce choking or aspiration risk, these instructions were detailed in a personalised and detailed chart which was readily available in the kitchen. Guidelines were kept under review by the speech and language therapist.

Where required, young people were under the care of the dietitian, with one young person commenced on a trial plan to maintain a healthy weight. This young person's care plan on nutrition had been updated in line with current recommendations. In supporting one young person with diabetes, staff were provided guidelines in developing a meal plan which provided a healthy intake, which had been developed in consultation with the young person and their representative.

Young people had access to a varied range of healthy meal options as well as snacks and treats. The weekly meal planner was discussed with young people and included dishes based on young people's personal and cultural preferences.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Shortly before this inspection, the provider had identified that this designated centre was no longer the optimal setting to effectively meet the assessed needs of one young person, and they had transitioned to another designated centre in this provider group with accommodation more suitable for their needs. The inspector observed evidence to indicate that this discharge had taken place in a planned manner, including evidence and photographs of the young person visiting their new living space prior to moving.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector followed up on actions from the previous regulatory inspection while walking the centre premises. The inspector observed that devices which held doors open and would automatically close to contain fire and smoke were operating correctly and were subject to routine checks and services. As these devices were operational, previously observed practice of propping fire doors open had stopped.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessment of care needs for all three current young people and the support plans and staff guidance which had been composed to deliver on identified personal, health and social care needs. In the main, support plans were written in a person-centred and respectful manner and were updated routinely or as required based on young people's changing support needs. The inspector observed a one-page summary of the primary care needs of the young people, such as dietary needs and communication methods, which would be useful in introducing new or relief personnel to the basic supports required for each young person.

Where the multidisciplinary team had identified specialist needs for young people, this resulted in person-centred guidance to staff. For example, for one young person with support needs related to their physical mobility, the physiotherapist and occupational therapist set out guidance including pictures of the optimal routine in positioning and stretching exercises to support the young person and reduce the risk of developing a pressure sore. For young people with modified dietary requirements, this was explained plainly and specifically for each young person's requirements. Where staff were instructed to document progress on supporting life skills, these were clearly recorded for use at the next evaluation.

Judgment: Compliant

Regulation 6: Health care

The inspector observed examples of young people being referred to relevant healthcare professionals in accordance with their identified care and support needs. Young people had been reviewed or assessed by the occupational therapist, physiotherapist, dietitian or general practitioner as required. Two young people had been recently referred to the speech and language therapist for enhanced communication supports. One young person was eligible for the national screening service, and the inspector observed evidence that this was facilitated for them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector observed a decrease in the amount of restrictive practices used in this centre. Each restriction was associated with an identified risk and kept under review to ensure that the method used continued to be necessary, and continued to be the

least restrictive option available based on the level of risk and the age profile of the young people. The inspector observed that restrictive practices were subject to specific discussion meetings, most recently in June 2025, which included reminders to staff on ensuring restrictions were limited, for example, where restrictions on screen time only applied on school nights. Where two restrictions had been in place to address the same risk, the inspector observed where one restraint had been retired the other was sufficiently mitigating the risk. Restrictive practices introduced for young people who had moved out of the centre were also retired.

Judgment: Compliant

Regulation 8: Protection

The inspector followed up safeguarding concerns which had been notified to the Chief Inspector and reviewed investigations conducted on foot of alleged or witnessed incidents involving the young people. For each allegation, the inspector observed evidence that the provider had conducted a comprehensive review of facts and statements to reach their conclusion. The provider had notified relevant external parties including the Child and Family Agency (Tusla) as required. The inspector was provided evidence of actions taken based on the findings of investigations, including disciplinary action where required.

The inspector observed evidence of young person being supported to recognise and understand abuse and their right to feel safe in their home. Examples of care plans included supporting young people to protect their privacy and dignity, including during support with intimate personal care.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector reviewed minutes of meetings attended by young people in which they planned out activities, outings and meals for the week ahead. These meetings also discussed meaningful topics such as congratulating young people who successfully participated in fire drills, and reminders on how to report complaints or safeguarding concerns. The principles of human rights in social care settings was discussed with young people in these meetings, and was also featured in posters around in the centre outlining that young people have a right to get an education, to have time to play, and to feel safe and respected in their home.

The inspector discussed human rights of people with disabilities with staff and how they were implementing the guiding principles in their duties. Staff provided examples of these, such as ensuring that young people were included in group

activities regardless of their communication or mobility profile, identifying where revisions were required to accessibility features in the centre, and how young people were being supported to prepare for adulthood.

The inspector observed good examples of how young people were supported to make choices, and lead on the establishment of their routines. As some young people were old enough to receive a disability allowance, the provider had supported them to set up their own accounts in a financial institution to receive this and have access to their personal finances. Personal development goals included money awareness to facilitate independence with finances.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector was provided evidence to indicate the vaccination status of the young people against illnesses including seasonal flu and COVID-19. There had been an outbreak of a vomiting bug in the centre in winter 2024. The inspector observed evidence that this had been reported to the Department of Public Health and was being monitored internally to observe young people's health and ensure that infection control protocols were being followed effectively. The outbreak was declared clear in a timely fashion, and the provider held meetings during and after this outbreak to identify the good practice of the team and residents and learning for future reference.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	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
Regulation 27: Protection against infection	Compliant