



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

Issued by the Chief Inspector

Name of designated centre:	Rushmere House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	20 October 2025
Centre ID:	OSV-0007787
Fieldwork ID:	MON-0039871

About the designated centre

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

Rushmere House provides a residential service for up to four adults with disabilities. The house is a five bedroom detached two-storey home situated close to a small village in Co. Louth. Each resident has their own bedroom, one of which has an en-suite bathroom. One of the bedrooms is situated on the ground floor and the others are located on the first floor. On the ground floor there is also a large kitchen cum dining room, a utility room, sun room, living room and staff office. There are two bathrooms, one on the ground floor and one upstairs. The house is surrounded by a large driveway and garden.

The staff team comprises a person in charge, a house manager, two team leaders and a team of direct support workers. There are three staff on duty during the day and two staff on waking night duty. Nursing support (if required) is provided by community nurses employed in the organisation who support residents and staff to ensure that resident's health care needs are being met. A range of allied health care professionals are also available to support residents with their assessed needs. Residents do not attend any formal day service but rather are supported by staff to plan their day in line with their personal preferences. Transport is also provided to support residents with accessing community-based amenities.

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
Monday 20 October 2025	10:10hrs to 17:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, speaking to the person in charge and staff members, and observing staff engaging with residents, it was evident that residents were being supported through a person-centred approach that embraced the unique preferences of residents, while availing of opportunities to continuously improve their experiences.

The centre was located near to a rural village, and was within driving distance of a number of towns. The centre comprised a two-storey four bedroom property, and the premises was well-equipped and maintained. Four residents lived in the centre, and each resident had their own bedroom, that was decorated in the way they preferred.

The inspector met all residents during the inspection, and while the inspector was not familiar with the communication preferences of residents, staff knew the residents very well, and were observed to interpret residents' gestural and vocal communication expressions, and respond accordingly. In the morning, residents went to a local farm shop and purchased a range of fruits. This was part of residents' personal plan to expand on opportunities in the community, and develop independent skills relating to purchasing items. It was important to residents to be able to go for regular drives during the day, and after lunch, the person in charge was organising a drive in response to a resident's gestural request to go out.

The person in charge and house manager effectively lead the team in initiatives to continually improve residents' experiences. This was particularly evident in the expansion of communication strategies, and sensory equipment in the centre, for example, the use of voice buttons or push-pull sensory equipment. These devices were easily accessible, and meant that residents could independently use these as needed. Residents also had easy access to objects of reference, visual schedules, and pictures card to communicate their choices, and plan their day. Similarly, staff continued to avail of opportunities to expand residents' independent skills, for example, successfully introducing some dressing skills, personal care tasks, gardening, and basic purchasing. There was ongoing review of skills teaching, as well as community access for residents, through monthly keyworker meetings, as new goals and activities were gradually implemented with residents, as was their preference.

The achievements of residents were celebrated, and the staff got photobooks for residents, displaying all their activities they had taken part in over the past year. These were on display on a book shelf in the hall, and the person in charge told the inspector that residents really liked to look back on these photos. At all times staff were observed to interact with residents in a kind manner, and responded respectfully to residents' interactions and requests. For example, a resident used a voice button in their bedroom to ask for music, and a staff member was heard to respond to their request. It was evident from observing interactions, that residents

felt very comfortable with the staff, and laughed and smiled as staff were talking with them.

Residents were supported to visit their families, and families were welcome in the centre. There was lots of spaces in the centre, where residents could meet their visitors in private if they so wished.

The next two sections of the report describe the governance and management arrangements, and how these arrangements positively impacted on the quality and safety of care and support provided to residents.

Capacity and capability

This announced inspection was carried out following an application by the provider to renew the registration of this centre to accommodate four residents. High levels of compliance were found on this inspection, and the provider had ensured the arrangements to meet the residents' needs, while respecting their individual choices, were in place.

Consistent staff were provided, and there were sufficient staff on duty both day and night. The team had worked in the centre for a number of years and knew the residents well, and this was important to ensure continuity of care and support for residents. Staff had the necessary qualifications and skills, and training was provided in line with mandatory requirements and the specific needs of residents

Suitable resources were available in the centre, and there was effective oversight arrangements including reviews and audits of the care and support provided. Where required, actions were identified and completed in response to issues raised in these reviews, which meant that the person in charge and provider were responding effectively and efficiently, so as to minimise any potential impact to residents.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre, and the staff had the skills and knowledge to meet the identified needs of the residents. The centre was staffed by a house manager, two team leads, and direct support workers and there were no staff vacancies on the day of inspection. There were three staff on duty during the day, and two staff at night in a waking capacity.

The team had worked in the centre for a number of years, and staff knew the residents well. The inspector spoke to three staff and the person in charge over the course of the inspection, and they told the inspector about a range of supports in place to meet the preferences and identified needs of residents. The inspector reviewed a sample of rosters over a four month period, and consistent staff had been provided, meaning residents were provided with continuity of care and support. Regular relief staff were employed to fill vacancies in the centre due to planned or unplanned leave, however in the main a minimal amount of shifts had required to be covered by relief staff.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised, and had been provided with a range of training to ensure the safety and wellbeing of residents was provided for.

Staff were supervised on a day-to-day basis by the house manager, who worked Monday to Friday in the centre. Staff supervision meetings were facilitated on a quarterly basis by the person in charge, and the inspector reviewed a sample of supervision records for two staff for 2025. The supervision provided opportunities for staff to review their practice, identify professional development needs, and to develop actions for the upcoming quarter.

The inspector reviewed all staff training records and a sample of training certificates for two staff members. The provider, in their statement of purpose had outlined the mandatory training staff required to work in the centre, and all mandatory training was up-to-date. Training included, for example, fire safety, managing behaviours of concern, safeguarding, children first, moving and handling, medicines management and administering rescue medicine, and a suite of infection prevention and control trainings. Additional training had been provided in assisted decision making, positive behaviour and autism support, and resident safety and support. The training provided meant that staff had the knowledge and skills to meet the specific needs of residents and to keep them safe in the centre. It was evident from speaking with staff that the training they received was reflected in practice, for example, how to manage risks in the centre, reporting safeguarding concerns, and promoting choice for residents.

Judgment: Compliant

Regulation 22: Insurance

A valid insurance certificate had been submitted to the Chief Inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management systems had ensured the service provided was suitably resourced, was safe and effective, and was monitored on an ongoing basis.

Suitable resources were provided in the centre including sufficient staffing, staff training, a range of sensory and communication equipment, a well-maintained premises, and transport for residents' use.

There were systems in place to ensure the service provided to residents was safe and effective including, for example, providing appropriate healthcare, ongoing review of restrictive practices, effective arrangements to protect residents and their finances, and safe and suitable fire safety systems.

There was a clearly defined management structure. Staff reported to the house manager who worked in the centre five days a week, and onwards to the person in charge. The person in charge was responsible for two centres, supported by the house manager and two team leads, and this arrangement had ensured the effective operational management and administration of the centre. The person in charge reported to the assistant director of services who reported to the director of services and onward to the Chief Operations Officer and Chief Executive Officer. The service was governed by a board of management.

There were effective oversight arrangements in place including reviews, audits, and regular staff meetings. An annual review of the quality and safety of care and support was completed in November 2024, and residents and families had been consulted as part of this review. The inspector reviewed recommendations arising from these reviews, and actions were found to be complete on the day of inspection.

Six monthly unannounced visits had been completed in February and September 2025, and the inspector reviewed a sample of seven out of nine actions and these were found to be completed. For example, replacing the floor covering in the office,

completing annual health checks for all residents, and ensuring refresher medicine training and fire safety training was completed.

A schedule of audits were completed in the centre including complaints, fire safety, healthcare, positive behavioural support, residents rights, and safeguarding, and the inspector reviewed the outcome of a sample of 23 audits, most of which were found to be compliant. One action relating to a resident's finances was in progress on the day of inspection.

Staff meetings were held every month, and included discussion and review of a range of topics, for example, medicine errors, safeguarding, reviewing incidents, restrictive practices, individual needs of residents, and service policy reviews. Learning's from incidents were discussed and agreed at staff meetings. Staff were facilitated to raise concerns at these meetings if needed, and two staff told the inspector they can raise concerns about the quality and safety of care and support with the person in charge or house manager, and managers provided good support to the team.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated recently and contained all of the required information as per schedule 1 of the regulations. One minor amendment was required to the details of the organisational structure of the centre, and this was completed on the day of inspection and submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a procedure in place for the management of complaints, and the person in charge was nominated as the complaints officer. The provider had also nominated a person in the service, to review all complaints received, and to keep a record of complaints. There had been no complaints in the centre since the last inspection.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care and support that focused on their identified needs including emotional, health, and social care needs, in an approach underpinned by effective communication in all aspects of residents' lives.

Residents' needs had been identified, and health care plans, goal plans, independent skills programmes, and social plans were implemented, and provided for in a way that respected residents' rights and preferences. Staff provided support cognisant of how residents communicate, their sensory needs, and their preferences for predictable routines.

Residents were protected in the centre, and staff knew how to respond to potential safeguarding concerns, and to implement control measures to identified risks. There were appropriate arrangements in place for responding to adverse incidents, as well as safely managing residents' finances. Suitable arrangements were in place for fire safety, and for the provision of food and nutrition.

Regulation 12: Personal possessions

Residents retained control over their possessions, and their rooms were decorated in the way each resident preferred. Residents were supported with safe money management practices.

Each resident had plenty of storage for their clothing and personal items, and their personal preferences were reflected in how their rooms were decorated, and their choice of clothing. For example, one resident liked geometric patterns, and staff had sourced pictures with these patterns for their bedroom. To help residents know where each item of clothing was stored, picture cards were used on drawers and wardrobes.

There were suitable laundry facilities in the centre, and staff supported residents with managing their clothes.

Financial assessments had been completed for residents, and the inspector reviewed finance records for two residents. Residents were supported by staff to look after their money. Records of all withdrawals from financial institutions were maintained in residents' finance books, as well as records and receipts of all purchases made by or on behalf of residents. Residents' finance records along with bank statements were audited regularly. The system for recording and monitoring residents' finances meant that residents were protected, and there were secure and transparent systems in place.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to each resident, in line with their preferences and needs, and to develop their independent skills, interests and community participation.

The facilities in the centre meant that there were ongoing opportunities used to enhance residents' communication and independent skills. This included, for example, using a range of communication strategies, and devices, so that residents could make their needs and preferences known. For example, the team had recently introduced talk buttons that were hung at various locations in the centre. These talk buttons were used to communicate the staff working in the centre on any given day, or request a specific drink a resident liked. This meant that residents were being helped to progress their communication skills from objects of reference and use of picture cards, to talking devices. Similarly, where a resident had shown an interest in gardening, edible plants and fruits were planted with the resident, which meant they independently picked these fruits and plants when they wanted.

The inspector observed residents accessed most parts of the centre, as they wished and the centre was set up to ensure that the individual sensory needs of residents were provided for. For example, easily accessible proprioceptive equipment, sensory lighting areas, and an outdoor swing.

Some residents preferred a structured routine, and changes were well planned and gradually introduced for residents. For example, residents had recently begun going to a farm shop, and on the day of the inspection had chosen a range of fresh fruit which they later were seen to enjoy with their lunch. This formed part of the ongoing independent skills goals for residents. Since the last inspection residents had continued to go to a day service once a week together, and to go out to lunch.

Staff supported residents to develop goals, and these had included self-help skills, and leisure activities. For example, learning some dressing skills, and attending a six week swimming course. Detailed records were maintained of the step-by-step actions needed to help residents achieve their goals, as well as recording when goals were achieved. A staff member described a range of goals in place for one resident, and the process for reviewing goals progression at monthly keyworker meetings. Another staff member discussed the plan for a resident to go on a hotel break, and preparation plans were underway for this.

The inspector reviewed a sample of residents' daily notes, and residents had also been supported to go shopping, on daily bus trips, and to a music show. A music therapist attended the centre every week, and progress notes on these sessions were available in residents' files.

Residents were supported to maintain communication their families, including visits to their family homes.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents had been assessed, and where specialist services were required, these were provided by a dietician and a speech and language therapist. The recommendations arising from reviews with allied healthcare professionals were provided for, for example, modified diets, high fibre diets, and monitoring body weight. The inspector reviewed records of meals provided to residents, and varied and nutritious meals had been provided to residents.

There were a range of communication methods in place to ascertain residents' preferences, for example, giant meal pictures were used with residents to help them make choices about the planned meals for the week. If residents preferred to have a different meal, there was plenty of choices readily available in the centre. Residents also used objects of reference, and talk buttons to tell staff they wanted a snack or a drink, and one resident used an iPad application to communicate their preferences.

The inspector observed the areas in the kitchen for food storage and food preparation were well organised and clean. Records of cooked food temperatures were maintained. There were written guides available on food safety, and colour-coded chopping boards were in use. There was plenty of fresh fruit, vegetables, and snacks available, and residents were encouraged to get involved in some food preparation including buying ingredients, and preparing drinks.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in the centre that contained all of the required information including, the arrangement for visits, how to access inspection reports and the terms and conditions of residency.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective arrangements in place for managing risks and incidents in the centre, and the measures in place were relative to the risks identified.

There was an up-to-date risk management policy that included the measures and actions to control the risks of self-harm, accidental injury to residents, visitors or staff, aggression and violence, and the unexpected absence of a resident.

Individual risks for residents had been assessed, and control measures were seen to be implemented. For example, dynamic risk assessment prior to each bus trip, specific seating arrangements on the bus, a low-arousal environment, and providing meaningful daily activities. There were some restrictions in place, for example, a locked kitchen when meals were being cooked, and use of angel clips on transport; however, these were implemented relative to the risks of injury to residents and for the least amount of time. Where risks were identified, the control measures were implemented to promote positive experiences for residents. For example, where there was a risk for residents of eating inedible items, staff had supported residents to grow strawberries and herbs, and residents freely picked and ate from these raised garden beds. Similarly, where there was a risk for some residents of choking and of burns, the kitchen door remained open at all times, except when hot food was being prepared, and residents were encouraged to get drinks, snacks and pack the dishwasher throughout the day.

The inspector reviewed incidents records since the last inspection in October 2024, and incidents had been reported and reviewed by the person in charge, to identify trends and any additional actions that were required. Follow up actions had been taken where needed, for example, review with a general practitioner, referral to general hospital services, and reviewing medicine management practices at a staff meeting. A staff member described the control measures implemented following an adverse incident on a bus, in line with the risk assessment, and described a number of measures to ensure residents safety.

Judgment: Compliant

Regulation 28: Fire precautions

There were safe and suitable arrangements for the detecting, containing and extinguishing fires, and residents' support needs to evacuate the building had been assessed and practiced.

The inspector observed there was a fire alarm, fire call points, fire extinguishers, and a fire blanket available, and emergency lighting was installed through final exit routes. All routes and fire exits were observed to be clear on the day of inspection. Fire doors were installed throughout the centre, and had been been checked by a fire maintenance company every six months. The fire alarm and emergency lighting had quarterly services completed, the fire extinguisher an annual service, and service records were complete.

Fire safety checks were completed by staff including daily, weekly and monthly checks of escape routes, emergency lighting, fire-fighting equipment, and the fire alarm.

Up-to-date personal emergency evacuation plans (PEEP) were available and outlined how best to support residents to evacuate the centre safely, and fire drills were completed every quarter including a fire drill at night time. No issues had arisen during fire drills, and residents and staff had evacuated within two minutes. There were sufficient staffing levels at all times to allow for safe evacuation of the centre. All staff had up-to-date training in fire safety, including how to use fire-fighting equipment. The development of PEEP's, the practice of fire drills, together with staff training, meant that residents and staff were well-prepared if a fire should break out in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met, through regular reviews with healthcare professionals, and by implementing healthcare plans in line with professional recommendations.

Residents has an annual review of their healthcare needs completed by their general practitioner, and where required had attended medical appointments with their GP or hospital consultants for specific healthcare needs. Action was taken in response to the changing healthcare need of a resident, and this meant the resident was receiving timely and appropriate care to respond to this healthcare issue. Residents also had reviews completed with a range of allied healthcare professionals, for example, dietician, speech and language therapist, dentist, and podiatrist, and the professional recommendations were the basis of healthcare plans. Plans were found to be implemented, for example, providing a modified diet, completing blood tests, and monitoring bowels or sleep as required. Residents had been provided with the opportunity to avail of vaccinations including for example, an annual flu vaccine, and a Covid-19 booster vaccine.

Healthcare plans were detailed and guided the practice in the provision of care. Plans had been reviewed regularly with the support of the community nurse, and where a change of care was required, this was documented in care plans and implemented.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and restrictive practices were implemented relative to the risks presented.

Residents could access the services of a psychiatrist and a behaviour support specialist, and regular reviews with these professionals had been completed. There were some environmental and physical restrictions in place in the centre, and the inspector discussed these with the person in charge, house manager and two staff members over the course of the inspection. The team described the rationale for use of these restrictions, and these were in line with the details set out in risk assessments related to behaviours of concern, safety concerns and a medical issue. Staff also described the arrangements in place to ensure some environmental restrictions were implemented for the shortest duration, and the inspector observed for one restriction this was implemented, and the kitchen remained open outside of the times hot food was being prepared. A trial to remove a restriction had been completed. It was evident that there was a focus on enhancing communication systems for residents in the centre. This meant that every effort was being made to support residents to communicate their choices through objects of reference, gestures, picture communication, talk buttons and a communication app.

Restrictive practices were discussed at each staff meeting, and were reviewed by the multidisciplinary team a minimum of annually. Behaviour support plans were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and appropriate procedures were implemented in response to a safeguarding incident.

Since the last inspection in October 2024, the Chief Inspector had been notified of one allegation of abuse, and this incident had been referred to the safeguarding and protection team, and since closed off. Safeguarding measures were implemented following this incident, and two staff described the actions to take in response to a safeguarding concern, in line with the centre policy. All staff had up-to-date training in safeguarding and in children first. From a review of incident records, it was evident that there were no ongoing safeguarding concerns in the centre.

As mentioned, there were appropriate procedures in place for the management and protection of residents' finances, and regular audits were completed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted in this centre, and the centre operated in a way that respected residents' preferences for consistency, while gradually broadening residents' choices in their daily lives.

The team in this centre had worked with the residents for a number of years and knew the residents communication styles as well as their preferences well. A staff member described how choice is promoted for residents with meals, for example, using known preferences of meals, and trying new variations of these meals while assessing residents' feedback on these. Another staff described the importance of familiar staff supporting a resident with their personal care, and how consent is indicated through the use of body language for some residents. Picture cards, object of reference, and voice buttons were also used to help support residents in making choices.

How the centre was organised from day-to-day was based on the preferences of residents. For example, it was important to residents to go out on the bus regularly throughout the day, and this was facilitated. As mentioned, the staff continued to gradually introduce new activities, and if preferred, these then formed part of daily plans for residents.

All information pertaining to residents was securely stored.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant