

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

Issued by the Chief Inspector

Name of designated centre:	The Coach House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0007995
Fieldwork ID:	MON-0046826

About the designated centre

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

The centre provides a residential service for adults, both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and/or acquired brain injuries. The centre is located in a rural setting, within driving distance of nearby towns, and transport is provided for residents' use. The centre can accommodate up to six residents, and comprises of a five bedded two storey house and an adjacent one bedroom apartment. The service aims to maximise residents' independence and quality of life, through the provision of person centre care and support. Residents are supported by a person in charge and a team of direct support workers, and can access a range of healthcare professionals both in the service and in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 15 April 2025	15:40hrs to 18:40hrs	Caroline Meehan	Lead
Wednesday 16 April 2025	10:10hrs to 16:40hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This inspection was carried out as part of a safeguarding focused monitoring programme, and included meeting residents and staff, observations, and a review of documentation. The inspection was carried out over one evening and the following day.

There were six residents living in the centre on the day of inspection, and there were no vacancies. The inspector met residents on the evening of the first day of inspection, and one resident spoke to the inspector about living in the centre, and about their future plans. The inspector also observed what life was like for residents, and all residents appeared happy and comfortable living in the centre, and had very good relationships with each other.

The centre comprised of a five bedroom house, and a separate one bedroom house, on the same site. Both units were observed to be nicely decorated, homely, and residents were provided with all the required equipment and transport to pursue interests in their home as well as the community. For example, communication aids, sensory equipment, cooking facilities, two vehicles, and the internet.

The inspector spoke to a resident who said they were very happy living in the centre, and spoke fondly about their friends that live in the centre too. The resident said they were planning an overseas holiday with fellow resident for the summer, and they had recently been away for a spa break. The resident also spoke about a two year course they were completing in a nearby institute of technology, and they were using the skills they had learned in their day-to-day life.

It was evident that residents got on well together and had formed close bonds. Two residents were having a meal together on the evening of the inspection and there was upbeat engagement between residents and with staff. Similarly where residents had similar interests, they enjoyed doing activities together, for example, going to the beach, eating out or going on a farm visit.

There was a focus on continually expanding residents' experiences and opportunities, and this was done through effective and respectful communication with residents. This meant that staff knew how best to communicate with residents, to determine their wishes and choices, and residents were central in all personal planning procedures. For example, a staff member described how the gradual introduction of new activities for a resident, best supported the resident to cope with a change, and described how this had been successfully implemented for a recent family event.

For some residents, ongoing reassurance about their plans, or about their queries, was provided to support their emotional wellbeing. For example, the person in charge was observed to provide ongoing verbal reassurance to a number of residents, for example, about when they were visiting family, their query about a

topic of interest, and about purchasing a specific item of food for a meal. This was also reflective of the staff team's practice, for example, referring to visual schedules when residents had a query about their plans, or providing verbal reassurance about when a particular staff was working. At all times staff were observed to be respectful and kind in their interactions with residents, and were adaptable to the diverse communication needs of each resident.

Every effort was made to ensure residents' rights were upheld, and a resident told the inspector they were the representative on the provider's service user council. The resident explained this meant they could raise concerns that any resident had, with the chief executive officer, who also attended meetings. Part of this group was to organise service wide initiatives, and currently there was a charitable initiative ongoing, as well as organising summer events. Residents planned what they would like to do on a week-to-week basis, as well as meeting with their keyworker regularly to develop and review goals. A range of social goals were in place for residents including trips abroad, overnight hotel breaks, and day trips around the country.

Staff told the inspector about the verbal cues some residents used to consent to support, as well as the information that was discussed with residents at weekly meetings regarding human rights, advocacy, and safeguarding, and the staff said they found that by providing this, residents were increasingly getting a good idea about their rights.

Residents were supported to maintain contact with their families, and it was important for residents to know when they were going home. Therefore staff ensured this was included on visual schedules. Families were kept up-to-date on the wellbeing of their loved ones, and some residents had mobile phones and rang their families regularly throughout the week.

Overall, residents were protected and their wellbeing promoted through providing a person-centred, right based model of care and support, in which risks were well managed, and there was a positive focus on the lived experiences of residents living in this centre.

The next two sections of the report outline the governance and management arrangements and how these positively impacted the quality and safety of care and support provided to residents in the centre.

Capacity and capability

The provider had the systems, resources and management arrangements in place, ensuring residents were provided with the appropriate services to meet their needs and keep them safe. There was a focus on ensuring the staff were skilled and knowledgeable on residents' individual preferences, communication styles and needs, thereby supporting residents to lead the life they wished. As a consequence,

the known risks that may impact residents' wellbeing, safety, and rights were effectively mitigated.

The team was led by a skilled and knowledgeable person in charge. Staff also knew the residents well, had the appropriate qualifications, and had been provided with the necessary training to comprehensively meet the needs of residents. The person in charge supervised the care and support provided to residents, and there were appropriate systems in place to raise concerns, escalate risks and report adverse incidents both day and night.

There was ongoing review of the services provided in the centre, and the views of residents and families' formed an important aspect of informing services either through feedback on annual reviews, or through ongoing communication, or personal planning processes.

Overall the inspector found the governance and management systems were supporting an effective and safe service for residents.

Regulation 15: Staffing

There were sufficient staffing levels in the centre, and staff had the skills and experience to meet the needs of residents and to keep them safe.

The inspector met with the person in charge who outlined there were no staff vacancies in the centre. The staffing team comprised of the person in charge, social care workers and direct support workers. The needs of the residents had been assessed, and the staffing requirement were provided in line with their needs. For example, one resident needed one to one support during the day and another resident needed two to one support during the day. There were five staff on duty in the centre during the day, two in the single occupancy house, and three in the main house. At night there was one staff on duty in the single occupancy house, and two staff in the main house.

The inspector reviewed a sample of rosters over a two month period, and consistent staff had been provided. Planned and actual rosters were available and were appropriately maintained. Where vacancies arose due to planned or unplanned leave these were generally filled by regular staff or from a core group of relief staff. The inspector spoke with three staff, and they described the supports in place to meet residents' needs

The provision of consistent staff, and the staffing arrangement meant that residents were being supported by staff who knew them well, and were responsive to the choices, as well as the needs of residents.

The inspector reviewed three staff files and all documentation as per schedule 2 of the regulations were in place. This meant that the provider had appropriate

procedures for vetting and recruitment of staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of training in line with mandatory requirements, and to meet specific needs of residents and to keep residents safe. Mandatory training had included safeguarding adults, children first, and managing behaviours of concern, and additional training included positive management of complex behaviours, medicines management, communication skills, epilepsy management, diabetes management, understanding autism and first aid.

The inspector reviewed online training records for all staff, and a sample of training certificates for two staff, and all staff training was up-to-date. One staff was due to attend training in basic life support. The training provided meant that staff had the required skills and knowledge to effectively communicate with residents, respond to medical issues residents may experience, and positively support residents with their emotions. This in turn meant that potential contributing factors to safeguarding risks were proactively reduced or mitigated by staff members' approach with residents, thereby keeping residents safe.

The person in charge reviewed staff training regularly, through an online outstanding training report.

Staff were directly supervised on a day-to-day basis by the person in charge, who worked in the centre five days a week. Supervision meetings were facilitated for staff every quarter, and a staff member confirmed this arrangement with the inspector. Supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were effective in ensuring residents were safe in the centre, their needs were met, and their rights were upheld. The approach in the centre was supported by the provision of suitable resources, effective systems of support provision, and ongoing oversight of the services provided.

The provider had ensured suitable resources were provided, and included sufficient staffing levels, staff training, two well-maintained premises, two centre vehicles, a centre budget and access to multidisciplinary support within the service. Consequently, the residents were being provided with the right support at the right time, which in turn minimised potential risks to their wellbeing. For example, staff

described the potential safeguarding risks and required staffing levels for some residents, and these were observed to be provided. Similarly, by providing two vehicles residents could avail of planned activities and schedules, which was an important aspect in maintaining their emotional wellbeing.

There was a clearly defined management structure and as mentioned, the person in charge worked five days a week in the centre. Staff reported to the person in charge, who reported to the assistant director of services. The assistant director reported to the director of services and onward to the Chief Operating Officer and the Chief Executive Officer. The person in charge took responsibility for the daily management of the centre and was supported in their role by two team leads. Since the last inspection in January 2023, there had been two safeguarding notifications sent to the Chief Inspector of Social Services, and all actions to investigate incidents, and mitigate risks had been completed by the person in charge and management team.

A staff member outlined they had good support from the person in charge, and could raise concerns about the quality and safety of care and support provided to residents. The staff member also outlined the actions to take if a safeguarding incident occurred, and the reporting structures during the day or out of hours. This meant there were clear reporting structures for raising concerns with the management team that staff were knowledgeable on.

The person in charge and assistant director of services met every month approximately for governance meetings, during which the services provided to residents were reviewed. Incident reports were also reviewed and analysed by the person in charge and assistant director, and where preventative strategies or additional control measures were required, these were discussed at monthly staff meetings and implemented.

There was a schedule of regular audits that included, for example, safeguarding, risk management, assessments of need and personal planning, positive behavioural support, and residents' finances. The inspector reviewed a sample of eight audits completed in 2025, and all audits were found to be fully compliant by the auditor. An annual review of the quality and safety of care and support was completed in October 2024, and included consultation with residents and their families or representatives. The annual review also took into account the safeguarding arrangements, risk and incident management, behavioural support, and complaints management. Six-monthly unannounced visits were completed by the provider, and the inspector reviewed the most recent review in February 2025. Two actions arose relating to daily health monitoring for one resident, that was found to be completed, and staff refresher training that had been arranged by the day of inspection.

Staff meetings were facilitated every month and adult protection, learning from incidents, restrictive practices, and residents' finances for example, were discussed at these meetings.

Overall the governance and management systems were ensuring residents were being supported in a way that met their needs, and enhanced their rights,

opportunities, and experiences in the centre and in the community.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support that was based on their needs, preferences, and decisions. A person-centred rights based model of support was provided by a person in charge and a staff team who knew residents well. There was a focus on the continual improvement of residents' quality of life experiences, through health, social, educational and occupational experiences, while also providing the necessary supports to protect residents.

Residents' needs had been assessed by the team, and healthcare professionals, and personal plans were implemented. Plans included healthcare, social, communication, behavioural support, and risk management plans, and the implementation of these plans had resulted in positive outcomes for residents. There were no ongoing safeguarding concerns in the centre, and where incidents had previously occurred they had been reported and managed appropriately. There were robust procedures in place to protect residents' finances.

The day-to-day organisation of the centre was led by residents choices and decisions, and there was ongoing engagement with residents to inform them of their rights, as well as safeguarding and complaints procedures.

Regulation 10: Communication

Residents' communication needs had been assessed, and staff supported residents with their communication needs. This in turn positively impacted residents in terms of social engagement, emotional support, and decision-making.

Residents' communication needs had been assessed, and their communication styles and preferences were documented in assessments of need and in personal plans. Where required, assessments had been completed by a speech and language therapist, and recommendations were observed to be complete including completing a communication passport, and using visual aids with residents.

The person in charge outlined some aspects of the communication passport, for example, the meaning of various phrases used by a resident. Residents were supported with a range of communication aids, for example, talking apps on iPads, visual schedules, easy-to-read documents, and picture choice cards. Some residents preferred visual schedules to be in written format and this was observed to be in place. Staff described how a structured routine was important for some residents,

and outlined how visual schedules are prepared with residents every day. The communication systems complemented behaviour support plans, and the implementation of these plans, had resulted in a significant reduction in adverse incidents since the last inspection.

At all times staff were observed to interact with residents in the manner they preferred. For example, some residents liked to tell and listen to lots of jokes, and for some residents they preferred simple and clear communication with reassurance on what was happening next. Overall, the inspector found the implementation of effective communication systems had resulted in positive social interactions for residents, as well as consistent support to enable residents to make choices and decisions about their life.

Judgment: Compliant

Regulation 17: Premises

The centre was laid out to meet the needs of residents, and had sufficient private and communal spaces for residents' use.

The centre comprised a five bedroom, two-storey property and a two-storey single use house, both on the same site. The provider had ensured equipment was provided to support residents' needs and interests, For example, in both units there was a sensory room, with sensory lighting, beanbags, projectors, and for some residents who liked to sing, there were karaoke machines.

In the main house each of the residents had their own bedrooms, and these were laid out and decorated the way residents preferred. There was plenty of storage for residents to keep their personal possessions. There were three bedrooms on the ground floor, and two bedrooms on the first floor, and sufficient bathrooms for residents' use. The main house had a large sittingroom, as well as a sensory room, and a kitchen dining room, and there was plenty of space for residents to either spend time alone or with their fellow residents.

In the adjoining unit, there was a kitchen dining room, a sittingroom, a bathroom, and a double bedroom, and upstairs a sensory room was provided. Both units were clean and well maintained, and had been personalised with residents' photos on display throughout. The centre was accessible throughout and residents could come and go as they pleased within the centre. Two vehicles were provided to bring residents to day services, to college, or on social activities.

Judgment: Compliant

Regulation 26: Risk management procedures

Known and potential risks in the centre had been assessed, and the implementation of effective control measures meant that the safety and wellbeing of residents was promoted and protected.

There was no ongoing safeguarding incidents in the centre, and previous incidents in 2023 had been appropriately responded to. Notwithstanding, staff were aware of the potential safeguarding risks in the centre, and a staff member told the inspector about this risk, and the staff supervision levels required to prevent a potential incident. The inspector observed this was in place at all times during the inspection.

The person in charge maintained a risk register and 13 risks had been identified. The inspector reviewed a sample of control measures from medium rated risks and these were found to be in place including, a low-stimulus environment for a resident, support from psychology as required, and providing a consistent staff team.

Risks to residents' wellbeing and control measures were outlined in risk management plans, and the inspector observed that control measures were implemented. These included, staff training in positive behavioural support, ongoing reviews with multidisciplinary team members, providing a sensory space, and providing additional staff at weekends to support a resident with their own individual activities.

The inspector reviewed incidents records and all incidents had been reported to the person in charge, and subsequently reviewed and signed off by the assistant director of services. Where additional measures were required these had been implemented, for example, ensuring staff were aware of how a resident communicates they are in pain, completing a staff debriefing session, and a psychology review for a resident. As mentioned, incidents and any learnings were discussed at staff meetings.

The proactive management of risks, as well as effective responses to adverse incidents meant that residents were being protected in the centre, and this in turn was having a positive impact on their wellbeing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed and care and support was provided in line with residents' preferences, and recommendations made by allied health care professionals.

The inspector reviewed three residents' files, and residents had an up-to-date assessments of their needs. Assessments were based on residents' choices and preferences, and outcomes of healthcare professional reviews. Personal plans

comprehensively outlined how best to meet residents' needs, support their choices, and plans integrated the measures implemented to keep residents safe. Assessments of needs and personal plans were reviewed a minimum of annually and residents' families or representatives were invited to an annual review meeting.

The inspector met one staff member and spoke to two other staff members, and they knew residents well, and described the support provided to keep residents safe. This included for example, ensuring a visual schedule was in written format, gradual preparation for a significant celebration, and supporting residents to maximise their independence. A staff described how a resident was supported with two new activities, going swimming and going to the cinema, and it was important to gradually introduce new activities for the resident. The inspector found the introduction of these activities was planned in line with the identified needs of the resident, thereby supporting their emotional wellbeing.

Residents were supported to develop goals, enhance their independence skills, and avail of social, educational and community activities. Residents displayed the goals they were currently working on in picture format in their own bedrooms, or in a hallway. Goals were based on residents personal interests, for example, some residents liked to be active, and had planned to go on a boat trip, go to the Zoo, and visit a farm in the coming months. Another resident talked to the inspector about the independent skills they were working on including, going out for coffee, and getting their nails done, and rang staff once they were ready to be collected.

Overall the inspector found the implementation of personal plans based on residents' needs and choices, were having positive outcomes for residents in their health, social and emotional well being.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were well supported with their emotional needs, and the implementation of positive behavioural plans meant that residents were proactively supported within their home and in the community.

Residents accessed the services of a behavioural specialist, psychologist and a psychiatrist where needed, and residents needs in terms of behavioural support, had been assessed, and recommendations for interventions made. These interventions formed part of behavioural support plans, as well as wellness recovery action plans. Plans outlined proactive and reactive support strategies to help residents manage their emotions, and two staff outlined some of these strategies to the inspector. The inspector also observed that environmental supports, for example, visual schedules, structured routines, access to assistive technology, and sensory items were in place for residents where required.

There were some restrictive practices in use in the centre, and these restrictions

were applied relative to the risks presented. All restrictive practices had been reviewed by the relevant team members, and there was a focus on trying to reduce restrictions and the impact of restrictions on those residents who did not require these. For example, in the case of an environmental restriction, all residents for whom the restriction did not apply had been given a key to access this storage press. Risk assessments had been completed for all restrictions, clearly outlining the rationale for use of these restrictions.

The inspector found staff were knowledgeable on how to support residents specific to their individual emotional needs, and all staff had received training in positive behavioural support, and in professional management of complex behaviours. From a review of incident records and trends in the past year, it was evident that interventions were having a positive impact for residents, and there had been a significant reduction in incidents of behaviours of concern. This in turn impacted positively on the experiences of residents, including relationships with each other, and further expanding residents social opportunities and independence.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and the approach in the centre meant that care and support was provided in a person centred manner, by a well-informed staff team.

The Chief Inspector of Social Services had been notified of two allegations of abuse in 2023, and the inspector reviewed the outcomes of these incidents. All actions outlined in notification forms had been completed, and where required additional follow up reviews had been sought and provided. The inspector reviewed incident records and no safeguarding incidents had occurred since 2023. A staff member described a potential safeguarding risk in the centre, and the required staff levels were observed to be in place, so as to prevent possible incidents. They also described the safeguarding procedures and the actions to take in the event a safeguarding incident occurred. All staff had up-to-date training in safeguarding adults and in children first.

The inspector reviewed the procedure for managing residents' finances with one staff member, and records of all money received or spent by residents was maintained. Two residents' finances were reviewed by the inspector, and receipts were available for money spent by residents. The balance of residents' money was checked daily at the change of shift and signed by two staff. A monthly financial reconciliation record was completed by the team lead for each resident, and this was submitted with all receipts to the finance department for auditing.

Overall the inspector found there had been appropriate reporting and actions taken in response to safeguarding incidents, control measures were in place to protect

residents, and a robust procedure to protect residents' finances was implemented.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' lives were led by their own choices and preferences, and their decisions and choices were determined through effective communication by a staff team who knew residents well.

As mentioned, staff knew residents well, and they described how residents consent and make choices in their day-to-day life. For example, some residents use pictures to choose meals or activities, and these were available on individual iPad's for some residents, and for others in picture cards. A staff described the specific word a resident used to say no to a choice. The rights of residents to choose was respected, for example, one resident did not want to pursue a specific occupation, and said they preferred to continue with their day services programme, while another resident spoke of the college course they were completing, and the importance of developing and maintaining their new skills in the community.

It was evident that residents had been provided with information about their rights, and two residents said they preferred the inspector not to see their rooms on the day, with a resident emphasising their right to privacy. Staff had discussed a range of issues with residents at weekly meetings, including safeguarding, human rights principles, how to make a complaint, as well as discussing choices of meals, and activities for the coming week. Some residents had specific preferences for meals, and these choices were observed to be accommodated.

Overall the inspector found a right based model was employed in the centre, that promoted residents' achievements and individuality, and protected their rights to live a life of their own choosing.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant