



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

Issued by the Chief Inspector

| | |
|----------------------------|-------------------------------|
| Name of designated centre: | Seaview |
| Name of provider: | Talbot Care Unlimited Company |
| Address of centre: | Louth |
| Type of inspection: | Unannounced |
| Date of inspection: | 13 February 2026 |
| Centre ID: | OSV-0008584 |
| Fieldwork ID: | MON-0049648 |

About the designated centre

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

Seaview is a two storey detached property situated on a large site in the countryside in County Louth in close proximity to a seaside town. The centre can accommodate male and female adults some of whom have intellectual disabilities, autistic spectrum and/or acquired brain injuries. On the first floor, there are two bedrooms (one with en-suite bathroom) a large living area and a shared bathroom. On the ground floor, there are three bedrooms a kitchen/ dining room, a separate living room a shared bathroom/wet room, WC, office, and utility room. The property is surrounded by a large garden and driveway with ample parking outside. The staff team consists of a fulltime person in charge, two team leaders and direct support workers. There are generally three staff on duty during the day and two waking staff at night. Three of the residents attend a day service and one resident prefers to plan a meaningful day with the support of staff in Seaview. Transport is provided as the property is located in the countryside. The residents have access to a range of allied health professionals to support their needs.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 |
|-------------------------|----------------------|------------|------|
| Friday 13 February 2026 | 09:15hrs to 17:15hrs | Anna Doyle | Lead |

What residents told us and what inspectors observed

Overall, this centre was well-resourced and the staff team were promoting person-centred care based on the assessed needs of the residents.

This inspection was unannounced and was conducted to monitor ongoing compliance with the regulations and to help inform a decision to renew the registration of the centre.

The centre is registered to support five residents and was first registered in June 2023. At the time of the inspection only four residents were residing in the centre. Over the course of the last year, two residents had been admitted and discharged from the centre on two separate occasions due to incompatibility issues. Since last October 2025 there had also been a significant change in the management team in the centre. As a result of these changes the registered provider had agreed not to admit any new residents to the centre to give the residents living there time to adjust. The director of services also informed the inspector that any new residents who were going to be admitted to the centre would need careful consideration around potential compatibility concerns.

Over the course of the inspection, the inspector met three of the residents, the staff on duty and the person in charge. The inspector also reviewed records specific to the residents care, and the governance and management arrangements in this centre.

On arrival to the centre, one of the residents had left to attend their day service, one resident was visiting a family member and two residents were in the centre. One of the residents welcomed the inspector by opening the door and making the inspector a cup of coffee. Another resident was getting ready for the day and was about to have breakfast. The plan for the day had been that both residents were due to go to the Zoo however, this had to be postponed due to the adverse weather conditions on the day of the inspection.

Alternative activities were planned instead and one resident went home to visit family and the other went shopping for clothes and went out for lunch. The inspector observed that the staff supported the residents in line with their needs and their wishes and preferences. For example, some residents liked their living environments free of clutter and the staff informed the inspector of this. Another resident liked to keep their windows and doors closed in their bedroom and the staff informed the inspector that this was very important to them. Another resident liked art and liked to draw on cardboard boxes and all of the resident's artwork was stored in a room for the resident.

The centre was spacious and maintained to a high standard in general. There were two living room areas, one upstairs and one downstairs, which meant that residents

could spend time alone if they wished. Residents also had their own bedrooms. One of the residents showed the inspector around their bedroom and they said that they liked their room. They had a large television and a recliner chair where they liked to watch football matches or listen to music. The resident informed the inspector that they were happy living in the centre, that they liked the staff and got to do things they enjoyed doing.

A staff member also showed the inspector around the house and as this was happening they were pointing out things that were important to some of the residents. One resident for example, had visual reminders of items they needed to take with them when they were doing a specific task. Each residents bedroom was laid out the way they liked it and they had pictures of family members on the bedroom walls. There were electric fans in the residents' bedrooms for the summertime to ensure that residents' rooms were cool. This was important for some residents as it was noted in their personal plans that they did not like it when they were too warm.

The kitchen was spacious and well equipped. Residents were observed in the late afternoon, making pizzas they were having for dinner. The utility room was well equipped and residents were encouraged to engage in doing some tasks regarding taking care of their own laundry.

The staff were observed to treat the residents with dignity and respect at all times and were aware of the needs of the residents. Two staff members for example; told the inspector that when one resident became anxious, if they engaged in some artwork it relaxed them and reduced their anxiety. Another resident only liked a specific type and colour of clothes to wear. All staff were aware of this and explained to the inspector how they supported the resident with purchasing these items of clothes.

Weekly residents meetings were held to inform residents about things that were happening in the centre, to collect their views on aspects of the service, and to provide some education about the residents' rights, fire safety and keeping safe. Residents also met with their key workers to plan goals they might like to achieve. One resident had a goal to start increasing their independent living skills and to start making their own pizzas. The inspector observed that the resident had done this on the day of the inspection and looked very happy enjoying eating the pizza they had made. They now had a new goal set to learn to cook something different. The residents were engaged in numerous activities including music, going to the airport, going for a walk everyday to a specific location, one liked to play basketball outside and one of the residents was planning to start growing strawberries this year as they had started to try eating a healthier diet in recent months. One of the residents also volunteered with a local community programme every week.

The registered provider had collected the views of family members as part of their own audit and reviews of the centre. The inspector also spoke to two family members over the phone on the day of the inspection who reported that they were happy with the services provided. One family member informed the inspector that they were very satisfied with the way a complaint they had raised was managed by

senior managers in the centre. A review of the surveys showed that while the families members surveyed were mostly very happy with the services provided, some of them had noted that the changes in the staff team which had occurred late last year had been a difficult transition, and others had also suggested some things that would enhance the service for them.

The inspector spoke to the director of services about this feedback and other feedback included in the family surveys and they assured the inspector that the families feedback would be reported back to senior management so as this could be addressed going forward to ensure for example, that families and residents were supported going forward during periods of change, like significant staff changes.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

There were clear management structures outlining who was accountable for areas of care and services provided in the centre. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. This meant that residents were provided with a safe quality service.

The skill mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. A consistent staff team was employed in the centre at the time of the inspection.

Training had been provided to staff to ensure they had the necessary skills to support the residents. Community nurses were also available to provide guidance and support staff and residents about their healthcare needs.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the Chief Inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They had a management qualification and experience working in the disability sector. They were also responsible for another designated centre under this provider. The inspector found that this was not impacting on the quality of care provided at the time of this inspection as arrangements such as team leaders being employed assured effective oversight of the centre.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here and implementing continued improvements to enhance the quality of life of the residents.

The person in charge was also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings.

Judgment: Compliant

Regulation 15: Staffing

The centre was adequately resourced and included a staff team of support workers, team leaders and the person in charge. There were three staff rostered to work each day and two staff at night time.

A planned and actual roster was maintained, showing the staff that worked each day in the centre. A review of a sample of rosters worked in January, April and May 2025 showed that the staffing arrangements outlined above were in place.

A team leader was assigned each day to oversee the care and support being provided and at night time a shift lead was assigned to assure that one staff was accountable for the care provided. Senior Managers were also on call 24/7 to provide guidance and support to staff.

Community nurses were available to support residents who may require support with their healthcare needs.

The inspector reviewed a sample of records that are required to be in place under Schedule 2 of the regulations in two staff personnel files and found that the records were in place and no concerns were noted. The sample of records viewed for each of those staff included:

- vetting disclosure
- photo identification
- two written references
- contracts of employment.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training divided into mandatory training, training specific to this designated centre and other training. The training records were maintained on an electronic database. This electronic database, could generate a report that showed whether there was any training not completed or if refresher training was due. This enabled the person in charge to maintain oversight of staff training. This report on the day of the inspection showed that all mandatory training was completed and some staff were due to complete refresher training in the coming weeks.

Certificates of these training records were also stored on this database. The inspector reviewed a sample of the mandatory training and additional training for a sample of three staff members and found that they had completed all mandatory training. The inspector found that some of the training which had been provided to staff was not included in the training outlined in the Statement of Purpose. For example; all staff were provided with first aid training and this was not included in the statement of purpose. The person in charge agreed to update this document to include all training provided that was relevant to the care and support provided to the residents.

The training which all staff were required to complete included:

- Antimicrobial Resistance and Infection Control (AMRIC)- Basics of Infection & Prevention Control
- AMRIC - Hand Hygiene
- AMRIC - Personal Protective Equipment
- AMRIC - Respiratory Hygiene and Cough Etiquette
- AMRIC - Standard and Transmission-Based Precautions
- AMRIC- Management of Blood and Body Fluid Spillages
- Children First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- FEDS Part 1 – Foundation
- Health and Safety in the Talbot Group
- Moving and Handling
- Crisis Prevention Interventions
- First Aid

- Medication Management Theory (including competency assessments)
- Assisted Decision Making.

Staff were also provided with formal supervision four times a year. This enabled staff to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care.

The inspector spoke to two staff who demonstrated a very good knowledge of the residents' needs and outlined some of the residents' healthcare and emotional needs, and the residents' goals and aspirations.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had effective leadership, governance and management arrangements in place with clear lines of accountability. The person in charge was employed full time in the organisation. Senior managers were also on-call after hours to provide support to staff.

The person in charge reported to an assistant director of services, who was also accountable for the care and support provided. The registered provider also had other directorates within the organisation to oversee services like risk management and quality. The registered provider had a forum, where persons in charge of designated centres met to discuss operational issues, along with shared learning from other regulatory issues that occurred across the organisation so as that all staff were informed about the learning from these issues. This was a good example of shared learning in terms of managing potential regulatory breaches in the organisation.

There were adequate resources in place to support residents achieving their individual personal plans, and in line with the assessed needs of the residents.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The last unannounced quality and safety review was conducted in January 2026 where some minor improvements were identified in staff refresher training. There was a plan in place to complete this at the time of the inspection.

The assistant director of services conducted a monthly monitoring visit in the centre, which comprised of a review of specific regulations. The person in charge also carried out other audits in medicine management and residents' personal finances. The inspector followed up on some of the actions following these audits and found that they had been completed. As an example, an audit in medicine management practices in January 2026 found that one medicine, did not have the appropriate pharmacy label on it and this had not been completed. Another audit conducted on

fire safety showed that fire drills had been conducted to demonstrate that residents and staff could be evacuated from the centre. The inspector found from a review of fire drills in the centre that this was correct.

Arrangements were in place to ensure that staff could exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. This included monthly staff meetings and arrangements in place for staff supervision meetings and staff appraisals.

Prior to this inspection one complaint had been raised about the services provided. The inspector spoke to the person who had raised the complaint and they reported that they were very satisfied with the way that the complaint was acted on and managed by senior managers.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aims and objectives of the service and the facilities to be provided to the residents.

This document had also been reviewed recently and the person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that at the time of this inspection residents appeared to be happy in the designated centre and were supported in a person-centred manner by the staff team.

Residents who required supports around their communication needs had been provided with supports and some of them had been referred to a speech and language therapist to have a further assessment of their communication needs.

The residents were supported with their health and emotional needs and had regular access to allied health professionals. A sample of healthcare plans and positive behaviour support plans viewed showed that they guided practice.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

Residents were supported with their general welfare and development. They were engaged in meaningful activities each day and chose goals and activities that were in line with their personal preferences. They were also supported to maintain links with family and one resident was volunteering in their local community.

The centre was clean, spacious and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

All staff had completed training in safeguarding vulnerable adults and the residents had been provided with education and advice about their right to feel safe in the centre.

Regulation 10: Communication

Some residents communicated using different methods, such as gestures and facial expressions. Each resident had a communication plan in place that demonstrated what the resident was communicating, when they used certain gestures, some of the words they used and the residents likes and dislikes. The staff were observed interacting with one resident in line with some of the details included in this plan. While the inspector observed that some of these plans could be more detailed, they were assured that these issues were being followed up. For example; all residents where required had been referred to a speech and language therapist for assessment.

The person in charge was also in the process of updating some of the easy-to-read guidelines for some residents to ensure that they met the residents' needs. One resident who had previously decided not to use verbal means of communication with staff when they were first admitted to the centre was now conversing with staff. As a way of encouraging this the staff had supported the resident to get a mobile phone to contact family members each night to have a chat. The family members reported in their survey that they were very happy with this idea.

Residents also had access to telephones and other such media like the Internet, televisions, radios and some had personal computers. One resident for example, liked to phone their family members each evening.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were engaged in meaningful activities each day in line with their personal preferences. Three of the residents attended a day service four to five days a week. The other resident planned their day with the staff in the centre. The staff informed the inspector that the resident had applied to attend a college course this year which would start in September 2026.

Residents also met with their key workers to plan goals they might like to achieve. One resident had a goal to start increasing their independent living skills and start making their own pizzas. The inspector observed that the resident had done this on the day of the inspection and looked very happy enjoying eating the pizza they had made. They now had a new goal set to learn to cook something different. The residents were engaged in numerous activities including music, going to the airport, going for a walk everyday to a specific location, one liked to play basketball outside and one of the residents was planning to start growing strawberries this year as they had started to try eating a healthier diet in recent months. One of the residents also volunteered with a local community programme every week.

All of the residents kept in touch with family on a regular basis. Family surveys reviewed by the inspector, showed that they were satisfied with the level of communication received from the staff in the centre about their family members care and support.

Judgment: Compliant

Regulation 17: Premises

The premises was clean, spacious and maintained to a high standard. As outlined in section one of this report each resident had their own bedroom and could chose the specific styles they wanted their bedroom laid out. There was adequate bathrooms in place and the kitchen was well equipped.

There was a large driveway to the front of the property and a garden area to the back of the property where for example a basketball hoop was provided for residents.

The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order. As an example; the boiler was being serviced as required.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary policies, such as an incident management policy, to guide how risks were managed in the centre.

The systems included a process for reporting and reviewing incidents and, the management and review of risk assessments. As an example any risk assessments rated red were escalated to senior managers in the centre. Residents had individual risk assessments in place showing the measures that were in place to mitigate potential risks. These had been reviewed recently by the person in charge.

Incidents in the centre were reviewed by the person in charge and any actions agreed to mitigate risks were discussed at staff meetings.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and had timely access to a range of allied health professionals to include

The allied health professionals employed in the organisation that residents had access to included:

- Community Nurses
- Psychologist
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist
- Consultant Psychiatrist
- Dietician (visiting practitioner on referral basis).

In the community residents had access to the usual community services such as:

- General Practitioner
- Chiropody
- Dental services.

The staff were knowledgeable around the residents' healthcare needs. For example; one resident had a skin integrity plan in place and staff were knowledgeable about what to do to support the resident to maintain their skin integrity.

At the time of this inspection, there were no residents that met the criteria for community healthcare screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs. All staff had completed training to support residents who may need assistance when they became anxious.

Each resident had a behaviour support plan in place to guide staff and ensure a consistent approach for the residents. A sample of plans viewed showed that they had recently been reviewed. The staff were knowledgeable around the residents' needs and some of the practices required in the positive behaviour support plans were observed by the inspector. For example; the inspector observed that one resident liked to make a specific snack and then may not eat it, it was important to allow the resident to do this and staff were observed supporting the resident with this.

There were a number of restrictive practices in place in the centre for the safety of residents. As an example, the front gate was locked, as the centre was located on a very busy road, a press was locked where cleaning products were stored and window restrictors were on windows upstairs in the property which were a requirement under building regulations. The inspector found that these were required at the time of the inspection. As well as this from time to time some residents required medicines to be administered when the residents became very anxious. The inspector found that this medicine was administered as a last resort and the use of this medicine was being monitored by staff.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Where incidents had been reported to the Chief Inspector, the provider had reported it to the relevant authorities and taken steps to safeguard residents.

As stated earlier in the report, there had been a number of safeguarding issues reported that concerned the compatibility of some residents living together. The registered provider had taken steps to address this at the time of the inspection. The director of services also informed the inspector that any new residents who were going to be admitted to the centre would need careful consideration around potential compatibility concerns and that they were not considering admitting any new residents to the centre in the near future.

The staff who met with the inspector were aware of the different types of abuse and the reporting procedures in place should an incident occur. The person in charge,

the team leader, the assistant director of services and the staff informed the inspector that they had no concerns about the quality and safety of care provided.

Judgment: Compliant

Regulation 9: Residents' rights

Each resident could exercise choice and control in their daily life in accordance with their preferences and were involved in decisions about their day to day lives.

Where residents required easy-to-read information it was provided. Examples included, the complaints policy, feeling safe and what to do if they had a concern about their rights. The person in charge was also reviewing these documents at time of the inspection.

Residents were supported to enhance their independence in the centre. Two of the residents for example; were learning how to make some meals.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |