



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

Issued by the Chief Inspector

Name of designated centre:	Roganstown
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 June 2026
Centre ID:	OSV-0008593
Fieldwork ID:	MON-0041218

About the designated centre

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

Roganstown provides a residential service for up to five male or female residents with an intellectual disability, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The designated centre consists of a large bungalow in North County Dublin with five bedrooms, a large kitchen and dining area, living room, sun room and large surrounding garden. The centre is staffed by a person in charge, a team of social care workers and direct support workers, with access to clinical services when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 3 June 2026	10:00hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision. The inspector found a high level of compliance in this designated centre, and all regulations inspected against were found to be compliant.

The inspection was conducted by one inspector over the course of one day and was facilitated by the person in charge. To gather an impression of what it was like to live in the centre, the inspector spoke to residents, observed daily routines, spent time discussing residents' specific needs and preferences with staff, and completed a documentation review in relation to the care and support provided to residents.

There were five residents on the day of the inspection, and the inspector met them all, and had conversations of varying lengths with them according to their preferences. Residents were compatible with each other, and had hobbies and interests in common. Some residents chose to go away on holidays or short breaks together.

One resident told the inspector about their job and their artwork. They showed the inspector their art portfolio which was an area of importance to them. They spoke about their family and friends, and mentioned other residents fondly. They also mentioned staff members who they found to be supportive.

Another resident told the inspector that staff treat them with respect, and gave the example that they would say 'goodnight' when they were leaving and say when they were next on duty. They felt that staff were very caring, and also mentioned that their family were very happy with the house and staff. The resident had a one-to-one staff and said that they felt reassured and supported by this.

The resident showed the inspector their medication kardex, and spoke about the history of their condition, and all the healthcare professionals who support them. They mentioned their keyworker in particular, and during the course of the chat they called for the person in charge (PIC) to come in to the room to help them explain, so that it was clear that they turned to staff for support.

Another resident was showing the inspector their watch, when they noticed a fellow resident who was a wheelchair user approaching, and asked the inspector to move aside to ensure there was sufficient room. These two residents clearly had a strong relationship, and the inspector observed chat and banter between them.

The resident who was a wheelchair user invited the inspector to see their room, which was arranged as they chose, and which had good access, and a bathroom next door. The resident had a small dressing room which they showed the inspector. During the course of the conversation they asked the inspector not to park in the

space outside the front door as it could affect their access, and this indicated that they were able to self-advocate, and had an expectation that their views would be respected.

During the afternoon the inspector could hear chat and banter between staff and residents from the kitchen where snacks and drinks and the evening meal were being prepared.

Residents had been offered the opportunity to complete questionnaires sent out by HIQA in advance of the inspection. Staff had supported them to complete these questionnaires, and all of the responses ticked off were positive. In addition one resident had written in 'I am happy'.

Any compliments received were recorded, and these included thanks from residents, and some nice compliments from families, for example one family had appreciated the birthday party arranged for their relative.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. She was knowledgeable about the support needs of residents, and about her role in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from a regular relief panel.

There were four staff members on duty each day, including a team lead, and house manager on each week day. Staff were all qualified to a minimum of FETA level 5 and the inspector spoke to four staff members on duty during the course of the inspection, and found them to be knowledgeable about the support needs of residents.

Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Residents had access to various members of the multi0disciplinary team, including the community nurse should they require this support.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including autism awareness and feeding, eating and drinking training. Staff could describe their learning from their training, and relate it to their role in supporting residents, for example, they could accurately describe the modified diets required by some residents, and spoke about their role in maintaining fire safety for residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three

supervision conversations and found a clear agenda for discussion and an opportunity for staff members to raise any issues.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a house manager and a team leader, and at least one of them was on duty every day.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and was available in the designated centre. The annual review was a detailed report of the care and support offered to residents. Residents had been included in the preparation of this report and some of their views and those of their families had been incorporated.

Six-monthly unannounced visits on behalf of the provider had taken place as required, in May and November 2025. Any required actions identified during these visits had been implemented, for example an issue with a fire door had been rectified, resident access to their finances had been managed and any outstanding staff training had been completed.

Staff team meetings were held bi-monthly, or more frequently if required. The inspector reviewed the minutes of the last two of these meetings and found that any required actions identified at the previous meeting were reviewed. Other items for discussion included an update on each resident and their personal goals, learning from HIQA inspections throughout the organisation and any complaints or incidents and actions required as a result. Staff were required to sign the minutes of each meeting.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre and had ensured that the high level of compliance found at the previous inspection had been maintained.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations. Residents were aware of the process of making a complaint, and some of them told the inspector who they would approach to make a complaint.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome.

A recent complaint related to staff who did not have English as their first language speaking to each other in their own language in the presence of residents and their families. One resident told the inspector that they had witnessed this.

This complaint had been recorded appropriately and escalated to senior management. An investigation was conducted, and actions taken to ensure that staff communicated in the language of the residents at all times. The matter was discussed at staff supervisions and staff meetings, and the IC gave assurances that this was being continually monitored.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

The premises were appropriate to meet the needs of residents and were clean and well maintained.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Residents all communicated verbally, although some people required additional supports with communication. For those residents there were detailed communication profiles, and they had been reviewed by a speech and language therapist (SALT).

The communication profiles included information about both expressive and receptive communication, and included guidance for staff, for example that they should always face the resident when speaking.

For one resident there was a more detailed 'emotional communication guideline' which included further information such as their interpretation of social cues.

Information was made available and accessible to residents. There were various pieces of accessible information throughout the designated centre, and social stories had been developed for some residents to assist understanding.

All staff who spoke to the inspector could describe the various ways in which residents communicated, and the inspector observed effective communication with residents throughout the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support in accordance with their assessed needs and his or her wishes.

Residents had multiple opportunities for leisure activities both in their home and in the community. They also had opportunities for personal development, and in this regard residents had been supported to set goals for themselves with the support of staff.

For example one resident was writing a book, another was planning a big trip overseas to visit family, and a third was being supported in their independence in financial management. Each goal that resident had set had an associated action plan, whereby achievement of the goal was broken down into smaller steps, and progress towards achieving each step was recorded.

One resident had just completed a course in an area of interest to them, and related to their previous profession. Another had a scheduled skills review on the day of the inspection, in relation to admission to an educational course.

Each resident had a person-centred plan, which was based on a detailed assessment of need. There sections in these plans relating to various aspects of daily life. For example, residents had a section on coping skills which included guidance for staff as to how to support residents in self-regulation.

Activities that resident enjoyed included sports, trips to restaurants and pubs and restaurants. Some residents had hobbies in common, for example three people enjoyed playing golf, and two enjoyed games.

Residents had daily occupations including jobs and day services. One resident had a job in the local pub, and another had recently had a job in the shop of their golf course. This resident was being supported by a job coach in relation to further opportunities.

Overall it was evident that residents were supported to have a meaningful life, and that they engaged in activities and learning opportunities of their choice.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including three living areas, all of which were well used by residents.

One resident had the sole use of a bathroom immediately next door to their bedroom, however this resident was a wheelchair user and required supported transfers from their room to the bathroom. The inspector discussed the privacy and dignity of the resident with the PIC and house manager, and a privacy curtain was installed in the corridor during the course of the inspection.

There were a further two en-suite bathrooms, a main bathroom and a separate WC. The house was spacious and included adequate storage for residents' belongings and equipment.

The designated centre was well maintained and visibly clean, and there was a homely feel throughout. There was some superfluous signage which related to guidance for staff rather than support for residents, but this was immediately removed following a discussion with the PIC.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident. This guide included all the information required by the regulations as follows:

- a summary of the services and facilities provided
- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access any inspection reports on the centre
- the procedure respecting complaints and
- arrangements for visits.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment, and there were fire doors throughout.

All staff members had received fire safety training and regular fire drills had been undertaken, including drills under night time circumstances where there were reduced staff numbers, and records were maintained of each drill. Fire drills were undertaken quarterly, and additionally where there was a new member of staff.

There was a detailed personal emergency evacuation plan (PEEP) in place for each resident and the inspector reviewed all of these plans. Each PEEP included information specific to the resident in relation to the supports they would require to evacuate in an emergency. For example, the PEEP for a resident with mobility needs included guidance for staff as to the best way to assist the resident, and information about other methods that had been tried and found to be less successful.

The inspector was assured that all required control measures were in place to ensure the safety of residents in the event of a fire.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there was detailed guidance in place, based on a detailed assessment of needs. There was one positive behaviour support plan which the inspector found to be detailed and based on a thorough assessment of needs.

Other residents had sections in their person-centred plans relating to self-regulation and support for various aspects of behaviour support, and these plans also included detailed guidance for staff as to the best way to support residents. There was information as to how each resident might present if they were feeling anxious or dysregulated, and details about the best staff response to support them.

The information relating to positive behaviour support included information about communications, for example the use of social stories to communicate with residents. There was also information about skills teaching, for example supporting a resident to learn relaxation skills.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks.

There was a restrictive practices log in place which included each intervention and the rationale for its use. The inspector reviewed this log for all residents, and saw that there was an emphasis on minimising any restrictions whilst ensuring that residents were safeguarded. Residents were all aware of the restrictions in place, understood the rationale for their use and had consented to them.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. The policy had been made available to residents in an accessible format.

Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

Any allegations and concerns were recorded and reported in accordance with the organisation's policy, and were reported to HIQA as required. Any issues raised by residents were followed up in detail by the PIC, and by senior management.

Where a resident had briefly left the centre without staff knowledge, the incident had been recorded and reported, and additional control measure put in place to prevent a recurrence. The risk management plan had been updated accordingly, and the matter was discussed at subsequent staff meetings and staff supervision conversations.

Residents who spoke with the inspector knew who they would go to with any concerns, and were aware of their rights in terms of safeguarding. The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were supported and upheld in this designated centre. Residents were making choices in all areas of daily life, including occupation and hobbies, meals and snacks and who they interacted with.

Residents' meetings were held every week, but where a resident chose not to attend these meetings, consultation took place with them on an individual basis instead. Residents planned their meals at these meetings, however alternatives were always available, and the inspector saw alternatives being prepared on the day of the inspection.

Each resident had a section in their personal plan on dignity, respect and rights, and there was information about the preferences of residents in terms of respect in these plans. For example there was guidance for staff in relation to resident that they did not like anyone talking outside their room, and for another that they preferred for staff to knock at their door.

Residents were supported to make their own choices in all aspects of daily life. For example, one resident had chosen not to have a positive behaviour support plan, but had instead agreed to a wellness and recovery plan, with more of an emphasis on self-development, and this had been facilitated.

Residents had access to advocacy services, and one resident was being actively supported by an advocate in relation to their choices. Information about advocacy was readily available to all residents in an accessible format.

Staff spoke in a respectful and caring manner about residents, and could explain their role in supporting their rights. While a resident had raised the issue of staff speaking in a language that they did not understand, there was a clear record of this matter being addressed by the person in charge, and overall it was evident that residents were supported with respect.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant