



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:	Short Notice Announced
Date of inspection:	20 November 2025
Centre ID:	OSV-0008593
Fieldwork ID:	MON-0041232

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 objective of this service is to promote independence and to maximise quality of life, through interventions and supports which are underpinned by positive behaviour support in line with a model of person-centred care and support. 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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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
Thursday 20 November 2025	09:00hrs to 16:30hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This short-term announced inspection was completed by one inspector over one day. The purpose of the inspection was to review progress against actions submitted by the registered provider to the Chief Inspector following an inspection in April 2025. The inspector also reviewed the providers ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres (Children and Adults) With Disabilities) Regulations 2013.

Overall, the inspector was assured that the provider had implemented all aspects of their compliance plan submitted following the previous inspection and were meeting their requirements as set out in the regulations.

Roganstown is a large detached gated bungalow located in North County Dublin. Roganstown is registered for a maximum of five adults with an intellectual disability. On the day of inspection there were no resident vacancies in the centre. The inspector had the opportunity to meet with all five residents living in the centre, the person in charge, person participating in management and three of the staff on duty.

On arrival at the premises the inspector was greeted at the front door by one of the residents who verified the inspector's identification and ensured that the inspector signed the visitors log. The resident then showed the inspector around their home and showed the inspector their bedroom. The inspector observed that the resident's bedroom was decorated to their taste and had an en-suite bathroom. The resident had a computer in their room that they used for gaming. There was evidence of other hobbies the resident engaged in, for example, a scorecard from a golf tournament abroad the resident had participated in was hung on their wall.

The rest of the property was well maintained with each resident having their own bedroom, a large kitchen, two sitting rooms, a sun room, utility area, staff office and large gardens around the premises.

The inspector chatted with the resident who met them on arrival regarding their views on their home. The resident stated to the inspector that they were very happy in their home. The resident said that the staff "are very nice" and that they have input into the day-to-day choices and decisions in their home. The resident spoke positively about their housemates indicating to the inspector that they got on well with everyone. The resident spoke to the inspector about their own diagnosed conditions with insight and a knowledge of what supports they require from the staff team.

Two other residents were at home when the inspector arrived. The inspector had the opportunity to briefly speak to one resident as they were heading out shopping. The resident indicated to the inspector that they were happy in their home. The

resident was going for a short break with staff the following morning and left to purchase items for their trip.

The inspector met the third resident in the sun room for a short period. The resident was listening to music with their headphones and indicated to the inspector they were happy in their home. The resident told the inspector they liked the staff and were happy with their housemates.

The inspector had the opportunity to meet with the remaining residents when they came home from their day service. The inspector met with both residents at the kitchen table. Both residents indicated they had good days in day service. One resident showed the inspector their new mobile phone and then showed the inspector their bedroom. The resident has issues with their mobility and was a wheelchair user. Their room was equipped and laid out in line with their assessed needs. The resident proudly showed the inspector photos of family and loved ones. The resident spoke about where they lived prior to admission to the centre, and in comparing the two the resident said to the inspector that their home now "makes their day everyday". The resident spoke about their housemates positively stating that one housemate "helps me when I need help" and another "is a really nice person".

The fifth resident also showed the inspector their bedroom. The room was decorated to the residents liking. There were many photos of family and friends present. The resident had their electronic tablet and mobile phone charging in their room and told the inspector that they like everything here".

Throughout the inspection the inspector observed positive interactions between the staff team and the residents. The inspector also observed meaningful interactions between the residents who clearly were comfortable and happy in each others company.

The next two sections of the report will outline the governance and management systems implemented by the provider and how this impacts on the quality and safety of the lived experience of the residents.

Capacity and capability

The provider had ensured a governance structure was in place that was clearly defined with clear responsibilities identified for each level of management. The person in charge reports directly to the assistant director of services and clear communication processes between both were observed by the inspector.

The provider had ensured an appropriate number and skill mix of staff were on duty each day to meet the assessed needs of the residents. The staff team had been in

receipt of an appropriate level of training. The front line team were also in receipt of regular and meaningful supervision.

Regulation 15: Staffing

The provider had no vacancies on the day of inspection. The centre does not use any agency staff. The contingency plan for additional cover in the event of planned or unplanned leave consists of regular relief staff or the permanent team working extra hours. The inspector was assured that as a result the people using the service are supported by a familiar consistent team.

The provider had planned and actual rosters in place. The rosters were updated and maintained by the person in charge as part of their oversight responsibility. The inspector reviewed the actual and planned rosters from September and October 2025. The rosters reviewed contained the names, grade and shift patterns of all staff working in the premises. Where shifts required cover, these were identified on the roster and the name of the person covering the shift was also included.

Since the last inspection the provider had also increased the staffing compliment at night. This was an action outlined in the providers compliance plan from April 2025.

On the day of inspection the inspector met with and spoke to three of the staff working in the location. All staff could speak confidentially and competently on the additional measures the provider has implemented since the last inspection. Staff were knowledgeable in terms of additional risk management strategies and the associated staff responses.

The inspector observed all residents to be comfortable and happy in the presence of all levels of staff present on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clearly defined management structure in place that ensured effective governance and management of the centre. The registered provider had internal systems in place to identify and action areas of improvement. The provider carried out an unannounced audit that occurred every six months. The provider also had an annual review in place. Regular governance meetings were occurring in the centre between the person in charge and the person participating in management. The local team also met on a monthly basis. On the day of inspection the inspector reviewed the provider led unannounced audit and a sample of the meetings that were occurring in the centre.

On review of the most recent provider led unannounced visit the inspector saw evidence of actions in areas such as staff training, premises and care plan updates. Identified actions had an expected completion date. The inspector observed an action to be completed regarding a fire door in the location, on review it was evident the action had been completed. The inspector also reviewed the actions highlighted regarding staff training. The inspector observed that the staff had either completed or had dates scheduled in December 2025 for the highlighted trainings.

The inspector reviewed governance meetings in the location from September and October 2025. Both meetings were comprehensive and provided actions to help further enhance service provision. For example the inspector observed actions to be completed regarding risk assessments, staff training and the centres overall staffing compliment.

The inspector reviewed local team meetings from September and October 2025. Standing agenda items included resident updates, goals, incident reviews, training, risk management and safeguarding. The inspector also observed that the provider had a sign sheet attached for each meeting to ensure staff who were not present could read and agree the minutes. Staff brought actions to the meeting to be addressed, for example, in the October staff meeting staff identified one resident's bed needed repair. The inspector enquired about the repair and observed that it had been completed.

The inspector also reviewed the actions taken in regard to Regulation 23: Governance and Management from the previous inspection's compliance plan. The inspector was assured that the actions outlined by the provider have been completed. It was clear that the provider has taken the required learning from the actions outlined and the learning has been used in other designated centres from the provider.

Judgment: Compliant

Quality and safety

The residents' home was laid out and equipped to meet their diverse assessed needs. The provider had implemented all aspects of their compliance plan that ensured residents safety had increased since the last inspection.

The provider had systems in place that identified and reviewed risk. The processes observed by the inspector also ensured residents were aware of the risks identified in their lives. Care and behaviour support plans had been developed by the provider that ensured staff provided a quality and safe service to residents.

Residents were supported to be meaningful participants in their communities. The provider was clearly striving to ensure a rights led approach in their delivery of care and support to the residents.

Regulation 26: Risk management procedures

The provider had risk registers in place for corporate level risk, local risk and individual risks for each person using the service. The corporate level risk register is maintained at a senior management level with a copy available on-site. The local risk register and the risk assessments in place for the residents is updated and maintained by the person in charge as part of their oversight mechanisms. The provider also holds quality and risk management meetings that persons in charge from across the providers centres attend.

On the day of inspection the inspector reviewed the local risk assessments, a sample of risk assessments for the people using the service and minutes from the most recent quality and risk management meeting.

A quality and risk management meeting took place in September 2025 and the inspector observed attendees to include multiple persons in charge from across the organisation. Agenda items included updates from locations, data monitoring and trends. The inspector observed a culture of shared learning with examples shared at the meeting for persons in charge to bring to their own locations.

Each person using the service had a suite of risk assessments in place to support diagnosed conditions and to help promote positive risk taking for the individuals. The inspector reviewed risk assessments for self-injury, falls, independent access, mental health, home visits and missing persons. Risk assessments were scored appropriate to the level of risk as evidenced in incident reporting. For example, the inspector reviewed the residents self-harm risk assessment which was scored as high medium. The inspector observed ongoing evidence that this is a dynamic scoring as it was lower earlier in 2025 however recent incident reviews led to a current higher scoring. Risk assessments were reviewed regularly by management with the most recent review in October 2025.

The inspector reviewed a second resident's risk assessments and observed that risk was viewed as individual in the location. For example. the resident had a risk assessment in place for aggression and low mood. The control measures were specific to that person. It was also evident that the control measures were aimed at ensuring the resident maintained a positive mood rather than reacting to a negative mood.

A previous inspection in April 2025 highlighted the lack of response from the provider to a high risk incident. As part of the providers compliance plan response, assurances were given regarding improved risk management procedures. The inspector reviewed the providers new and updated risk management plan. The plan gave a comprehensive guide to staff in terms of what would be expected of them to

manage a similar incident moving forward. In speaking with each staff member it was clear they were aware of the contents of the risk management plan. Staff indicated that they were confident in implementing the strategies outlined. The inspector also spoke to the resident for whom the plan was in place. The resident made it clear to the inspector that they had been involved in developing the plan and were present for updates and reviews. The resident indicated that the new plan also helped them to feel safe in their home.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider uses an online system to store and maintain the assessments and plans for the people using the service. The plans are maintained and updated by the residents' key-workers and centre management.

On the day of inspection the inspector reviewed two of the residents' care plans. The inspector observed health care plans in place for diagnosed mental and general health conditions. Care plans were in place in areas such as hypertension, psychiatric care, daily living, weight management, skin integrity, pain management and urinary output.

Plans were subject to regular review with plans reviewed by the inspector all being reviewed between July and November 2025. The inspector reviewed the care plans in place for psychiatric care and self-harm. Both plans provided staff with clear guidance on the preferred choices of resident and the recommendations from multi-disciplinary teams involved. The inspector was assured that the plans helped ensure the provider was promoting a person centred approach for the people using the service.

Goals were in place for each resident that were specific and individual to each person using the service. The inspector observed evidence of residents participating in sporting events abroad, participating in special Olympic qualifying events, attending parties, obtaining their passport and buying a new laptop. Goals that were still being worked on included trips away with family, obtaining an Irish passport, re-decorating of bedrooms, setting up a savings account and completing a power point presentation regarding a diagnosed condition.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had behaviour support plans in place in a number of different formats depending on resident choice. Where residents choose to have a behaviour support plan in place this was facilitated. However, one resident made it clear to the provider that they were not comfortable with such a plan. The provider worked with the resident and instead had in place a number of other options for the resident that ensured they continued to be in receipt of the required interventions. Behaviour support plans had input and were reviewed by a behaviour specialist.

The inspector reviewed behaviour support documentation in use in the location. One residents more traditional behaviour support plan was reviewed. The last update was completed in May 2025. The plan gave a comprehensive background of the resident. The plan gave an overview of how assessments were completed to help inform the plan. The plan explained behaviour descriptors, explained triggers and annual data was tracked in a graph format. Proactive strategies were outlined that had a focus on maintaining a positive mood. Where this was not successful reactive strategies were discussed. The inspector observed a clear criteria for staff in terms of what escalation for this resident would look like using a traffic light system. There was also evidence of skills teaching through social stories to support the resident with emotional awareness and relaxation skills.

The inspector reviewed the documentation in place where a resident indicated they did not consent to the provider's typical behaviour support plan. The inspector reviewed a wellness recovery action plan and discussed this with the resident. The plan was signed by the resident and they indicated to the inspector that they were happy with its contents. The plan contained guidance on what makes the resident happy, the people that make the resident happy, what they are like when they are happy and triggers that make the resident unhappy.

The provider also had a supporting risk management plan that the resident had input in completing. The risk management plan provided staff with clearer guidance in terms of triggers and warning signs. It provided guidance on proactive and reactive strategies in the event of emergencies. The inspector observed that the documents were signed by the staff team.

Judgment: Compliant

Regulation 8: Protection

The centre had no open safeguarding plans on the day of inspection. The registered provider had documentation throughout the home that indicated who the safeguarding officer was. Reporting procedures were also clearly outlined. The inspector reviewed staff training and was assured that all staff had completed the provider's safeguarding training. Staff who met with the inspector were also knowledgeable regarding reporting procedures in the event a safeguarding concern arose.

The inspector reviewed two residents' intimate care plans. Both plans were individualised to meet the preferred choices of the residents. Supports outlined included oral care, shaving, skin care, hair care and medication. Clear instructions were given in terms of medication instructions including changes that were made to allow a resident to take medication earlier in the morning so that they could attend college.

The second intimate care plan also provided staff with information on the preferred choices of the resident as they required 2:1 supports for intimate care. The resident choices were clearly outlined regarding favourite shower gels, shampoo and creams.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had a system in place for residents to meet weekly to discuss their home and make choices for the upcoming week. The inspector reviewed a sample of the resident meetings on the day of inspection.

Agenda items included fire safety, safeguarding, resident feedback, advocacy and upcoming activities. The inspector also observed relevant conversations regarding the upcoming presidential election in Ireland. There was an easy read document in place from the Electoral Commission that had been discussed with the residents. A number of weeks later plans were then discussed regarding how and where the residents who wished to, would vote.

Meal planning was evident each week with resident choices outlined and alternatives. Residents spoken to on the day of inspection were complimentary regarding food choices in their home.

Restrictions were also discussed with residents both individually and as a group. The inspector spoke to one resident regarding the restrictions in place for them. The resident showed the inspector a clear understanding of why restrictions were in place. The resident was also very clear with the inspector in terms of reduction plans and how they are involved in the reduction plans.

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 23: Governance and management	Compliant
Quality and safety	
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