Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Stables
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	23 February 2026
Centre ID:	OSV-0008602
Fieldwork ID:	MON-0041211

About the designated centre

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

This centre provides residential services to male and female adults, and is located on the outskirts of a town. The centre can accommodate up to five adults, and residents are supported by a team of social care workers and support workers. The centre is managed by a full time person in charge who is supported in their role by a house manager. Residents can access the services of a general practitioner, as well as range of healthcare personnel within the service.
The centre is a large two storey house with an adjoining apartment, and individual bedrooms are provided for residents. The residents can access a range of amenities in the local town, and transport is provided to facilitate residents to access community activities in both the local and nearby towns.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Monday 23 February 2026	10:20hrs to 18:25hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to inform a registration renewal decision, and to follow up on the actions from the previous inspection in June 2025.

At the time of the last inspection, a number of non-compliance's had been identified, impacting on the quality and safety of support residents were experiencing in the centre. A cautionary meeting was held with the provider in July 2025, and the provider outlined in their compliance plan the actions they were taking to bring the centre into compliance. All actions were found to be complete on the day of this inspection, and as a result residents were receiving a very good quality of service in which they were safe, well cared for, and their rights were promoted.

From meeting residents, speaking with the person in charge and staff team, and from observing practice, it was evident that residents were provided with person-centred support, and their choices were the fundamental basis of how the centre was run on day-to-day basis.

The centre is of a four-bedroomed two-storey house, with an adjoining self-contained apartment. The centre was located outside a rural town, and transport was provided for residents' use. The centre was spacious, tastefully decorated, and suitable for the needs of the five residents living there. Since the last inspection sensory areas had been added to the centre, a den had been developed with defined functional areas, and there was a plan to develop a remembrance garden in line with residents' wishes.

There were five residents living in the centre and there were no vacancies. The inspector had the opportunity to speak with one resident, who told the inspector about their experiences in the centre. The resident appeared very content and said they had got their apartment redecorated, and were going out shopping for the afternoon. The resident showed the inspector the written plan they had prepared with the help of staff in the morning, and also spoke about the weekly music sessions they enjoy with a music therapist, who was teaching them to play the accordion.

The inspector also met briefly with other residents living in the centre, and while the inspector was not familiar with some of the communication methods residents preferred, it was evident that staff knew residents communication style well. For example, staff were observed to interpret a resident's vocalisations, and also showed the inspector various communication methods residents used including sign language and picture choice cards.

The inspector spoke by phone to two residents' family members and they spoke positively about the service their loved ones were receiving in the centre. One family member described the centre as the best thing that had ever happened for the

resident, the staff team were very good, and the centre was very well run. They also said they could ring at any time and the person in charge was very good and showed real empathy.

A family member of another resident said their loved one was loving their routine, and always appeared happy to go back to the centre after they visited home. The family member said the resident was safe and happy in the centre, and they could talk to the person in charge if they felt anything needed to be changed. The family member said the staff team have stayed the same, and this was very important for their loved one.

The inspector reviewed four residents' questionnaires, some completed by staff on behalf of residents and some by residents with the support of staff. Feedback was received from residents and both verbal and non-verbal expressions were considered to interpret residents' views of the service. Overall positive feedback was received, and some residents talked about activities they liked to do in the centre, for example, go-karting, getting a takeout or going to waterparks.

Residents appeared very content and comfortable in their home, there was a relaxed atmosphere in the centre. Staff were observed to interact with residents in a respectful and kind manner, and it was evident that staff knew residents well.

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

Capacity and capability

The oversight in the centre had significantly improved, and this meant there were arrangements in place to ensure the service provided to residents was safe, effective, and consistent. Improvements in the monitoring of the service provided to residents, were reflected in more robust reviews of issues, improvements, and quality of life for residents.

The provider had implemented the compliance plan from the previous inspection, and new admission procedures were more transparent, and took into account the need to protect residents. Oversight of risks, emerging trends, and of incidents had also improved, with more timely reviews and clearer procedures for escalation.

The provider had ensured suitable resources were provided to meet the needs of residents, and responded positively to the changing needs of a resident, and to the need for premises enhancements.

There were suitable staff numbers in the centre, and the person in charge and the staff team knew residents needs and their support requirements well. The person in

charge supervised the care and support provided to residents, and provided good leadership.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the numbers and skill mix of staff were in line with the needs and numbers of residents in the centre.

The staff team comprised of the person in charge, two team leads, and direct support workers. There was one staff vacancy in the centre, and from a review of rosters it was evident that where needed, regular relief staff were providing cover. The inspector reviewed a sample of rosters over a two month period and rosters were appropriately maintained. Continuity of care and support was being maintained for residents through a consistent staff team and regular relief staff when needed.

There were four staff on duty during the day and three staff at night in a waking capacity. The provider had responded to the changing needs of a resident in the centre and had increased the staff at night time from two to three in December 2025. This meant that the provider was actively reviewing their resources to ensure they aligned with the needs of residents living in the centre.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had up-to-date insurance for the centre, and a copy of the insurance details were submitted to the Chief Inspector as part of the application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had improved oversight arrangements in the service, and the implementation of their compliance plan since the last inspection had resulted in positive outcomes for residents.

The provider had revised procedures for admissions to the centre, risk management, and oversight of risks and incidents. There had been no admissions to the centre, and the capacity in the centre had reduced from six to five residents. The new procedures meant that in the event of an admission, there were improved safeguards for residents. It also meant there were clearer and timelier responses to escalating risks to ensure they were responded to effectively and were communicated to the relevant personnel. These procedures are discussed further in regulation 24 and regulation 26.

Oversight activities had also improved. A daily meeting was held with senior managers including directors of service and assistant directors of service, and emerging risks as well as escalated risks were discussed at this meeting, with actions agreed. A six-monthly unannounced visit had been completed by the provider in November 2025, and had included a review of admissions to the centre and of adverse incidents. The improvements in the centre, and in the oversight arrangements meant that residents were receiving a safe, effective and consistent service.

An annual review of the quality and safety of care and support was completed in February 2026, and included consultation with residents and their representatives. The review highlighted the learning from previous incidents and admissions to the centre, as well as the actions taken by the provider in response to non-compliances in the previous inspection. Overall the inspector found the monitoring arrangements had improved, and findings from reviews were reflective of the quality and safety of service provided to residents.

The provider had ensured there were suitable resources in the centre including a consistent staff team, a well-maintained premises, transport, and further investment in the property to meet the needs and preferences of the residents.

There was a clearly defined management structure and staff reported to the person in charge. There were also two team leads in the centre, who supported the person in charge, and managed day shifts. The person in charge reported to the assistant director of services and onwards to the director of service. The director of service reported to the Chief Operating Officer, who reported to the Chief Executive Officer.

Staff could raise concerns with the person in charge about the quality and safety of care and support, and a staff member said the person in charge was very approachable and responsive.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admission procedures had improved in the service, and this meant the processes were taking into account the need to protect residents

In response to the last inspection in June 2025, the provider had submitted a compliance plan, outlining the actions they were taking to bring the centre into compliance. There had been no admissions to the centre since the last inspection, and one resident had transitioned out of the centre. The provider had also submitted an application to vary two conditions of registration, to reduce the capacity of the centre from six to five residents, and to reconfigure a downstairs bedroom into an office.

The reduction in numbers in the centre was having a positive impact on residents, and there had been a significant reduction in adverse incidents in the centre. The inspector reviewed the actions from the previous inspection regarding admissions. The provider had revised the assessment process for residents prior to admission, and assessment documents clearly outlined the support residents would need, including their accommodation needs, and if a low-stimulus environment was required.

A revised compatibility assessment had also been developed to include risks, mitigation strategies, quality of life indicators, and compatibility ratings. Once completed, the compatibility assessment was reviewed at admission referral team meetings and was required to be signed off by the chief operating officer and a multidisciplinary team member. The inspector was shown evidence that compatibility was discussed for each prospective resident referred to the service at admission referral team meetings, as well as the stage of the admission process prospective residents were at.

The improved oversight of admission procedures meant that the need to protect residents was taken into account. The provider's response to the previous inspection had specifically resulted in improved outcomes for residents living in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre and had been reviewed recently. One minor amendment in the staffing arrangement was required to the document, and this was completed by the person in charge, reflecting the staffing in whole-time equivalents

Judgment: Compliant

Quality and safety

Residents were being supported with their needs, and the improvements in the centre since the previous inspection meant that residents' wellbeing and safety was being promoted and protected.

The provider had implemented the actions from the previous inspection and as a result, the quality of service residents were receiving had significantly improved. Residents' needs were assessed, and the support residents needed to meet these needs were provided for in practice. These included, for example, individualised communication supports, comprehensive positive behavioural support, and a holistic approach to meeting the personal, social and healthcare needs of residents.

Risks were being effectively managed, and there had been a significant reduction in safeguarding incidents, as well as a reduction in the requirements for chemical restraints. The unique preferences of residents were reflected in improvements to the centre itself, as well as consistent and structured planning of residents' goals and activities. As a result, residents were living a life of their choosing, and were being supported by an established team to develop further skills, and expand on their social and recreational opportunities.

Regulation 10: Communication

Residents' communication needs were met through implementing recommended communication strategies, environmental accommodations to promote communication, and promoting skill building in communication methods.

The improvements in the quality of life for residents was reflected in the communication systems implemented since the last inspection. The person in charge and staff members described a range of methods residents used to communicate and showed the inspector how these were implemented in practice .These included, for example, sign language, use of choice pictures, picture and written daily schedules, and accessible information.

For example, a staff member had developed a chill-out area for a resident, and described how the resident liked to spend time here after they came home in the evening. To support the resident's communication, a picture choice book on their preferred movies was available in this space, and the resident showed staff what movie they would like to watch on any given day. The inspector observed the

resident was very comfortable and relaxed in this space, and was enjoying their coffee and free-time.

A speech and language therapist had recently reviewed the communication needs of residents where required, and one resident's communication plan was in the process of being reviewed. The recommendations made by the speech and language therapist were observed to be in place. For example, a resident used some sign language, and the staff showed the inspectors signs the residents was currently working on. Coloured pictures of these signs were displayed in the kitchen along with pictures of a resident's preferred snacks.

Some residents used picture schedules, while others used written schedules to indicate their plans for the day or week, and a resident who showed inspector their written schedule, told the inspector about their plans for the day. Since the last inspection, the development of communication noticeboards, meant that residents had information available on the staff working, upcoming celebrations, and on the progress of an initiative to develop a remembrance garden in the centre. This initiative further expanded on communication strategies, for example using social stories, to support residents who had recently experienced bereavements.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents and residents were supported to access a range of opportunities in line with their preferences and goals.

Residents met with their keyworker every month, and as part of this meeting developed short and long-term goals. Lifestyle, social, and skill building goals were reviewed each month and new goals were developed once previous ones were achieved. The inspector reviewed records of goals for two residents and in two recent months residents had completed swimming lessons, started gym sessions in the new gym area in the centre, expanded on locations in the community for walks, and had started learning basic food preparation tasks linked with support plans to help manage emotions. Detailed records were maintained on the steps and support residents needed to achieve goals, and on the progress of goals.

The interests of residents were incorporated into their daily plans, and residents liked to go out in the community during the day for walks, shopping, coffee out, sensory session, and massage sessions. One resident attended a day service during the week. A music therapist provided sessions to residents in the centre weekly, and a resident told the inspector the music therapist was teaching them how to play the accordion.

Residents were supported to keep in contact with their families, and visited their families regularly, and the team kept families informed of the activities residents were doing every week.

Judgment: Compliant

Regulation 20: Information for residents

There was an up-to-date residents guide available in the centre. The residents guide provided information on for example, the terms and conditions relating to residency, how to access inspection reports, and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks and incidents within the centre were being managed appropriately, and actions taken where needed to reduce the risk of further incidents. The provider had implemented the actions from the previous inspection, and this meant there was improved oversight of risks and incidents within the service.

Since the last inspection the risk and incident management processes had been reviewed, and bi-weekly meeting were happening at a senior management level. The inspector reviewed extracts from bi-weekly meetings. One meeting focused on trending of incidents in the service, as well as any risks that had been escalated beyond the centre, and further actions were agreed where required by the review team. The second weekly meeting focused on incidents that required notifications to be sent including, for example, safeguarding incidents. Actions were agreed at the end of this meeting and had included for example, serious incident management reviews, safeguarding and protection team referrals, and reviews of behaviour support plans.

The inspector reviewed records of incidents since the last inspection in June 2025. Incidents were recorded on an online system and were reviewed by the person in charge. There had been 50 adverse incidents since the last inspection, and the inspector reviewed a sample, of 41 incidents. One minor safeguarding incident had occurred and had been managed appropriately. At the time of incidents, staff had taken actions to ensure residents safety, including for example, contacting a general practitioner (GP), following observation advice given, and withholding medicines at a defined time. The person in charge had analysed incidents, and had overseen the implementation of plans to reduce to the likelihood of reoccurrence.

Risks had been assessed, and individual risk management plans were in place for residents. Control measures were observed to be implemented to reduce the risk of harm to residents, and included for example, using effective communication strategies, implementing behaviour support plans, providing a predictable routine for a resident, and ensuring a resident had access to their preferred devices at all times.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety systems in place, and the supports residents needed to evacuate the centre were assessed and planned for.

There were suitable arrangements in place for the detecting, containing and extinguishing fire. The centre was equipped with a fire alarm, call points and fire doors throughout the centre. Emergency lighting, fire extinguishers and a fire blanket were also provided and all equipment had been serviced within the required timeframe. All exits were clearly marked and were observed to be free from obstruction. The fire evacuation plan was clearly displayed in the hall, and was also displayed in an accessible format.

Personal emergency evacuation plans (PEEP'S) had been reviewed within the past six months and outlined the support residents needed to evacuate the centre in the event of a fire. There were sufficient numbers of staff on both day and night to support timely evacuation of the centre in line with PEEP's.

Regular fire drills were completed throughout the year, and the inspector reviewed a sample of four fire drills records since the last inspection. Drills were completed at different times during the day, and at night when all residents were in the centre. All residents and staff were evacuated safely and efficiently during fire drills, and no issues had arisen.

Staff completed daily, weekly and monthly fire safety checks of escape routes, emergency lighting, fire alarm, fire–fighting equipment and bedding and a sample of records since July 2025 were observed to be complete. The inspector observed records of practical fire training completed by 10 staff in the past six months.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed by the centre team and healthcare professionals, and comprehensive support plans were developed and implemented based on these identified needs.

The inspector reviewed two residents' files, and up-to-date assessments of need had been completed. Multidisciplinary team members had been involved in the assessment of residents' needs, and recommendations arising following assessments and reviews were incorporated into personal plans. An annual meeting to review each residents' health, personal, and social care needs was completed.

Personal plans were developed and outlined the support residents needed with, for example, their communication, emotional wellbeing, intimate care and healthcare needs, and the inspector found plans were implemented. For example, completing monitoring interventions for residents' healthcare needs, ongoing development and review of goals, and using a range of communication strategies. As a result, the arrangements in place were meeting the needs of residents as assessed, and the support provided was tailored to the individual preferences of residents.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare, and there was ongoing monitoring of their healthcare needs.

Residents accessed the services of a GP, and had regular reviews as needed. Residents also accessed the services of healthcare professionals, for example, a dietician, a chiropodist, a speech and language therapist, a psychiatrist, and hospital consultants. Residents had also been provided with the opportunity to avail of vaccinations.

Healthcare plans were detailed and the inspector found healthcare plans were implemented. For example, providing a balanced diet, monitoring weight, completing blood tests, and supporting residents with consultant reviews.

Residents had been provided with health information in an accessible format, and a resident showed the inspector their range of booklets, and information sheets related to a specific health care need. The resident had also been linked in with a local support group, who met with the resident every month. The person in charge also described the range of support provided to the resident, and in this regard the inspector found the resident was receiving appropriate physical, emotional and spiritual support during their period of ill-health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their emotions and comprehensive behavioural support was implemented in line with behaviour support plans. Since the last inspection, the reduction in the numbers of residents living in the centre, meant that a low-arousal environment was being provided, and a range of sensory-based areas were developed, and these were supporting residents with their needs, activities and social opportunities.

Residents could access the services of a psychiatrist, psychologist and a behaviour support specialist, and regular reviews of their emotional and behavioural needs had been completed. The inspector reviewed two behaviour support plans, and both plans had been reviewed within the past three months. Plans outlined the behaviours of concerns, and proactive and reactive supports to be provided.

The recommendations in behaviour support plans were observed to be implemented, for example, providing a low-arousal environment, communicating using sign language with a resident, using photos for visual schedules, and ensuring a weekly schedule was on display for a resident at all times. The effective implementation of behavioural support meant there had been a significant reduction in the number of adverse incidents, and consequently improvement in residents' quality of experiences.

There were some restrictive practices in use in the centre, and these were approved and reviewed by the multidisciplinary team. The rationale for use of restrictions were clearly outlined, and plans to reduce restrictions were agreed with the multidisciplinary team. There had been a reduction in the need to use chemical restrictions in recent months, and the person in charge showed the inspector how a reduction in an environmental restraint was implemented in practice.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and there had been a significant reduction in safeguarding incidents in the centre.

Since the last inspection the provider had implemented their compliance plan, and the reduction in bed numbers, meant that the support residents needed to protect their wellbeing was being provided for in the centre. As mentioned, there was improved oversight of safeguarding incidents, and of risks, and more robust admission procedures meant that the need to protect residents was a key consideration in admissions to the service.

Since the last inspection in June 2025, there had been one safeguarding incident reported to the Chief Inspector and this represented a significant reduction of incidents impacting residents. The incident had been managed and reported appropriately at the time, and had since been closed to the safeguarding and protection team. From a review of incidents since the last inspection there had been no further safeguarding incidents had arisen.

The inspector spoke with a staff member and they outlined the actions to take in response to a safeguarding incident, and this was in line with the providers' procedures. The staff member also outlined residents get on well together and there were no compatibility concerns. The inspector spoke to family members of two residents, and they expressed their loved ones were happy and safe in the centre, and the support provided was excellent.

Judgment: Compliant

Regulation 9: Residents' rights

The organisation of this centre was based around the choices, known preferences, and needs of residents, and the person in charge and staff team had implemented a range of initiatives to support residents' interests.

It was important to residents to have a consistent and structured routine, and this was planned with residents on a day-to-day basis. Residents liked to know what they were doing on a daily or weekly basis, and the team helped residents to prepare visual or written schedules, so that residents could predict what was happening. The preferences of residents were incorporated into these schedules, for example, swimming, going shopping, horseriding, and visiting their families. Similarly, the provision of a regular staff team, meant that residents' preferences for consistency was being respected.

Staff knew residents very well, and described how they supported residents with their needs while respecting their choices. For example, a staff described safeguarding measures in place, and this had been incorporated into the development of a den to the front of the house, where residents accessed some preferred activities including a gym area, video games area, printing area, and relaxation area. Similarly, a resident did like to spend some of their time alone, and in order to provide a separate space to their bedroom, a staff had developed a recreational area on a landing, where they liked to watch movies, and do puzzles and artwork.

Since the last inspection there had been considerable development within the centre. For example, the person in charge had developed a sensory area, with comfortable seating, ambient lighting and visual textured coverings and mobiles, and this was freely accessible for residents at any time. This meant that the sensory needs of residents were being considered and provided for. Similarly, the

development of the den with defined functional spaces meant that the sensory needs and activity preferences of residents were also being catered for.

Each resident had their own room and these were laid out and decorated in the way residents preferred. Personal information pertaining to residents was securely stored in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant