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:	Marlton Court
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	29 April 2026
Centre ID:	OSV-0008614
Fieldwork ID:	MON-0041206

About the designated centre

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

Marlton Court is operated by Talbot Care Unlimited Company. Marlton Court provides a residential service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The services at Marlton Court are provided in a home like environment that promotes dignity, respect, kindness, and engagement for each resident. They encourage and support the residents to participate in the community and to avail of amenities and recreational activities. The centre is managed by a full-time person in charge, and the staff skill-mix includes social care workers, nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 29 April 2026	10:00hrs to 16:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with staff and residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that the centre was operating at a high level of compliance with all of the regulations inspected. Residents were receiving good quality, safe and person-centred care and support that was in line with their needs and preferences, and promoted their rights.

The centre accommodated three residents of a similar age. The inspector met all three residents as they went about their planned social and leisure activities and appointments. On the day of the inspection, all three residents went out for lunch with staff individually, two went swimming, and one attended a healthcare appointment.

Within the centre, some residents also used their smart devices and sensory items. They communicated using multimodal means, including some verbal communication, gestures and visual aids. One resident preferred their own space, and did not engage or express their views with the inspector. Another resident spoke with the inspector for a brief time and the inspector asked them about the survey they had completed with staff support on what it was like to live in the centre. The resident indicated to the inspector that they liked living there and they liked the staff. Another resident told the inspector about their plans for the day and some of their hobbies and interests, and showed the inspector some of their personal items.

The inspector did not have the opportunity to meet with any of the residents' representatives; however, did read compliments and positive feedback from residents' families on the quality and safety of the care and support provided to residents in the centre. The compliments and feedback are discussed further in the next sections of the report.

The inspector met and spoke with different members of staff during the inspection, including the person in charge, the director of service, a nurse, a senior social care worker, and a direct support worker. The inspector observed staff engaging warmly with residents; for example, they talked to the residents about their interests and plans for the day. Staff had a good understanding of residents' assessed needs, care plans, interests, and other relevant information, such as reporting safeguarding concerns. Overall, residents appeared relaxed and comfortable with staff and there was a relaxed and warm atmosphere in the centre.

The centre comprises a two-storey house in a large town with many amenities and services including shops, restaurants, parks and public transport. There is a car

allocated to the centre for residents to access their community and beyond. The inspector conducted an observational walk around of the house. The house was observed to be very homely, bright, spacious, comfortable and well maintained. Residents' bedrooms were personalised to their tastes, and the communal areas provided sufficient space. For example, in addition to the kitchen, dining and utility rooms, there was a sun room, a large sitting room, an upstairs sitting room, and a garden for residents to use. Residents could freely access the facilities in the house and the use of restrictions was minimal.

The provider and person in charge had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care and support. For example, the inspector observed visual aids, including individual picture menus, a picture staff rota in the hallway, and easy-to-read information in the hallway on topics, such as making complaints.

The inspector also observed good fire safety precautions, including fire detection and fighting equipment throughout the house; and appropriate facilities for the secure storage of medicines. The premises, fire safety and medicines are discussed further in the quality and safety section of the report.

Overall, this inspection found that residents were safe, had choice and control in their lives, and received good quality care and support. The centre was well resourced to meet their needs, there were effective governance and management arrangements in place, and the house was comfortable and homely.

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

Capacity and capability

This announced inspection was scheduled as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide, and copy of the centre's insurance contract. The inspector found that there were effective management systems in place to ensure that the service provided to residents was safe, consistent, appropriate to their needs, and operated in line with the statement of purpose. For example, staffing arrangements were adequate and the premises were well maintained.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in the management of the centre by a senior social care worker. They reported to an assistant director of service, and there were effective arrangements for them to communicate.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Comprehensive annual reviews and six-monthly reports, as well as various audits had been carried out in the centre to identify areas for quality improvement.

The management team were satisfied that the staff skill-mix and complement was appropriate to the assessed needs of the current residents. The inspector observed that residents appeared to be comfortable with staff on duty during the inspection, and staff spoken with had a good understanding of their care needs and interests. The inspector reviewed a sample of the Schedule 2 files, and found that they contained the required information. There were effective arrangements for staff to raise concerns, such as management presence and supervision, and team meetings

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified, skilled and experienced for their role. They possessed relevant qualifications in health and management.

The person in charge had a good understanding of the residents' individual personalities and needs. They also had responsibility for another two centres, but this was not impacting on their effective governance, management and administration of the centre concerned.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of a senior social care worker, nurses and direct support workers was appropriate to the number and assessed needs of the residents accommodated in the centre.

The person in charge and director of service were satisfied with the staffing arrangements, and told the inspector that the number of staff on duty was sufficient. They said that the staff team was stable, consistent and knew the residents well. There were no vacancies.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the rotas from March to May 2026, and found that they showed the names of the staff working in the centre during the day and night.

Staff spoken with had a good understanding of residents' care and support needs, and the inspector read positive feedback in resident and representative feedback and compliments that praised the staff team.

The inspector reviewed three staff Schedule 2 files during the inspection. The files contained the required information, including vetting disclosures, written references, and evidence of qualifications and photographic identification.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was well resourced to deliver appropriate and effective care and support that met residents' needs and upheld their human rights. For example, the staffing levels were appropriate, multidisciplinary team services were available, the house provided sufficient space, and there was a vehicle in the centre for residents to access their community and beyond.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was full-time and reported to an assistant director of service. The person in charge was supported in their role by a senior social care worker who assisted in the oversight of the service. There were effective informal and formal systems for the management team to communicate, such as regular governance meetings. The inspector reviewed the minutes from the December 2025, and January and March 2026 meetings; they noted discussions on a range of topics including risk management, safeguarding, incidents, restrictions, staffing matters, complaints, and residents' needs and personal goals.

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The person in charge and members of the staff and multidisciplinary team completed a schedule of audits on a range of matters including medication, infection prevention and control, and health and safety. The provider had also completed a comprehensive annual review, and detailed unannounced visit reports. Overall, the audits were found to be comprehensive, and where required, identified areas for ongoing quality improvement. For example, actions were completed related to the upkeep of the premises and staff training following the recent unannounced visit report.

There were effective arrangements for staff to raise concerns about the quality and safety provided in centre, such as management presence and team meetings. The inspector reviewed a sample of the recent team meeting minutes, including those from April 2026. They noted discussions on residents' updates, incidents, safeguarding procedures, infection prevention and control, the upcoming inspection, training, fire safety, residents' medicines and complaints. The provider's behaviour support specialist had also attended the meeting to provide guide on residents' care plans.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was recently updated, and was available for residents and their representatives to access in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters outlined in Schedule 5. The policies were available in paper and electronic form. The inspector reviewed a sample of the policies, including those on safeguarding residents from abuse, provision of intimate care, use of restrictive practices, residents' finances and property, and risk management, and found that they had been reviewed in line with the requirements of this regulation.

Judgment: Compliant

Quality and safety

Residents' safety and welfare was maintained by a high standard of person-centred care and support. Residents were safe, supported to exercise choice and control in their lives, and had active and busy lives. They appeared relaxed and comfortable in their home during the inspection.

The inspector read written feedback from them and their families, which noted that they were happy with the services provided to them. For example, the inspector read eight compliments from residents' families made in March and April 2026 that complimented the staff team and how they supported residents to communicate and develop their life skills, and two family surveys from the recent annual review that praised the staff team and how residents' autonomy and independence was promoted in the centre. Residents had also been supported by staff to complete surveys in advance of the inspection, and they noted that residents liked the house, their bedrooms, and the food in the centre, were satisfied their opportunities for activities, and felt listened to.

Staff spoken with said that residents were happy and that their needs were being met. An example of this was a significant reduction in behaviors of concern: as noted in the recent annual review, there were 23 notifications of serious injuries from self-harm in 2024 compared to four in 2025 and none to date in 2026.

Residents had active lives, and were supported to access and engage in various leisure and social services that were in line with their interests, capacities, and needs. They attended individual key worker meetings where they planned activities, and discussed their goals and other relevant topics.

Residents' health, social and personal care needs had been assessed and associated care plans had been prepared. The plans were readily available to guide staff practice, and noted input from multidisciplinary services as relevant. Some of the plans were also in easy-to-read formats to make them more accessible to residents.

There were appropriate practices and systems for the ordering; receipt; prescribing; storage; and administration of medicines in the centre. For example, residents' medicines were securely stored and records indicated that residents received their medicines in line with their prescriptions. The inspector observed that the management of opened medicinal creams required improvement to ensure that they were in line with the manufacturer's directions. The person in charge made the necessary improvements before the inspection concluded.

The provider had effective arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. Staff and residents were also reminded of safeguarding matters during team and key worker meetings.

The premises comprises a two-storey house close to a town with many amenities and services. The house comprises residents' bedrooms, and communal spaces, including sitting rooms, dining facilities, bathrooms, a utility room, a sun room and gardens. The house was seen to be bright, homely, comfortable, clean, nicely

decorated, and well equipped and maintained. It was also fully accessible and provided sufficient space for residents.

There were good fire safety precautions, including fire detection and fighting equipment, and evacuations plans were available to guide staff on safely evacuating residents in the event of an emergency.

Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

The centre was close to community services and amenities, and there was a vehicle available in the centre to facilitate resident to access their community and beyond. Residents planned their activities during key worker meetings and on a day-to-day basis. Residents enjoyed different activities depending on their wishes and individual needs. One the day of the inspection, residents were going out for lunch, swimming, and relaxing in the centre. The inspector read and was told by staff about other activities residents enjoyed, such as attending social clubs and groups, spending time with family, walking, eating out, baking, house hold chores, going to the cinema, and using smart devices. The inspector also read information about residents' interests and likes and dislikes in their care plans to guide staff in supporting and facilitating their preferences.

Residents' goals were individualised and included learning new skills, such as making small meals and using appliances, asking for help and raising concerns.

Residents were also supported to maintain personal relationships. Residents' families and friends were welcome to visit the centre, and residents also visited their families and friends.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises was appropriate to the number and assessed needs of the residents living there.

The premises comprises a large two-storey house with front and rear gardens. The house was seen to be bright, clean, homely, spacious, comfortable, and nicely decorated and furnished. It contained individual residents' bedrooms (some with en-suite facilities), bathrooms, a kitchen, a utility room, sitting rooms, a sun room, a dining room, and a staff office. There was also a rear garden with a trampoline for

residents to use. The various living areas provided residents with ample space to spend time together or separately as they wished. The residents' bedrooms were decorated to their tastes, and the inspector observed an array of personal belongings and prized items which added to the homeliness of the centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide. The guide was up to date and included the required information such as the visiting arrangements.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. There was fire detection and fighting equipment, and emergency lights throughout the house, and it was regularly serviced to ensure that it was maintained in good working order. Staff also completed daily and weekly fire safety checks. The fire panel were addressable and easily found in the front hallway. The inspector observed that a sample of the fire doors, including the kitchen and bedroom doors, closed fully when released.

During the inspection, the person in charge updated the centre's evacuation plan to ensure that it was sufficiently detailed. Individual evacuation plans for residents had also been prepared which outlined the supports they required. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans.

Residents were reminded of fire safety during their keyworker meetings, and easy-to-read information was used to help to understand how to respond to the fire drill sounding.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that the medicine practices in the centre, including the practices for the storage and administration of medicines, were appropriate and in line with their associated policies.

The inspector observed that residents' individual medicines were clearly labelled and securely stored. There was also a dedicated fridge with temperature controls for medicines that required refrigeration.

The inspector viewed two residents' recent medication prescription sheets, protocols and administration sheets. They contained the required information, such as the residents' names, allergies, photographs, and medicine names, dosages and purposes. The administration records indicated that residents had received their medicines as prescribed. For example, at the prescribed times.

Staff spoken with had a good understanding of the residents' medicines, and there was written information for them to refer to on how residents like to take their medicines and possible side effects to be aware of.

There were also arrangements for the monitoring of medicine use, including regular stock checks of medicines. The inspector reviewed a sample of the recent stock records and found that they were in line with the actual amount of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform written care plans. The inspector reviewed two residents' assessments and associated care plans. These files were readily available to guide staff on the interventions to provide effective care and support to the residents. Plans viewed by the inspector such as those on communication, behaviour, and safety were up to date and reflected input from multidisciplinary team services.

The plans included important information on the residents' personalities, interests, preferences, abilities, needs and goals, and were written in a person-centred manner that respected the residents' individuality. Some of the social care plans and goals had also been prepared in an easy-to-read format using pictures to make them easier to understand.

Judgment: Compliant

Regulation 6: Health care

The registered provider and person in charge had ensured that residents received appropriate health care.

Written support plans had been prepared and were readily available in the centre, to inform staff on residents' healthcare needs and the associated interventions to be followed. Nurses worked in the centre to oversee residents' healthcare needs and plans. The inspector reviewed a sample of two residents' assessments and plans and found that they were up to date and comprehensive. Staff spoken with were found to have a good understanding of residents' healthcare plans.

Residents also had access to the provider's multidisciplinary team and community healthcare services as they required. For example, general practitioners, dentists, speech and language therapists, chiropodists, opticians, and specialist services.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had implemented effective systems to safeguard residents from abuse. There has been no safeguarding concerns in the centre since it was registered. The safeguarding systems were underpinned by a written adult safeguarding policy.

Staff were required to safeguarding training to support them in the prevention, detection, and appropriate response to safeguarding concerns. Safeguarding was also regularly discussed at staff team meetings, and the inspector found that staff spoken with were familiar with the procedures for recording and reporting any safeguarding concerns. Safeguarding matters, such as raising complaints, were also discussed at residents' key worker and house meetings, using easy-to-read information, to raise their understanding of self care and protection.

Up-to-date intimate care plans had been prepared to guide staff in supporting the residents in a manner that respected their dignity and bodily integrity. Some elements of the plans were presented using social stories to make them easier for residents to understand. The provider had also prepared a written policy on the provision of intimate care which took into account safeguarding risks and the need to respect residents' choices, dignity and privacy.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant