



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

Issued by the Chief Inspector

Name of designated centre:	The Tides
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	16 June 2026
Centre ID:	OSV-0008651
Fieldwork ID:	MON-0041676

About the designated centre

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

The Tides is a designated centre operated by Talbot Care Unlimited Company. The centre provides residential care supports for up to four children between the ages of 10 and 18 years per the centre's statement of purpose. The centre comprised of a two-storey detached house located in a coastal town in north County Dublin. The centre was situated within walking distance of a range of local amenities, including a beach, playground, park, shops and restaurants. There were four spacious bedrooms for children, one of which contained an en-suite bathroom. There were spacious communal areas with a large kitchen-dining and sitting area, a living room and separate sensory relaxation room located on the first floor. The outdoor spaces of the centre included a large garden to the rear of the centre and an enclosed patio area to the side of the property. The centre is managed by a person in charge who is supported by team leaders, and resourced with a staff team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 16 June 2026	08:50hrs to 17:10hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an announced inspection, scheduled to inform a decision on an application to renew the centre's certificate of registration. The centre is located in North County Dublin and was home to three young people at the time of inspection. The centre is a large detached house and is overseen by a person in charge who also has responsibility for a second children's designated centre located nearby. This inspection found that the young people living here were in receipt of a very good quality and safe service. Their general welfare and development was being promoted, they were safeguarded and they were empowered to exercise choice and control in their daily lives. All regulations assessed on this inspection were found to be compliant, and it was evident that the service was aiming to go beyond the requirements of the Regulations and was striving to meet the National Standards.

On arrival, the inspector saw that the property was well-presented and maintained. All of the young people were at school during the morning and the inspector was facilitated to complete a walk around of the house. The house was seen to be warm, homely and clean. Each young person had their own bedroom which was decorated in accordance with their tastes and provided ample storage for their personal belongings. Young people shared access to a kitchen, a sitting room, sensory room and bathrooms. All of these areas were seen to be very clean and decorated in a child-centred manner. The garden was also equipped with play equipment which young people were observed using in the afternoon.

There was a very homely, comfortable and relaxed atmosphere observed in the centre. On their return from school, the young people were greeted warmly by the staff. Visual aids were used to communicate to the young people about their afternoon routines and they were supported to change into comfortable clothes and to prepare snacks and drinks.

In the afternoon, the three young people were observed to gather in the kitchen/sitting room which opened out to the garden. The young people were seen to be clearly very comfortable in each other's presence and with the staff on duty. Young people engaged in sensory play with staff, watched their preferred cartoons on tablet devices and played on the trampoline. Staff members were observed chatting to the young people, and supporting them to engage in play and encouraging their interactions. Some of the young people had plans to go to social clubs and dance classes later that evening.

The inspector was told that there had been very consistent staffing arrangements in the centre for some time and this was evident in the interactions observed throughout the day of the inspection. Staff members clearly knew the young people, their preferences and their communication systems well. Staff members spoke gently and respectfully to, and about, the young people. They were seen to use various communication aids to empower the young people to make choices about

their daily routine and spoke confidently to the inspector about these augmentative systems.

The inspector had the opportunity to speak over the phone with one parent of a young person, two guardian ad litem and two social workers on the day of inspection. Written feedback from two parents was also reviewed. The feedback from these stakeholders regarding the service was very positive. In particular, representatives of the young people complimented the staff team describing them as “fantastic”, “very calm, mature and understanding”. Parents described the staff team as being “more like a family” and one said that they were “so blessed with the relationship I have with them”. Social workers and guardian ad litem commented on how the young people were very happy living there and on how well the staff team supported and involved the young people’s family members to be involved in their lives and everyday care.

Representatives for the young people also commented on how well the staff team had done in advocating for the young people and in promoting their general welfare and development; for example, through sourcing suitable school placements, trying new activities such as horse riding and encouraging more varied diets.

None of the young people spoke directly to the inspector about their experiences of living in the centre but one young person engaged the inspector in play with them and with the staff team. They were clearly very comfortable and relaxed in their home. There were fun and spontaneous play interactions observed with staff encouraging the young people to participate in fun activities.

Overall, this inspection found that the young people living in the centre were safe, well-cared for and were being supported to have a very good quality of life. The next two sections of the report will describe the governance and management arrangements of the centre and how effective these were in ensuring the quality and safety of the service.

Capacity and capability

This section of the report describes the governance and management arrangements of the centre. This inspection found that there were effective governance systems which clearly set out lines of authority and accountability and specified roles and responsibilities for all staff members and leaders in the centre. Leadership was demonstrated by management of all levels and there was a commitment to continuous improvements in the service. Leaders demonstrated that they understood the needs of the young people living in the service and had directed sufficient resources to ensure the care and welfare of those living there.

There were comprehensive information governance arrangements in place which ensured that the service was complying with legislation, and the service was

regularly monitored and evaluated with the intention of bringing about improvements and achieving better outcomes for the young people.

Staff were recruited who had suitable skills, competencies and personal attributes to meet the needs of the young people living in the service. Garda Síochána vetting was carried out and references were received and checked. Staff had access to induction training prior to commencing work in the service and had access to a programme of ongoing training to ensure they maintained their competencies.

There was continuity of staffing so that attachments were not disrupted. Positive, kind and caring relationships were observed between the staff team and the young people. Staff understood their roles and responsibilities and were knowledgeable of the reporting lines and the policies and procedures to be followed. Staff members were supervised and performance managed and written records were kept of these supervisions.

Overall, the inspection found that there were effective governance and management arrangements which were ensuring compliance with the Regulations and, importantly, ensuring that young people were in receipt of a very good quality and safe service which was promoting their well-being, human rights and development.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete application to renew the centre's certificate of registration was submitted to the Chief Inspector within the required timeframe. Required fees were paid and all prescribed information was submitted. This afforded the centre the protections of The Health Act (2007) as amended while going through the registration renewal process.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was overseen by a person in charge who was suitably qualified and experienced. They were responsible for this service as well as another children's residential designated centre, which was located nearby. They were employed in a full-time capacity and were supported in having oversight of both centres by the allocation of team leaders in each service. The person in charge demonstrated an in-depth knowledge of the young people and the service's needs. They were clearly committed to enhancing the service provision and in driving service improvements.

Judgment: Compliant

Regulation 15: Staffing

There were arrangements in place to ensure that young people living in this centre were supported by a consistent staff team who knew them and their needs well. This was supporting continuity of care and the maintenance of effective attachments. Planned and actual rosters were maintained and were reviewed by the inspector. The inspector saw, on review of rosters from April to May 2026, that there were a suitable number of staff rostered on each day and night, and that these staff were suitably qualified in line with the staffing arrangements detailed in the statement of purpose.

There were no agency staff utilised in the centre. Where there were gaps in the roster, these were filled from a relief panel of Talbot staff.

Schedule 2 staff files were made available to the inspector for review. The inspector saw that all 10 staff had an up-to-date and valid An Garda Síochána vetting disclosure on file. The inspector reviewed the full schedule 2 files for five (50%) of the staff team. All of the staff had suitable qualifications, for example as social workers, health care assistants and all had experience in working in health and social care settings.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory training across the staff team employed in the centre. All staff had received, and were up-to-date with, training in fire safety, safeguarding, Children First and first aid. Staff had also completed additional training in areas such as Lámh (a manual sign system), communication and human rights. This ensured that staff members had the required competencies to fulfil their duties and to ensure that children's needs were being met.

Staff members were performance managed and supervised. Monthly staff meetings were held to update staff on changes to residents' needs, safeguarding concerns and any risks or complaints. Each staff also received quarterly supervision from the person in charge. The inspector reviewed the supervision records for the three staff who were on duty on the day of inspection. These records showed that staff members were in receipt of regular supervision and support and that the supervisions were an effective tool in developing staff; for example, actions plans were developed and were clearly progressed across supervision records.

Judgment: Compliant

Regulation 22: Insurance

A certificate of insurance was submitted as part of the provider's application to renew the centre's certificate of registration. This showed that the provider had a contract of insurance against injury to residents in place.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the service. The staff team reported to team leaders, who in turn reported to the person in charge. The team leaders and the person in charge had defined roles and responsibilities. The staff team and the team leader were informed of the management arrangements and of their responsibilities.

The person in charge reported to an assistant director of service. There were regular governance meetings which ensured that any risks to the quality and safety of care could be escalated to the provider level. For example, there were monthly person in charge meetings with the senior managers, including the assistant director of service, the director of service and the chief operating officer. The inspector reviewed minutes of these meetings from January to April 2026. It was seen that they covered a range of pertinent issues such as staffing resources, safeguarding, infection prevention and control and restrictive practices. Time bound action plans were developed from these meetings to address any risks arising.

The person in charge also had meetings with the assistant director on a monthly basis to discuss other risks at a local level. The inspector reviewed the records of these from January to March 2026. It was again seen that actions to address risks in relevant areas were set out and the inspector saw that these actions were progressed across meetings. This showed that these oversight mechanism were effective in ensuring ongoing service improvements.

Provider level audits including six monthly unannounced visits and an annual review of the quality and safety of care were comprehensive and detailed. They clearly identified areas which require improvement to ensure compliance with the Regulations, and to ensure a good quality and safe service for the young people.

The inspector also saw that there were effective arrangements at local level to ensure that staff members communicated with each other regarding any changes to the young people's needs. The inspector reviewed the handover book for a week in

May 2026 and saw that staff members used it to communicate about medications, daily care and daily household tasks required.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was maintained in the centre. It was reviewed by the inspector and was found to be an accurate reflection of the services and facilities provided in the centre. It included information on the arrangements for children and young people to engage in education and to meet with important representatives such as their social workers.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the young people who lived there. Overall, this inspection found that young people were in receipt of a very good quality service which was meeting their assessed needs in a child-centred manner and which was promoting their general welfare and development.

Young people living in this service were in receipt of individualised and child-centred support. They were treated with dignity and respect and were listened to with care. There were mechanisms in place to ensure that young people could communicate their views, preferences and make choices. Information was provided in a format that was appropriate to each young person's communication needs.

Young people were well connected with their peers, their community and their families. These relationships were supported and further developed by the staff team. Families and friends were welcomed by the service and they participated in and were involved in their children's lives. Special occasions were marked and celebrated.

Young people had a comprehensive person plan which was completed in consultation with families and multidisciplinary team. The person plans were individualised and reflected young people's preferences in respect of their care and support. Plans were regularly evaluated for effectiveness and were updated when there were changes or new recommendations.

The living environment of the service was homely and accessible. It provided opportunities for young people to play or to rest. Young people's bedrooms were clean and decorated in line with their preferences. The furnishings were homely and child-centred.

There were policies and procedures to ensure that children were protected from abuse, in line with Children First. Personal care was provided to children in a manner which upheld their dignity and privacy, and staff spoke to the inspector about the FREDAs (human rights) principles in this regard.

There was a positive approach to behaviour support that was tailored to meet the needs of each young person. Staff had received training in the provision of positive behaviour support and in communication and were seen to use interventions to promote effective communication.

Regulation 10: Communication

Many of the young people living in this centre presented with assessed needs in the area of communication. The inspector saw that, where young people required support with communication, there was an assessment completed by a suitable healthcare professional and that this assessment was used to inform communication care plans. The communication assessments for two young people were reviewed and it was seen that they recommended supports including augmentative and alternative communication devices, choice boards, objects of reference and Lámh. All of these supports were seen to be in place in the centre.

Staff members spoken with were very informed of these communication care plans and described to the inspector how they used visual supports and augmentative communication to assist young people to communicate, understand routines and make choices. The inspector saw staff members using these visual supports and Lámh with the young people throughout the day of inspection. Young people were clearly familiar with the communication supports and responded well to them and used them to communicate their preferences.

Judgment: Compliant

Regulation 13: General welfare and development

Young people's general welfare and development was actively promoted in the centre. The young people were supported to develop relationships with peers and with their community. Some of the young people were engaged in activities such as horse riding and in social clubs.

Young people were supported to maintain relationships with their families. The inspector was told by a family member of how, when a young person's sibling made their communion, the staff team arranged a party in the centre to support the family to celebrate in a way that was suitable to the young person's needs. This was supporting the relationship between the siblings.

Social workers and guardian at litem spoke very positively of how they were facilitated to meet with the young people in the centre. Regular visits were documented and records of child in care reviews were maintained on files.

The person in charge and the staff team had worked hard to advocate for a suitable school placement for one young person in particular, and the inspector was told that they were due to commence in this placement in September 2026. All young people were attending school at the time of the inspection.

A review of young people's daily notes showed that they were regularly supported to engage in activities both in the service and outside in the community. For example, young people took part in races in Santry Stadium, used the sensory room, went to the beach and to dance classes.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was very clean, warm and homely. It was large and provided ample space for young people to spend time alone or to engage in play or relaxation. The communal areas of the centre included a sitting room, a sensory room, a kitchen/sitting room, the garden and a bathroom. Each of these spaces was decorated in age-appropriate manner. Furniture and fittings were clean and well-maintained.

Young people were seen to congregate in the kitchen/sitting room and the garden. They appeared very comfortable in their home. Photographs of the young people and colourful artwork decorated walls in communal spaces.

Each young person had their own bedroom which was decorated in line with their tastes and preferences. There was sufficient storage for their personal belongings. The inspector saw that care was taken of person belongings, with these displayed or stored neatly and carefully.

Judgment: Compliant

Regulation 18: Food and nutrition

Young people were offered a variety of healthy, nutritious food which was prepared in line with their assessed needs. Young people had access to suitable multidisciplinary professionals including dietitians and speech and language therapists to inform assessments of their dietary and feeding, eating, drinking and swallowing needs. One young person was on a modified diet. Staff members were very informed regarding dietary care plans and described to the inspector how they prepare and modify young people's meals so that they are in line with their assessed need.

Young people's weight was monitored in line with their assessed needs and care plans. Staff were also guided by the multidisciplinary team in providing increased variety of foods to some young people who had restricted diets when they first came to live in the centre. Family members and other representatives spoke positively of the work that the staff team had done in this area and the benefits that it had for the young person including achieving a normal weight for their age and height.

The food records across a week in June for three of the young people were reviewed and it was seen that they were provided with a balanced diet which included fresh fruit and vegetables, dairy, eggs, meat and carbohydrates.

The inspector observed a mealtime and saw a young person being assisted with their meal. The inspector saw that the meal was prepared in line with their feeding, eating, drinking and swallowing (FEDS) care plan, that there were sufficient staff available to support the young person and that the meal was a pleasant and relaxed experience.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was submitted as part of the application to renew the centre's certificate of registration. This was reviewed by the inspector and found to be written in an easy-to-read format and contained information for residents such as the process to make a complaint and how to access HIQA inspection reports of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems to detect, contain and extinguish fires and arrangements for the safe evacuation of all persons in the event of a fire were also

in place. The centre was equipped with an addressable fire panel, fire doors, door closers, emergency lighting and fire extinguishers. Servicing records showed that this equipment was maintained in good working order.

The young people each had an up-to-date personal evacuation plan on their file. This showed the supports, if any, that they required to evacuate and detailed that all young people could be safely evacuated within one to three minutes, requiring verbal promoting only.

Records of four fire drills in 2025 and 2026 showed that all young people were evacuated in under two minutes. One of these fire drills was a night time drill with the minimum number of staff and the maximum number of residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed each of the young people's files that contained their individual assessments of their health and social care needs. It was seen that each young person had a comprehensive assessment of their needs, which was updated at least annually. These assessments were informed by relevant multidisciplinary professionals including, for example, occupational therapists, speech and language therapists, psychiatrists and dietitians.

The individual assessment was used to inform care plans in respect of each assessed need. The care plans were written in a manner which reflected the FREDA (human rights) principles and clearly described young people's preferences in respect of their care.

The inspector saw that where recommendations were made by professionals that these were implemented. For example, one sensory diet plan recommended a peanut ball and trampoline be used with one young person. Staff members spoken with were informed of these recommendations and of how this equipment should be used with the young person.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each of the young people living in this centre had assessed needs in respect of behaviour support. They each had an up-to-date behaviour support plan on file which detailed proactive and reactive ways for staff to assist young people with

managing their behaviour. Staff members were informed of these plans and described to the inspector how they implemented them.

The inspector saw that recommendations detailed in behaviour support plans were implemented; for example, staff members were seen using tools including choice boards and visual schedules to inform young people of their choices and routines and to assist them with decision making. All staff had received and were up-to-date with training in positive behaviour support.

There were a number of restrictive practices in place in the centre as required by the young people's assessed needs. These restrictive practices were reviewed regularly by the provider's multidisciplinary team to ensure that they continued to be required.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that young people were safeguarded and protected from abuse. All staff in the service had up-to-date Garda vetting and had completed training in Children First and safeguarding. The team leader for the service was completing additional in-person child protection training at the time of the inspection. The person in charge and the other team leader had also completed this training.

Staff members spoken with were informed of their responsibilities to safeguard children. They were aware of the reporting procedures for safeguarding concerns, including how to contact the centre's designated officer. Staff members described how they ensured that young people's dignity and privacy was protected in the provision of care. Each young person also had an intimate care plan on file which was written in a child-centred manner. The plan detailed how staff should communicate with young people to support them to understand intimate care procedures and to assist young people to develop autonomy in intimate care activities.

There were generally a very low number of peer to peer incidents in the service. The inspector reviewed one incident which occurred in November 2025. It was seen that this was notified to the Chief Inspector and to the young person's social worker and that a safeguarding plan was implemented.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant