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:	Bóthar Glas
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	07 May 2026
Centre ID:	OSV-0008925
Fieldwork ID:	MON-0050296

About the designated centre

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

Bóthar Glas is a designated centre operated by Talbot Care Unlimited Company. This designated centre provides full-time 24 hours nurse led residential care for up to six adults over the age of eighteen years, both male and female with intellectual disabilities, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The centre is based in a village close to a larger town in county Louth. There is a spacious kitchen/dining /living room in each house, and a separate sitting room. Each resident has their own bedroom, and there are accessible garden areas. The centre is resourced with a person in charge who manages a team of nursing staff and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Thursday 7 May 2026	09:00hrs to 15:45hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced risk-based inspection of this designated centre. The inspection was conducted to assess compliance with the regulations, following the receipt of unsolicited information to the Office of the Chief Inspector of Social Services. From what residents told us and the inspector observed, it was evident that residents living in this centre were treated with dignity and respect, were happy, and felt safe living in their home. The inspection had positive findings, however, improvements were required under Regulation 5: Individualised assessment and personal plan.

Upon arrival to the designated centre, the inspector was informed by a staff member that the person in charge had recently ceased in their role, and the assistant director of service (ADOS) was covering in the interim. Staff members on duty telephoned the ADOS, who promptly attended, and facilitated the inspection. To form judgements on the residents' quality of life, the inspector used observations, interactions with residents, a review of documentation, and conversations with key staff.

The designated centre was located in a small village in County Louth. It was registered to accommodate eight adult residents, and at the time of this inspection was providing 24 hour care and support to six residents. The designated centre is comprised of two homes adjacent to each other, with three residents living in each premises. Each premises is comprised of four resident bedrooms, a sitting room, a kitchen / dining room, a utility room, two bathrooms, and a store room. To the rear of one premises there was a staff office.

The staff team was comprised of nursing staff and direct support workers. There was one staff nurse rostered to work in each premises during the day, and one nurse provided waking nighttime care. During the day three direct support workers were rostered to work in both premises, with two direct support workers providing care and support during the night in each home.

Residents living in the designated centre presented with complex and high level medical and healthcare needs. All residents were full-time wheelchair users, and required comprehensive support and care from the staff team regarding their mobility, transfers, healthcare, and medicine needs.

The inspector completed a walk through of both premises in the presence of the ADOS. The inspector noted that the designated centre presented as a homely, calm, and welcoming environment. Both premises were fully accessible to all residents, allowing them to move safely and independently throughout their homes in line with their assessed mobility needs.

A range of specialist equipment and assistive devices were used within the designated centre to support residents' mobility needs. For example, wheelchairs, shower chairs, hoists, and profiling beds were used by residents to manage mobility safely and comfortably. The inspector noted that all equipment was maintained in accordance with manufacturers' instructions and through annual servicing.

Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas were found to be spacious and thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment.

Residents communicated through a variety of means including verbal communication, body language, use of objects of reference, gestures, and visual supports. All staff had completed total communication training, and the inspector observed throughout the course of this inspection that staff were able to understand and interpret each resident's preferred communication style.

Residents were observed to happy, relaxed, and comfortable throughout the duration of this inspection. Residents were reported to be happy and felt safe living with one another. Residents were encouraged and supported to participate in activities together, and the inspector observed residents spending time together.

The ADOS spoke about the high standard of care all residents received, and had no concerns in relation to the wellbeing of any of the residents living in the designated centre. Observations carried out by the inspector, interactions with residents, feedback from staff, and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding and feeding, eating, drinking, and swallowing (FEDS). The inspector found that staff members on duty were very knowledgeable of residents' needs, and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes, and told the inspector they really enjoyed working in the designated centre.

From interacting with residents, and observing their interactions with staff, it was evident that they were very well cared for and supported. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes, and personal preferences.

The management and staff team were well informed of the residents' needs, and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the designated centre was providing individualised care and support where the rights of each resident was respected.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. This unannounced inspection was carried out following receipt of unsolicited information, which raised concerns pertaining to governance and management systems, healthcare, and staffing arrangements in place. Overall, the inspector found that the designated centre was well governed, and that there were systems in place to ensure that residents were safe, and received a high quality service.

There was a regular core staff team in place. At the time of this inspection there were no staff vacancies. The inspector noted that staff were very knowledgeable of the needs of the residents who lived in the designated centre, and had a very good rapport with them. The staffing levels in place in the designated centre were suitable to meet the assessed needs of residents. Monthly formal staff team meetings and governance meetings were conducted, which regularly provided the registered provider with assurance regarding the quality and safety of care and support given to residents. Any issues or concerns were promptly escalated to the registered provider for resolution.

Staff had access to regular refresher training, and there was a high level of compliance with mandatory training. Staff had also received additional training in order to meet residents' current assessed needs. The staff team were in receipt of regular informal support and supervision. The inspector spoke with a number of staff over the course of the inspection, and found that staff were well informed regarding residents' individual needs, medical needs, healthcare plans, communication needs, and preferences in respect of their care.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to all residents. The governance and management frameworks in place were found to be operating at a high standard within the designated centre. There were various monitoring and oversight systems in place. For instance, the registered provider had prepared an annual report for 2025 on the quality and safety of care and support, which included consultations with all residents, their families, and representatives. Additionally, the registered provider had conducted an unannounced visit in accordance with regulatory requirements, and a comprehensive suite of audits was implemented, covering key areas such as medicines, resident personal plans and finances, maintenance, and fire safety.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

On the day of this inspection, the registered provider ensured there were sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre.

The staff team was comprised of the person in charge, nurses, and direct support workers. The inspector reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of February, March, and April 2026, and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector saw evidence that staff were suitably qualified and trained, and were committed to providing care that promoted residents' rights, and kept them safe. During the inspection, the designated centre demonstrated adequate staffing levels with eight staff members present during the day (two nurses and six direct support workers), and five staff members on at night (one nurse and four direct support workers) all in a waking capacity.

During the inspection, the inspector spoke with six staff members on duty, and found that all were highly knowledgeable about the residents' support needs, and their responsibilities in providing care and support.

Information and documents pertaining to schedule 2 was not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place, and were effective. The inspector reviewed the staff training matrix, concentrating on a sample of ten staff members. Each of these individuals had successfully completed a diverse range of training courses, ensuring they possessed all the essential knowledge and skills required to support residents. This included training in mandatory areas such as fire safety, managing behaviour that is challenging, and

safeguarding, all of which contributed to a safe and supportive environment for the residents living in this designated centre.

In addition, and to enhance quality of care provided to residents, further training was completed, covering essential areas such as feeding eating drinking, and swallowing (FEDS), Children First, people moving and handling, infection prevention, and control (IPC), food safety, and total communication.

The registered provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the registered provider's established policy. The person in charge maintained supervision records and schedules. The inspector reviewed ten staff members' supervision records from quarter one 2026, which included a review of the staff member's personal development, and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care, and enjoyed a high quality of life, the registered provider maintained appropriate resources. This included staffing levels aligned with residents' current assessed and changing needs, and active multidisciplinary team (MDT) participation in care and support planning.

Effective management systems ensured the designated centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering infection prevention and control (IPC), medicine management, fire safety, premises and maintenance, and residents' finances was conducted by the registered provider and local management team. Additionally, monthly governance meetings were held with the person in charge and ADOS. The inspector's review of audits and meeting minutes confirmed their thoroughness, and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2025. The inspector completed a review of this and found that all residents, staff, and family members were all consulted in the annual review. In addition, the inspector reviewed the action plan created following the registered provider's most recent six-monthly unannounced visit, which was carried out in March 2026. Following review of the action plan, which outlined 21 distinct actions, the inspector noted that most

of these actions had been successfully completed. Moreover, they observed that the actions were being leveraged proactively to foster ongoing service development, and drive continual improvement.

It was evidenced that there was regular oversight and monitoring of the care and support provided in this designated centre, and there was regular management presence. Robust systems were in place to ensure both oversight and operational leadership during times when the person in charge was off duty or unavailable. For instance, well structured on-call arrangements were established for all times including, day, evening, night, and weekends. Staff members spoken with were well-informed about these arrangements, and knew who to contact whenever support was required.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. Overall, the findings of this inspection were positive, and residents reported and were observed to be happy living in their home. It was apparent to the inspector that the residents' quality of life and overall safety of care in the designated centre was prioritised and managed in a human rights-based and person-centred manner. However, improvements were required regarding Regulation 5: Individual assessment and personal plan.

The inspector found evidence that the registered provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy, and fulfill the registered provider’s requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents safe. Individualised specific risk assessments were also in place for all residents. It was noted that these risk assessments were regularly reviewed, and gave clear guidance to staff on how best to manage identified risks.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge and staff nurses.

It was found that residents had comprehensive assessments of need on file. However, two residents' assessments of need required updating and review. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Residents were in receipt of appropriate care and support that was individualised and focused on their needs. Residents were seen to be supported to access relevant healthcare appointments and to live busy and active lives in line with their assessed needs and preferences. From observations made, discussions with staff, and a review of residents' documented information, the inspector could see that the systems of support were working well at the time of this inspection.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence, and met their individual and collective needs.

Regulation 26: Risk management procedures

The inspector reviewed the designated centre's risk management policy, and found that the registered provider had ensured that the established policy met the requirements as set out in the regulations. For example, it included critical information pertaining to the unexpected absence of a resident, accidental injury to residents, visitors, or staff, aggression and violence, and self-harm. The policy was due for next review in July 2028.

In line with the risk management policy, there was a risk register in place which detailed potential risks in the designated centre, as well as the measures in place to reduce or eliminate them. The inspector reviewed the designated centre’s risk register, which outlined a total of 14 risks, as well as a sample of the residents’ individual risk assessments. The individual risk assessments were wide in scope and included matters, such as accidental injury, healthcare risks, refusal of food or drink, and environmental risks. In addition, the inspector reviewed a sample of the control measures, and found that they were in place. For example, staff supervision, specific staff training, and care interventions. These control measures were considered proportionate to the level of risk, and were not overly restrictive.

There were good arrangements for the reporting, management, and review of incidents. The inspector reviewed the reported incidents from February to April 2026. They found that the incidents had been escalated to the relevant parties, and had been reviewed to identify potential learning to reduce the likelihood of the incidents recurring. The person in charge maintained a log of the incidents, and they were discussed at monthly staff team meetings, governance meetings, and noted in the registered provider led six monthly unannounced reports.

The inspector noted that both the registered provider and the staff team demonstrated a strong commitment to empowering residents through positive risk-taking. They were open and encouraging when it came to residents engaging in activities that reflected their personal interests and preferences. The designated centre actively fostered a culture of positive risk-taking. For example, even when residents had specific assessed needs regarding feeding, eating, drinking, and

swallowing (FEDS), the inspector observed that they were supported to enjoy lunches and dinners out at restaurants. Furthermore, many residents participated in a wide range of activities, despite known mobility challenges.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

During this inspection it was observed that secure facilities were present in the designated centre for medicines to be stored in. When viewing inside this medicines storage, it was found to be appropriately organised with a sample of medicines reviewed found to be in their original packaging, appropriately labelled and in-date.

Residents received a comprehensive individualised service from their pharmacist who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the designated centre.

The inspector found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. For instance, the inspector reviewed the practices and arrangements for two residents and spent time discussing these residents medicine needs with two staff nurses on duty. Following discussion, it was evident to the inspector that staff were very knowledgeable of the professional guidelines and professional code of practice that governed medicines management and adhered to these requirements.

The inspector observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. However, improvements were required to ensure that all residents had up-to-date assessments of need on file, with two requiring review.

The inspector reviewed four residents' files and saw that files contained comprehensive assessments of need. These assessments of need were informed by the residents, their representative, and the multidisciplinary team as appropriate. The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard

to their care and support. For example, the inspector observed plans on file relating to the following:

- Healthcare plans
- Communication
- Intimate care
- Feeding, eating, drinking, and swallowing.

However, two residents' assessment of need required updating to ensure the most accurate and up-to-date information was available to staff in order to provide appropriate care and support.

Each resident was assigned a keyworker and they supported the resident to engage with and participate in decisions about their own lives, and set and achieve goals. All residents were supported to set short term and long term goals, and met with key workers on a monthly basis. Examples of short term goals set by residents included visit the beach, visit family for tea, go to the cinema, attend a family celebration. Examples of long term goals included meeting up with old friends, lose weight, and go on a holiday.

The registered provider had in place systems to track goal progress. For instance, goals were discussed with residents during keyworking and recorded in goal progress documentation. In addition, photographs of the residents participating in their chosen goals and how they celebrated were also included in their person centred plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents living in this designated centre benefited from a wide range of multidisciplinary (MDT) supports including psychology, physiotherapy, speech and language, occupational therapy, and dietic supports. The inspector noted that regular MDT input and visits to the designated centre ensured comprehensive oversight of all residents' healthcare needs and supports.

The inspector's review of a sample of four residents' healthcare plans demonstrated that residents had access to allied health professionals including access to their general practitioner (GP). Residents were supported and encouraged to attend annual health check-ups or sooner if required. Where residents' physical needs were changing, the inspector saw that the person in charge had ensured referrals were made to the appropriate health professional, and in a timely manner. For example, one resident had recently been referred to a neurologist for further assessment.

The inspector noted that healthcare plans were updated promptly following all healthcare appointments to ensure that all staff were well informed of any changes.

There was also evidence of staff completing appropriate follow-ups and acting as advocates for residents during and after appointments.

In summary, the inspector found that residents' health needs were under close review, staff members were actively responding to those needs, and the registered provider had suitable systems in place to support and maintain residents' health.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Bóthar Glas OSV-0008925

Inspection ID: MON-0050296

Date of inspection: 07/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge has undertaken a comprehensive review of both residents' assessments of need in collaboration with the multidisciplinary team to ensure that all information is accurate, current, and reflective of each resident's individual support requirements. This process has ensured that the assessed needs clearly outline the level and type of support required for residents. In addition, a structured approach has been established to ensure that all residents admitted to the centre have a scheduled Multi-Disciplinary Review of the residents' need on and no less than an annual basis going forward. This will be incorporated into the centre's annual assessment calendar, ensuring consistency and timely completion of assessments. Furthermore, governance and oversight arrangements have been strengthened. All scheduled assessments of need will be subject to review by the Assistant Director to ensure compliance with required timeframes.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	28/05/2026