



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

Issued by the Chief Inspector

Name of designated centre:	Tara House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	16 October 2025
Centre ID:	OSV-0007805
Fieldwork ID:	MON-0047958

About the designated centre

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

Tara House is located in a small town in Co. Meath and provides support to five young male adults with disabilities. The centre comprises of a large two storey detached property with five bedrooms, two of which have en-suite bathrooms. There is also a fully furnished kitchen/dining area, a sitting room, a sun room, a utility room, a staff office and communal bathroom/shower facilities. The house has its own private garden areas to the front and back of the property with adequate private and on-street parking available. The centre is staffed on a 24/7 basis by a full-time person in charge, two team leaders and a team of support workers. Residents have access to a number of amenities in their local community including shops, hotels, restaurants and leisure facilities. Transport is also provided to residents for social outings and to attend day services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 October 2025	10:50hrs to 18:30hrs	Anna Doyle	Lead
Friday 17 October 2025	09:00hrs to 11:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall from speaking with residents, observing practices and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided for the most part with person-centred care. However, there were some regulations that required minor improvements to ensure residents were in receipt of a safe quality service. These regulations included fire safety, medicine management practices, communication, safeguarding, staffing, governance and management and residents' rights.

The centre is registered to support five residents. This inspection was unannounced and was conducted over two days. Over the course of the inspection, the inspector met all of the residents, and spoke to the person in charge, an assistant director of services, and a team leader. They also observed some practices and reviewed records pertaining to the management of the centre and residents' personal plans.

On arrival to the centre, three of the residents had left to attend the day service they went to everyday and one resident was getting ready to go out. Another resident was having a lie on in bed and later went out to the gym. During a walk around of the centre, one resident showed the inspector their bedroom and spoke about some of the things happening in the centre. They said they liked living there and loved their room. They knew all the managers including senior managers employed in the centre and spoke about one manager who visited the centre regularly. They had some gym equipment in their bedroom and showed the inspector some of the exercises they liked to do and talked about some of their interests, like football and swimming. This resident also liked routine and structure and showed the inspector the visual routine they liked to follow each day which was displayed in their bedroom. As an example; they were interested in vans and was planning to go to look at them that day.

The centre was very clean, spacious and decorated to a good standard. The house was decorated for Halloween and the residents said they were looking forward to this event. There were five bedrooms, two of which had en-suite bathrooms and there was also a shared bathroom on the first and second floor of the property. The property was modified to support a resident who had some mobility needs. For example; a bathroom had equipment suitable for this residents' needs. The bedrooms were decorated in line with the residents' individual preferences. For example, some residents liked soccer and had pictures of their favourite teams on the bedroom walls and some were interested in video games and had gaming consoles in their bedrooms.

The kitchen/dining area was spacious and well equipped, some residents were observed sitting having some of their meals over the course of the two days. There was an adjoining utility room where residents could launder their own clothes if they wished. There was also a sun room that had access to the back garden. The sun room had some sensory equipment that one resident really enjoyed. There was a

large sitting room where residents could enjoy listening to music or watching television. At the back of the property there was a paved garden area with a trampoline that some residents liked to use.

At the time of the inspection some upgrades were planned to the property to include painting and some other minor upgrades. These works had been highlighted in an audit conducted in the centre in July 2025 and there were plans to address most of these upgrades. However, the inspector observed that it had been recommended that a ramp leading out from the sun room needed a protective cover and this was only completed on the second day of the inspection. This is discussed further under regulation 23 governance and management.

The residents were supported to have active, meaningful lives. Three of the residents attended a day service Monday to Friday, the other two residents planned the activities they wanted to do themselves each day. Two residents who showed the inspector their bedrooms were friends and had been on holiday to Paris last year which they both had really enjoyed. Another resident had recently joined a gym and was also exploring employment options at the time of this inspection. Some of the residents had been to a recent awards ceremony and the residents showed the inspector pictures of this event, which was a black tie event and all of the residents had hired suits for it. There was also a collage of pictures in the hallway showing different events and activities the residents had engaged in.

Residents were supported to maintain connections with family and friends. As an example, one of the residents liked to phone their family members during the week and another resident was going home to visit family for the weekend.

Overall, the feedback from residents who spoke to the inspector were complimentary of the staff and said they would talk to them if they had concerns about anything. The staff supported the residents to talk about concerns or issues at residents' meetings and key working meetings. Residents were also kept up to date about things that were happening in the local community and there was a notice board in the kitchen with posters of some events that were to happen in the near future. Easy-to read information about, complaints, staying safe and advocacy services were also displayed in the centre. At residents meetings education was provided about human rights. One of the residents explained to the inspector that having a key to their own bedroom was very important, the resident also had a sign on the door to knock before entering and the resident said this was really important to respect their right to privacy.

Another resident refused certain medical treatments and interventions recommended by allied health professionals. The inspector reviewed records showing where the staff had provided the resident with information and education about the risks associated with refusing these interventions which acknowledged the residents right to refuse medical interventions. However, the registered provider also had a risk assessment in place outlining that this resident was at a medium to high risk of self neglect. This required further review and is discussed further under regulation 8 protection of this report.

The registered provider had also collated the views of the residents and their family representative following surveys conducted on the service provided, as part of their last annual review for the centre in March 2025. Overall, the feedback from this was positive however, the inspector observed in one survey conducted that a family member had raised some issues they would like addressed. While the person in charge assured the inspector that these issues had been resolved there was no records to confirm this on the day of the inspection.

The staff were observed being kind and patient to residents, residents could choose the meals they wanted and were observed being offered drinks and snacks over the course of the inspection. One resident liked to have scones and coffee Friday mornings with the staff and the person in charge prior to them visiting family for the weekend. The inspector also observed that when one resident became upset that the staff supported the resident in different ways to find out what was causing the resident to be upset. This resident primarily used non-verbal ways of communicating through facial expressions, gestures and some sounds. Some of the communication supports included pictures, objects of reference and some sign language. The signs being used with the resident were displayed in the kitchen to remind staff to practice the signs with the resident. However, the communication plan for this resident required more details to include how these interventions were to be consistently used with the resident everyday and the review of this support plan did not evaluate if the interventions were having a positive outcome for the resident.

Prior to this inspection, the registered provider had notified the Office of the Chief Inspector about some safeguarding concerns in the centre. Some of those safeguarding concerns, related to one resident's behaviours of concern, which was impacting on the other residents in the centre. It had been reported for example; that one resident had said they felt afraid sometimes when these behaviours of concern occurred. This information was followed up at this inspection. The inspector found that while the registered provider had conducted a review of these concerns, and that provisional plans were in place to support a resident to move to accommodation that would be more suitable to meet their needs, improvements were required to ensure safeguarding measures in place at the time of this inspection were reviewed, to ensure that they could be implemented at all times.

As an example; the inspector observed a situation where there was only one staff to support three residents. One of these residents required one to one staff support at all times, and at times this could increase to two staff depending on the residents' anxiety levels. On review of the safeguarding plans in place, the inspector found that a review of staffing levels had not been conducted in the centre to assess if the staffing levels were appropriate to ensure that these measures could be implemented safely at all times.

Given the observation made on the day of the inspection, this required review to ensure that all safeguarding plans could be implemented to safeguard all residents. Given the ongoing safeguarding concerns in the centre at the time of this inspection, the inspector found that some improvements were also required in residents' rights.

The next two section of the report present the findings of this inspection in relation

to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

There were clear management structures outlining who was accountable for areas of care and services provided in the centre. However, some actions from audits conducted in the centre were not implemented in a timely manner. Improvements were also required in staffing.

The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. However, at the time of this inspection, ongoing safeguarding concerns were still in the process of being address to a satisfactory level and the provider needed to review the measures in place to assure themselves that residents in the centre felt safe at all times.

The skill mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. However, the inspector was not assured from observing practices, that safeguarding measures could be implemented at all times when, one residents' anxieties increased.

Training had been provided to staff to ensure they had the necessary skills to support the residents.

Regulation 14: Persons in charge

The person in charge had been appointed to the position in June 2025. They had social care qualification and an additional qualification in management. They had a very good knowledge of the residents' needs in the centre as they had been working in the centre for a number of years. It was also evident that the residents knew the person in charge very well. The person in charge was transparent, responsive to the inspection process and had a good knowledge of their legal remit under the regulations.

The staff spoken to said that the person in charge was very supportive to them and kept them informed through regular meetings and supervision.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that for the most part this centre was adequately resourced to support the residents' needs. However, on review of some of the safeguarding measures in place and from observing some practices, the inspector was not assured that the supervision arrangements outlined in safeguarding plans and residents' support plans could be implemented at all times in the centre. This required review.

A planned and actual roster was maintained, showing the staff that worked each day in the centre. A review of a sample of rosters worked in March, May and September 2025 showed that the staffing arrangements outlined by the person in charge were in place. There were three staff on during the day from 8:00 to 20:00 and two staff were on waking nights from 20:00 to 8:00 when all of the residents were staying in the centre. This sometimes changed if residents were on home visits. The staff was arranged around the needs of the residents, as an example a male staff was required to be on duty at all times and this was in place. At the time of the inspection there were no staff vacancies in the centre. A review of a sample of rosters showed that regular relief staff were also employed, to cover planned or unplanned leave. This ensured consistency of care to the residents during these times.

Senior managers provided out of hours on call support to staff should they need guidance or assistance. Community nurses were also employed in the wider organisation to offer advice, additional training and guidance to staff about some of the residents' healthcare needs.

Staff personnel files were not reviewed at this inspection.

Overall, the staff skill mix was appropriate to meet the needs of the residents for the most part, however the staffing levels needed to be reviewed to assure a safe service for all of the residents living in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From reviewing the staff training records, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of training modules which included:

- fire safety
- safeguarding of vulnerable adults
- First Aid

- Feeding, Eating, Drinking and Swallowing difficulties (FEDS)
- medication management
- assisted decision making
- understanding autism
- moving and handling
- epilepsy awareness
- communication
- infection prevention and control (to include respiratory and cough etiquette, managing spills, hand hygiene and donning and doffing of personal protective equipment)
- human rights based approach to care.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. This included monthly staff meetings and arrangements in place for staff supervision meetings and staff appraisals.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had governance and management arrangements in place with clear lines of accountability. The person in charge was employed full time in the centre and senior managers were also on-call after hours to provide support to staff. Notwithstanding, some improvements were required in the follow up from audits and surveys conducted in the centre concerning the quality and safety of care. In addition as discussed under regulation 8 : Protection, regulation 9 : Residents Rights and regulation 15 : Staffing, the registered provider needed to review the current safeguarding measures in the centre to ensure all residents felt safe in the centre.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The last annual review completed in March 2025 included feedback from residents and their family representative where relevant. Overall the feedback from this was positive however, the inspector observed in one survey conducted, that a family member had raised some issues they would like addressed. While the person in charge assured the inspector that these issues had been resolved there was no records to confirm this on the day of the inspection.

Improvements were also required in terms of the timeliness of actions being completed following some audits. As an example; a number of actions had arisen from the last six monthly announced quality and safety review conducted in July 2025 some of which had not been addressed in a timely manner. For example; as discussed in section 1 of this report, a cover for a ramp leading out of the sunroom was only addressed on the second day of the inspection, even though the timeline

for completion on the audit was July 2025.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose available in the centre included information about the services to be provided. The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations. For example; this document had been reviewed in June 2025 to reflect changes in the management structures in the centre.

Judgment: Compliant

Quality and safety

Overall, the residents living in this centre told the inspector that they were happy with the services provided. Notwithstanding, residents were impacted by the behaviours of concern of one resident in the centre which at times made them feel unsafe. While the registered provider was addressing these concerns at the time of the inspection, and had future plans to address this, the current safeguarding measures in the centre needed to be reviewed until such time that these plans could be fully implemented.

Residents were supported with their health and emotional needs and had access to allied health professionals where required.

Residents were supported with their general welfare and development and to maintain links with family and friends.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre. However, some improvements were required in one risk assessment in place for a resident who did not always engage in fire drills.

Residents were assisted with their communication needs and had access to the Internet and phones, improvements were required to the communication plan for one resident and the review of these plans.

The premises were very clean, spacious and homely and the registered provider had a maintenance team in place to ensure that equipment stored was in good working

order.

Residents were provided with education about their rights. However, as discussed in this report, the impact of one residents behaviours of concern, was negatively impacting some of the other residents right to feel safe in their home at all times.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes and their specific communication supports were outlined in support plans. They had access to the Internet, mobile phones and some of them had a keen interest in video games and had gaming consoles.

However, improvements were required in one residents communication plans. This resident primarily used non-verbal ways of communicating through facial expressions, gestures and some sounds. Some of the communication supports included pictures, objects of reference and some sign language. The signs being used with the resident were displayed in the kitchen to remind staff to practice the signs with the resident.

However, the communication plan for this resident required more details to include how these interventions were to be consistently used with the resident everyday and the review of this support plan did not evaluate if the interventions were having a positive outcome for the resident.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to have meaningful lives. Three of the residents attended a day service Monday to Friday, the other two residents planned the activities they wanted to do themselves. Two residents who showed the inspector their bedrooms were friends and had been on holiday to Paris last year which they both had really enjoyed. Another resident had recently joined a gym and was also exploring employment options at the time of this inspection. Some of the residents had been to a recent awards ceremony and the residents showed the inspector pictures of this event, which was a black tie event and all of the residents had hired suits for it. There were was a collage of pictures in the hallway showing different events and activities the residents had engaged in.

Residents were supported to maintain connections with family and friends. As an example, one of the residents liked to phone their family members during the week and another resident was going home to visit family for the weekend.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be spacious, homely and clean on the day of this inspection. There were was a collage of pictures in the hallway showing different events and activities the residents had engaged in.

Each resident had their own bedroom which had been personalised in line with the residents' own preferences.

Communal facilities included a sitting room, an open plan kitchen, dining area, a sun room and a sitting room. To the back of the property there was a paved garden area with a trampoline that some residents liked to use.

The registered provider had maintenance personnel employed who conducted scheduled servicing of equipment in the centre. A sample of records viewed for example, showed that the boiler was serviced, and that electrical equipment was checked.

Judgment: Compliant

Regulation 18: Food and nutrition

Staff had been provided with training to support residents who required specialised diets. Interventions that related to food and nutrition were recorded in residents' personal plans and implemented by staff, Staff were observed regularly offering residents drinks and snacks over the course of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to report and respond to risks in the centre. This included a risk register for overall risks and individual risk assessments for each resident where required.

The risk register included eleven risks, one of which was rated as a medium to high risk. This related to the ongoing issues with behaviours of concern in the centre. The inspector found that the resident concerned was being provided with regular support from allied health professionals and an emergency meeting had recently

been held to review whether this resident might benefit from a bespoke individualised living environment that catered to the residents' needs.

Residents also had individual risk assessments in place. The inspector reviewed a sample of these and found that the control measures listed in these risk assessments were in place. However, as discussed under regulation 8 : protection, one resident had a risk assessment in place around self neglect which was rated as medium to high risk. While the inspector acknowledges that this resident was being provided with the supports and education outlined in this risk assessment to support the residents will and preference, this needed to be reported as a safeguarding concern to assure that further control measures were not warranted.

The registered provider also had systems in place to audit risk management processes in the centre. As an example in the audit conducted in July 2025 showed that three risk assessments needed to be reviewed and these had been completed.

A vehicle was provided in the centre and a review of records showed that the vehicle was insured and in good working order.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had fire safety systems in place to prevent or manage an outbreak of fire in the centre. However, one resident would not engage in fire drills in the centre, but had assured staff that in the event of a real fire they would leave the centre immediately. The resident in question had also taken part in a fire drill with staff on their own and had evacuated the centre in a timely manner. This had been risk assessed by the person in charge and the registered provider. However, the risk assessment indicated that if the resident refused to leave the centre in the event of a fire, that the bedroom door should be closed and the fire brigade should be informed of the resident's location when they arrived to the centre. This had not been reviewed by a competent person to ensure best practice. For example, the resident's bedroom was located upstairs and the only fire escape from this bedroom was a window. This required review.

There were fire safety precautions in place which included fire extinguishers, a fire blanket, a fire detection and alarm system, emergency lighting and fire doors. They were being serviced and checked regularly by competent fire personnel to ensure that they were maintained in good working order.

Fire drills had been completed to ensure the safe evacuation of the centre with the exception of one resident as mentioned earlier. The person in charge had discussed this with the resident at the time of the inspection and they agreed to participate in fire drills going forward when they happened.

Overall, the registered provider had fire safety measures to prevent or manage an

outbreak of fire in the centre, however one fire safety risk assessment for a resident required review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy on the safe administration of medicines in the centre. This document was not reviewed as part of this inspection. The person in charge went through the systems in place for the ordering, receipt, prescribing, storing (including refrigeration of medicines), disposal and administration of medicines and they were for the most part appropriate. However, some improvements were required in the records stored to reconcile medicines.

Medication reconciliation systems were in place to mitigate the risk of errors. Staff checked the amount of medicines stored in the centre on a weekly basis to ensure accuracy. However, on the day of the inspection the records viewed showed that there was a discrepancy with one medicine ordered for a resident, compared to the number of times it had been administered to the resident, and the amount recorded of the remaining stock in the centre. Given the number of records maintained in relation to stock checks on the day of the inspection, the person in charge could not explain this discrepancy. As a result the person in charge and the assistant director of services agreed to undertake a review of all records in conjunction with nursing staff to provide assurances around this. The outcome of this review was submitted to the Chief Inspector after the inspection, which showed that there were no discrepancies and the issue was down to poor record management.

All medicines errors, were recorded, reported and reviewed and learning from these was discussed at team meetings. Where required, actions were taken to prevent re occurrence. As an example, following some incidents staff were required to complete refresher training on medicine management.

Residents had been assessed to see if they could or wanted to self-administer their own medicines and were provided with easy-to-read information about the medicines they were prescribed.

Overall, medicine management practices in the centre were for the most part appropriate and in line with best practice, however improvements were required in the records stored to reconcile medicines in the centre to mitigate the risk of errors.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

The statement of purpose prepared by the provider indicated that residents had access to a range of allied health professionals as and when required some of which included:

- general practitioner (GP)
- dentist
- dietitian
- chiropody
- speech and language
- physiotherapy
- occupational therapy,
- psychiatry.

Residents also had an annual health check with their GP and healthcare plans were in place to guide and support staff practice. As an example; a resident who had epilepsy had a support plan in place to guide staff about the support they needed. The staff spoken to was aware of the supports the resident needed. This resident was also under the care of a neurologist and had routine bloods done where required.

Residents had the right to refuse medical treatment or medical advice from allied health professionals. As an example; one resident did not always take food supplements prescribed by a dietitian and the resident was under regular review with this allied health professional.

Community nurses were also employed who were available to the residents and staff for support and guidance around healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to achieve best possible mental health. They had access to, and support from a range of allied health professionals to include a behaviour support specialist and a psychiatrist.

Residents where required had a positive behaviour support plan in place outlining strategies and interventions that needed to be in place to support the resident. The inspector reviewed one behaviour support plan and found that this document was detailed and that a staff member spoken to was able to talk about how the resident liked to be supported and what techniques were effective to reduce their anxieties.

These interventions were regularly reviewed. Some of the interventions included the use of physical interventions and the administration of medicine. The inspector

review a number of incidents that had occurred in the centre in relation to one resident and found that the staff had followed the supports and interventions outlined in the positive behaviour support plans.

Staff had been provided with up-to-date knowledge and skills, to respond to behaviours of concern and to support residents to manage their anxieties.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Where incidents had been reported to the Chief Inspector, the provider had reported it to the relevant authorities and taken steps to safeguard residents. However, at the time of the inspection, there were ongoing safeguarding concerns in the centre, which the registered provider and person in charge were aware of. Actions were being taking to address these in the long term.

However, the safeguarding plans in place did not provide assurances about the safeguarding measures in the short term to assure the safety of residents and these plans had not been reviewed to assure this. For example; the staffing levels had not being reviewed in the centre to make sure that the safeguarding measures could be assured at all times in the centre.

The inspector also found that the registered provider had a risk assessment in place for one resident regarding self neglect. While the inspector found that the staff were providing ongoing education to the resident around this and were trying to balance the residents right to autonomy against the potential risk to the resident, this needed to be reported to as a safeguarding concern to assure transparency and review by personnel independent of the registered provider.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider, person in charge and staff demonstrated an awareness that the centre was the residents' home. However, there were ongoing safeguarding concerns in the centre, that some residents had complained about which was impacting on their right to feel safe in their own home. The inspector found that while the registered provider was addressing this at the time of the inspection, it had not reached a satisfactory outcome for the residents concerned at the time of this inspection.

Each resident could exercises choice and control in their daily life in accordance with their preferences and were involved in decisions about their lives. For example; one

resident liked to have routine and structure each day and the staff supported the resident with this preference to reduce their anxieties.

Easy-to read information about, complaints, staying safe and advocacy services were also displayed in the centre. One of the residents explained to the inspector that having a key to their own bedroom was very important, the resident also had a sign on the door to knock before entering and the resident said this was really important to respect their privacy.

Overall, while the inspector observed examples of how residents were supported to exercise their rights over the course of the inspection, the ongoing safeguarding issues in the centre was compromising some residents right to feel safe in their own home at all times.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tara House OSV-0007805

Inspection ID: MON-0047958

Date of inspection: 17/10/2025

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A review of the rosters has been completed by the Person in Charge and Assistant Director of Service. The outcome of this review has identified that to enhance supervision arrangements for residents during periods of distress staff shift patterns will be amended. This will ensure that staff are deployed appropriately to meet the assessed needs of residents. This arrangement will be kept under review during monthly governance. Should any incidents occur the effectiveness of the arrangement will be evaluated, should additional staffing resources be required a further support review will be completed.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge will ensure that all feedback received through resident and family surveys are formally recorded, with clear documentation of the actions taken and the outcomes achieved. Evidence of follow-up actions will be maintained on file and reviewed as part of ongoing quality monitoring processes. This will be monitored during monthly governance meetings, to ensure a clear record of actions taken are recorded.</p> <p>The completion of audit actions will be monitored via monthly Governance meetings. Any open actions will be monitored organisationally via our management information services to ensure completion/</p> <p>The Assistant Director of Service and Person in Charge has completed a review of staffing allocations and supervision arrangements to ensure that the supports identified in residents’ safeguarding and support plans are effective and can be consistently maintained.</p>	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>A referral to the Talbot Group Speech & Language Therapy Department has been completed. The purpose of this referral is to ensure that the communication plan in question receives a comprehensive review. Once this review has been completed training in the implementation of the communication plan will be delivered to the staff team. Implementation of the communication plan will be monitored for effectiveness on a weekly basis by the Person In Charge. Should further incremental changes be required the Person In Charge will liaise with the Speech & Language Therapy Department. Communication and communication effectiveness will be discussed at the resident's multidisciplinary Assessment of Need in line with their individual requirements.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge and Assistant Director of Services has reviewed and updated the fire risk assessment for the resident in question. Reference to the resident remaining in their bedroom during a fire has been removed.</p> <p>Fire safety measures and fire evacuation has been discussed with the resident, who understands their responsibility in relation to fire evacuation. The resident is also aware of the risks associated with not evacuating. A subsequent successful fire drill has been completed with the resident.</p> <p>The Person in Charge has ensured that all staff are advised on the updated fire risk assessment and the changes to evacuation procedures. Records of this communication and briefing will be maintained in the centre.</p> <p>The Person in Charge will continue to support and encourage the resident's participation in appropriate fire drills in line with their will and preference. The outcomes of these drills will be reviewed and recorded.</p> <p>The Person in Charge will ensure that all fire safety risk assessments are reviewed annually, or sooner if there are any changes in residents' needs, to ensure ongoing compliance with fire safety regulations and best practice. In the event of any issues arising these will be identified and addressed through the formal governance mechanism with a timely review of fire evacuation arrangements.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Assistant Director and Person in Charge have reviewed and strengthened the Centre's current medication reconciliation and stock-checking procedures to ensure that</p>	

all medicines are accurately recorded, reconciled, and accounted for at all times. The Person in Charge, in consultation with nursing staff and the Assistant Director of Services, has implemented a clear and consistent recording system for medication stock checks, including guidance on the completion of records and actions to take in the event of any discrepancies.

A review of the current system and the documentation requirements in relation to medications administration is being undertaken with a view to reduce and streamline the number of records to be maintained, and to ensure increased transparency of remaining stock checks within the records. This improvement will mitigate against the risk of medication errors.

The medication audits have been reviewed and refreshed. The content of the audits is designed to enhance oversight and focus on the key medication safety elements. Learning from this inspection and audit review has been shared at staff team meetings to reinforce the importance of accurate documentation in medicine management.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The Person in Charge has ensured that all safeguarding concerns, including those relating to self-neglect, are appropriately reported to the relevant statutory authorities in line with national safeguarding policy. This safeguarding concern is now closed to the National Safeguarding Office.

The Person in Charge will ensure that safeguarding plans are reviewed regularly and updated following any changes in residents’ needs, risk levels, or staffing arrangements. All reviews and updates will be documented and communicated to relevant staff members. The Person in Charge and the Assistant Director will continually monitor all safeguarding plans and monitor these control measures to ensure residents feel safe and supported. The Assistant Director of Service will escalate any concerns regarding protection matters, should the safeguarding measures put in place not be effective.

The Assistant Director of Services and Person in Charge has completed a review of staffing allocations and supervision arrangements to ensure that the supports identified in residents’ safeguarding and support plans can be consistently maintained. This review considered residents’ assessed needs and the statement of purpose. Following this review, the Person in Charge in consultation with the Registered Provider, will adjust the roster where required to ensure adequate supervision levels for all residents in the centre.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The Registered Provider, in consultation with the Person in Charge, will ensure that all residents are supported to fully exercise their civil, political, and legal rights in accordance with their individual wishes, age, and the nature of their disability.

The Person in Charge will review and address all safeguarding concerns identified during the inspection to ensure that residents feel safe and secure in their home at all times. The Person in Charge will ensure that residents are actively consulted and involved in decisions affecting their lives and that their preferences and choices are respected in all aspects of daily living. Residents will continue to have access to advocacy services, and information on rights, complaints, and safeguarding will be made available in accessible formats to support informed decision-making.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/01/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	08/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	24/11/2025

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/11/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/01/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	25/10/2025
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	31/12/2025

	of his or her disability can exercise his or her civil, political and legal rights.			
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