



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

## Issued by the Chief Inspector

Name of designated centre:	The Oaks
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 October 2025
Centre ID:	OSV-0007934
Fieldwork ID:	MON-0048567

## About the designated centre

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

The Oaks provides a residential service for up to three male or female adults with an intellectual disability, autistic spectrum diagnosis or acquired brain injury, who may also have mental health difficulties or responsive behaviours. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by a model of person-centred support. The designated centre consists of a two-storey house in a residential area of north County Dublin with three bedrooms, a living room, dining room, kitchen and rear garden. The centre is staffed by house coordinators delivering social support, with access to clinical service when required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Tuesday 7 October 2025	10:00hrs to 17:30hrs	Brendan Kelly	Lead

## What residents told us and what inspectors observed

This was an unannounced risk based inspection of The Oaks. The inspection was completed to assess the providers ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities Regulations 2013. On the day of inspection, the inspector had the opportunity to meet with all three residents who live in the centre, one staff member, the person in charge and person participating in management (PPIM) for the centre. The inspector used observations of the interactions in the centre along with a review of key documents and communication with the residents and staff to form judgements. Overall, the inspector found high levels of compliance with the regulations.

The Oaks is a designated centre that consists of a two storey building registered for a maximum of three adults with an intellectual disability. On the day of inspection the centre was fully occupied. The centre is located in a housing estate in North County Dublin and is close to many local services, amenities and public transport links which are frequently used by the residents. The centre comprises a spacious living room and kitchen, both were warm, homely and well decorated. On the day of inspection maintenance staff from the registered provider were on-site painting kitchen cabinet doors. Each resident had access to their own bedroom on the first floor, the inspector was able to view two of the residents' bedrooms, one resident preferred the inspector not to go into their room, however, when asked if they were happy with their room, the resident replied that "it is very nice". The bedrooms that the inspector did observe were comfortable and decorated to the residents liking with photos of family and friends evident. In the garden of the centre, a purpose built shed is used as an office space that contains resident files.

In conversation with all three residents the inspector was told that the residents were in the main, happy in the designated centre. One resident indicated that if the opportunity arose they would like to explore a move closer to family, the provider was aware of this and the inspector reviewed communications that indicated the resident's request was discussed at the providers admissions team meetings. It was agreed that if a suitable move was to present, this would be explored with resident. The inspector was able to observe this resident engaging with staff and peers in a positive manner throughout the inspection.

On arriving at the centre the inspector was greeted by the staff member on shift for the day along with one resident who was getting ready to leave for a medical appointment. The inspector had a conversation with the resident before they left for their appointment. The resident spoke proudly to the inspector about recently completing a two year course recently completed, the resident is currently waiting on final exam results before deciding on the next step of their employment journey. The resident also spoke about being an active member of Inclusion Ireland and Remember Us, both organisations in their local community. The resident spoke positively about family contact and how they are currently helping out in their family

home as much as possible. In talking about living in the centre, the resident indicated that they are very happy, when asked if there was anything they would change the resident said "everything is perfect". The resident showed the inspector photos of a recent family holiday abroad to celebrate the resident finishing college.

Later in the day the two remaining residents returned home and, the inspector had the opportunity to then speak with both. One resident who was the most recent admission to the centre indicated that they were very happy with their transition to the centre. The inspector enquired into family contact since the transition and the resident responded that it "was just right". The resident also spoke about enjoying the freedom to go to day service on their own and being able to walk into the town as they wish.

All residents who met with the inspector were clear in their knowledge of who they would turn to in the event of any concerns they had, residents spoke openly about examples of where they would turn to staff and expressed that they would be comfortable in doing so. It was clear to the inspector that the provider was committed to providing care in a rights based, person centred manner. The inspector observed positive interactions between staff, both front line and members of the management team and residents.

The next two sections of the report will outline in greater detail specific findings against the regulations inspected. Also, how the area of governance and management impacted on the quality and safety of the service within the centre.

## Capacity and capability

This inspection was completed to assess the compliance with the regulations within the centre. The inspector found that the provider is meeting the requirements of the regulations and further enhancing quality and safety of care by striving to meet the standards. Due to the systems in place in the centre, residents were happy, key decision makers in their homes, active members of their communities and were in regular, meaningful contact with loved ones as and when they wished.

On review of key governance documents it was clear to the inspector that the provider has effective auditing systems in place that continued to drive quality assurance. The inspector reviewed six monthly unannounced reports and the annual review compiled by the provider. All were of a high standard and linked to a clear action plan. The providers annual review also allowed for consultation with residents and their 'circles of support'. The inspector saw evidence of regular meetings involving the person in charge, person participating in management (PPIM) and also meetings chaired by the PPIM for all persons in charge in their remit which created an environment for shared learning across centres.

The person in charge was also responsible for two other centres, however the inspector was assured that this was within the person in charges capabilities. Staff

working in the centre received regular meaningful supervision. The contents of supervision sessions was not only job specific but also discussed career development and where the provider may assist with professional development. Staff were provided with appropriate specific training for the centre.

### Regulation 14: Persons in charge

The person in charge of the centre had changed since the last date of inspection. Prior to the inspection, the inspector reviewed all documentation submitted by the provider and found that all the requirements of the regulation had been met. On the day of inspection, the inspector found the person in charge to be competent, professional and knowledgeable in the needs of the residents and staff. The person in charge was responsible for multiple locations and the inspector was assured that the person in charge had implemented effective systems to effectively manage their workload. The person in charge was aware of their legal remit and was found to be responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

The centre had planned and actual rosters available. The inspector reviewed the rosters for September 2025 and found one vacant line that was covered by regular relief staff, no agency staff were used in the centre. At all times during the day of inspection the inspector observed staff including the management team to interact with resident in a kind, person centred and friendly manner. All residents were observed to be comfortable in the presence of staff in the centre on day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the centres training log, it was identified in the log and in the providers own audits that behaviour support training was required for some staff. Assurances were seen by the inspector on the day of inspection that all staff outstanding will have completed the required training by mid-October 2025.

Staff had completed all other training in line with the providers requirements. The

inspector reviewed the supervision schedule for 2025 and also reviewed two staff supervision records. Staff had supervision sessions planned in line with the providers own policy and the content of the sessions was found to be meaningful which was confirmed by the inspector in conversation with one staff member on the day of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a management structure with identified lines of authority and accountability in place.

The provider had in place a comprehensive suite of audits and meetings to ensure they continued to provide a safe, effective and quality service. These were completed at centre level by the person in charge. The provider had also completed their audits including six monthly audits, the inspector reviewed the previous two audits. Both were unannounced and within six months of each other as required by the regulation. These audits identified areas of improvement that were either complete or in progress on the day of inspection, for example the need for behaviour support training for some staff. The provider had completed their own annual review for 2024 which was available on the day of inspection.

Regular meetings took place in the centre, the inspector reviewed team meeting minutes and management team meetings. In reviewing the management team meeting minutes, the inspector found evidence of a culture of shared learning between persons in charge and PPIM's with learning shared from the authorities inspections and also the providers own inspection processes.

The centre was adequately resourced to meet the assessed needs of the residents. Where one resident had identified a long term goal of moving closer to home, the inspector found evidence that this wish has been taken seriously with the resident on the agenda of the providers admissions committee.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose is an important governance document that outlines the service to be provided in the centre. It was reviewed on the day of inspection and found to meet the requirements outlined in Schedule 1 of the regulation.

Judgment: Compliant

## Quality and safety

This section of the report reviews the quality and safety of the service provided to the residents. To ensure a safe and quality service was in place the provider had comprehensive assessments of residents needs reviewed at least annually. These were found to inform care plans and risk assessments that guided staff in their practice when meeting the assessed needs of the residents. Residents had access to all required health and social care professionals, on the day of inspection, residents were availing of the annual flu vaccination. One resident decided that they did not wish to have the vaccination, this wish was respected by the staff on duty and alternative arrangements were discussed with the resident later in the day.

The inspector observed via a walk around of the premises with one resident, that they had input into the decor and were at ease in their home. The resident's bedroom was decorated to the residents choosing and contained evidence of resident hobbies and photos of family and friends. All residents had access to smart technology including mobile phones, television and Internet access.

The person in charge had systems in place to manage risk including an organisational policy, risk register and a suite of risk assessments for both the residents and the overall centre. Assessments were regularly reviewed and staff were aware of key areas of risk in the centre.

Safeguarding procedures in the centre were reviewed by the inspector. There were no active safeguarding plans in place on the day of inspection, however, plans that had been in place were adequately managed and closed off in line with the providers policy and national safeguarding procedure. Both staff and residents spoken with on the day of inspection were aware of key staff roles in line with safeguarding and spoke confidently regarding safeguarding procedures.

## Regulation 17: Premises

This centre comprises one two-story house located in a residential area in North Dublin. The inspector conducted a walk around of the premises and observed that the centre was laid out to meet the assessed needs of the residents. On the day of inspection the providers own maintenance team were on site to complete paint works. The centre had suitable communal and private space for the number of residents and the centre was warm and homely. The inspector spoke with all residents in the centre and each indicated that they were happy with their own rooms, one resident had completed a goal in early 2025 to redecorate their room

and they spoke positively to the inspector about this.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide for the centre was reviewed on the day of inspection. This was found to be current and contained for example information regarding the current person in charge.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the organisations risk management policy, risk register. sample of risk assessments for each resident and spoke with staff on duty regarding risk. The inspector was assured that the centre's management of risk is in line with organisational policy and has identified key areas of risk such as aggression, accusations, falls and community access. This was important as residents were observed to be in the main independent in terms of community access. Staff who met with the inspector were aware of the key areas of risk in the centre and spoke positively about their understanding of control measures in place.

Risk assessments reviewed for individual residents were found to have control measures in place to allow staff to mitigate identified risk from escalating.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that there was a range of appropriate fire safety arrangements in place that ensured all fire equipment and premises services necessary to protect residents was in place.

The inspector reviewed the centre fire folder, observed fire doors and fire detection and extinguishing equipment. The inspector found that simulated fire drills were taking place in line with the providers policy and the person in charge ensured that reviews of drills taking place to identify actions that may be required. All staff were trained in fire safety and each resident had an up-to-date personal emergency evacuation plan in place. The provider had fire doors in place and all detection and

fire fighting equipment was serviced in line with regulations

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider and person in charge had ensured that oversight and monitoring of residents' needs were carried out on a regular basis. The person in charge ensured that assessments of resident' needs were completed and up-to-date.

Two resident care plans were reviewed on inspection. Both care plans were found to contain comprehensive health assessments that identified diagnosed medical conditions such as blood pressure and cholesterol issues. Diagnosed medical conditions were then followed by care plans that guided staff practice in best meeting resident health care needs. Residents also had evidence of meaningful social goals in place. Regular key working sessions were evident where goals were identified and progressed. Residents had goals in place regarding redecorating, keeping fit, joining various social clubs in the community and registering for computer courses.

Personal intimate care plans were in place for residents, intimate care plans were respectful of resident wishes and clearly outlined resident choices and preferences in regard to personal care.

Communication and behaviour supports were also in place in the care plans reviewed. One resident who requires supports with their mental health has chosen not to engage in updating communication supports this choice has been clearly documented by the provider and is reviewed with the resident.

Judgment: Compliant

### Regulation 8: Protection

The provider ensured that residents were protected in their home and in the community. The provider had a current safeguarding policy in place that was available to guide staff practice and the staff team had completed the providers safeguarding training.

Each resident was supported to develop knowledge and skills needed for protection and self-care. The centre had no active safeguarding plans in place on the day of inspection. Residents who met with the inspector were all aware of key personnel in the centre in regard to safeguarding. A review of team meeting minutes showed that safeguarding was a standing item on the meeting agenda.

Staff who met with the inspector were also aware of key personnel, their reporting obligations in the event a safeguarding concern arose and were able to discuss various examples of safeguarding concerns that they would escalate.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents held weekly house meetings where key decisions regarding their home were discussed. One such meeting evidenced that residents would like a bigger house vehicle for group outings, the inspector saw evidence that this was raised at a management meeting for escalation. Meal planning and activity planning for the week ahead were also discussed with residents for their input.

Residents who met with the inspector also spoke highly regarding how staff support their rights. Residents outlined that their will and preference is respected and acknowledged, residents spoke about accessing the community as they wished and were supported to use public transport to increase independence. Residents were also supported by staff in terms of education and employment, one resident is employed in the community and one resident has recently completed a two year college course.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant