



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

Issued by the Chief Inspector

Name of designated centre:	The Wren's Nest
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0007980
Fieldwork ID:	MON-0043266

About the designated centre

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

This is a service providing care and support to six children with disabilities located in county Meath. The service comprises of one large detached, two story house on its own grounds in a rural setting, but in close proximity to a large town. Two modes of transport are provided so as the children can avail of drives and social outings. Each child have their own large bedroom (one ensuite with a walk in wardrobe) and communal facilities include a large fully furnished sitting room, a fully equipped kitchen and large dining room with a TV area, a number of communal bathrooms, a utility facility and a staff office. There are gardens to the front and rear of the property, with adequate private parking to the front of the premises. A fully equipped playing area is provided for the children to the rear of the property to include swings, a trampoline, football nets and a basketball net. The service is staffed with a full-time person in charge, two senior social care professionals, a team of social care workers and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 29 January 2026	07:00hrs to 20:00hrs	Conor Brady	Lead
Friday 30 January 2026	09:00hrs to 11:30hrs	Conor Brady	Lead
Thursday 29 January 2026	07:00hrs to 20:00hrs	Sarah Mockler	Support
Friday 30 January 2026	09:00hrs to 11:30hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

There were six children/young people living in the centre at the time of the inspection. They ranged in age from 10 to 17. The inspectors spoke with and observed care and support to five of the six children/young people who lived in the centre. One young person was not present due to visiting their family.

Inspectors also had the opportunity to speak with parents, foster parents, social workers and a Gaurdian Ad Litem (GAL) as part of this inspection. All families and professionals spoken with were very complimentary about the standard and quality of care delivered in this centre.

The centre is a large two-storey house set on the rural outskirts of a large town. Upon entering the centre it was observed to be clean, bright, spacious and full of natural light. The interior was a modern homely design and the centre was very bright, clean and well maintained. The décor of the centre was filled with a feeling of warmth and homeliness, with pictures, colours, plants and photographs, which provided a cosy and homely atmosphere.

The centre had communal sitting rooms/spaces with televisions, and board games that created additional space and areas for young people to meet with staff, family and friends or to gather together. Additionally, a large communal kitchen was spacious with a lot of natural light shining in. The centre was also equipped with a large outdoor space that was decorated with plants and a seating area, which was enjoyed by the children/young people. A large swing set and outside play area was located to the rear of the property and children/young people were observed using the playground area from early morning. One young person really enjoyed the swing set and was observed swinging for an hour while listening to music with staff before going out for the day. This young person presented as really comfortable and content in his home.

One young person had their own apartment to the rear of the house and this premises was found to be very clean, well decorated and in line with the young person's needs, wishes and preferences. Inspectors spoke with this young person's mother who described being very happy with the service and highlighted that they 'looked after her son very well'. She explained she could visit whenever she liked and knew the staff and person in charge who she said was very accessible and friendly.

It was clear from the inspector's observations and speaking with staff and managers that they had considered the positive impact on all children and young person's living environments could have on them and worked hard to enhance the centre in this regard. Each of the children/young people had their own bedrooms that were individually decorated in age appropriate colours and designs. Rooms had soft furnishings, posters, photographs, certificates of achievement and toys.

Children/young people were observed coming and going from the centre to and from school and also observed heading out on activities like music therapy, shopping or going out for dinner. Another young person was observed continually joking with staff and went to get her nails painted and showed the inspectors on her return.

Four of the six children/young people were in the care of Tusla (Child & Family Agency). As such, the centre had recently been inspected by the Tusla Practice Assurance and Service Monitoring team, in relation to these children in care and a number of actions were recommended following this inspection. These actions were all either completed or in the process of completion.

The inspectors contacted the children/young people's allocated social workers and a Guardian Ad Litem. All professionals spoken with reported that the centre was delivering a very good quality of care and support and stated that communication with the centre staff and management was 'excellent'. One young person (17) was transitioning to adult services and these plans were in place and underway from the centres perspective. Another young person told inspectors that she really liked living in the centre and felt safe there.

The centre had a planned electricity/power outage at the time of inspection so staff made sure children/young people had opportunities to eat out and that measures were in place to support everyone in the centre so as they were not adversely impacted.

Overall a very good standard of care and support to children and young people with disabilities was observed on this inspection.

Capacity and capability

The inspectors found that the provider had strong governance arrangements in place that were effective at monitoring the quality and safety of the service being delivered to children and young people.

Staffing numbers and skill-mix were in line with the needs of children and young people. Staff had received training in Children First: National Guidance on the Protection and Welfare of Children (2017) and were found to be knowledgeable on matters pertaining to the protection and welfare of children and young people.

A child safeguarding policy and child safeguarding statement was in place in the centre. Management and staff understood this and that the needs, protection and welfare of children was the paramount consideration.

When required, the provider submitted documentation to the Chief Inspector of Social Services, in line with the requirements of the regulations.

There was an effective complaints procedure in place that was clearly signposted which children, young people and families/representatives were aware of.

The provider maintained good oversight of the service through routine audits, spot checks, assurance reports and visits that were completed by local management and staff in the centre and by inspections of the service by provider representatives. Actions from audits were recorded on the centre's electronic quality improvement planning documentation. Senior management ensured that all actions were addressed in a timely manner.

Children, young people and family members could provide feedback and input on the quality of the service through an effective communication, feedback and complaints process. The staff in the centre were consistently recruited, vetted and employed and were very familiar with the needs of children and young people. Staff had access to a programme of mandatory training. If required, the provider ensured that bespoke training in areas that were specific to the needs of children and young people was provided.

Incidents were appropriately identified and managed in the centre. Staff and managers were skilled on how to recognise and respond to the possibility of abuse and they were knowledgeable about the increased risks and vulnerabilities relevant to children, young people and children in care with disabilities.

Staff practice recognised that the timely identification and management of incidents and risks are crucial in ensuring that children and young people were appropriately safeguarded at all times. There were strong and effective systems in place for the external oversight, review and response to incidents.

There were clearly defined leadership and management structures in place in this centre that set out lines of authority and accountability. Inspectors had the opportunity to meet and speak with all senior staff and management over the course of this inspection.

Managers promoted an open culture whereby high quality care and the safeguarding of children and young people is embedded into the services provided.

Children and young people were observed to be supported by managers and a staff team who understood their needs, looked after them very well and met their individually assessed care and support needs.

Overall this was found to be a well run and managed centre.

Regulation 14: Persons in charge

The staff team was led by an appropriately qualified and experienced person in charge. The person in charge was seen interacting with children/young people

throughout the inspection and had a very good rapport and relationship with them based on inspectors observations.

The inspectors saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities.

The inspectors found that the person in charge was present within the centre, children and young people stated that they felt supported by the person in charge and that they could go to them about any concerns that they may have.

Staff spoken with discussed that the person in charge was always present and very supportive to them in their roles and that the person in charge would escalate concerns to senior management if needed. Other members of the management team arrived at inspection to support the person in charge which demonstrated a good supportive management team.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements for this centre ensured that an high number and appropriate skill-mix of staff were at all times on duty. Inspectors observed a high number of staff on duty over the course of the inspection days and found residents were very well cared for, supported and supervised.

Staffing support was available to residents who were assessed as requiring two-to-one staff support, this was consistently provided. There was also a well-maintained staff roster in place, which clearly outlined each staff members full name, and their start and finish times worked.

A new staff member was observed being inducted as part of this inspection and this was completed thoroughly and professionally.

Staff files (17) were reviewed on this inspection and found to show that all staff members reviewed had the required qualifications, training, Garda Vetting and appropriate reference checks to work with vulnerable children and young people.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training to ensure that they had the knowledge to support the children and young peoples needs in the centre and provide safe and high quality care.

Staff training records were stored on an electronic data base. Certificates of these training records were either stored in the centre or in the human resource department. The inspector reviewed the training records and a sample of certificates for staff that were available in the centre.

All of the full time staff had completed training as outlined in the Statement of Purpose for the centre and some staff had dates to complete refresher training.

The training provided included: Antimicrobial Resistance & Infection Control (AMRIC) training some of which included, Basics of Infection & Prevention Control, Hand Hygiene, Personal Protective Equipment, Respiratory Hygiene and Cough Etiquette and Standard and Transmission-Based Precautions, Safeguarding of Vulnerable Persons, Fire Safety, Food Safety, FEDS Training, Health and Safety, Moving and Handling, Professional Management of Complex Behaviours (PMCB), Communicating effectively through Open Disclosure.

In addition to the above training, staff also had completed additional training appropriate to the needs of the residents. Some of this training included: Assisted Decision Making, Human Rights, Medication Management, Positive Behaviour Support & Autism Support, People & Personal Skills, Speech & Language Therapy, Child Safety/Support & Children First Training.

Overall, the inspector found that staff had been provided with training to meet the needs of the children and young people they were supporting. The interactions observed on the days of the inspection showed that staff were providing care to the children and young people in a child-centred manner.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice.

A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development. Staff spoken with discussed that they felt supported by the person in charge and felt that they could voice concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents. The inspectors saw that the directory contained the information specified in paragraph (3) of Schedule 3 of the regulations. For example, information relating to the admission and discharge of

each child was maintained as required. The inspector reviewed the most recent admissions and discharges from the centre were recorded in the directory of residents as required.

Judgment: Compliant

Regulation 21: Records

All organisational, centre specific and children/young peoples records reviewed as part of this inspection were found to be in place, as required.

For example;

- All staffing, personnel files, vetting and training records.
- Children/Young People's Assessments of Need.
- the name, address and telephone number of any officer whose duty it is to supervise the welfare of the child/young person (children in care)
- Children/Young Peoples Health Care Information - ongoing medical assessment, treatment and medical care records.
- An up to date Directory of all children/young people in the centre (and those who have been admitted/discharged) and all of their most pertinent information as set out in Schedule 3 of the Regulations.
- All referrals follow up appointments in respect of each child/young person.
- All incidents risk/safeguarding matters pertaining to each child/young person.
- A record of all monies and valuables kept for safekeeping for each child/young person.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined and robust management structure in place led by a person in charge, who reported to the regional/area manager, who in turn reported to a Director of services.

There were team leaders and senior staff also employed to support the person in charge, with some managerial responsibilities. The person in charge and the

registered provider had systems in place to ensure that the services provided were reviewed and audited on a regular basis and as required by the regulations.

The provider conducted comprehensive audits of the services to ensure that they met the requirements of the regulations. For example, Provider Led Audits were completed on 6/1/25, 23/9/25 and 26/1/26. Areas such a child health and well-being, child safeguarding, children's rights, effective care and support services, medicines management and effective staff recruitment, development and training were all audited. Following this action plans were developed to address and issues and drive improvements. The registered provider had also conducted unannounced quality and safety reviews in this centre.

Regular staff meetings were also happening to discuss the children and young peoples care and support.

Overall, the management structures in the centre were assuring that the care and support provided was being reviewed and that any improvements required were addressed in a timely manner.

Families and all professionals spoken with (Social Workers & GAL) complimented the centres management structure and in particular the person in charge.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions of children and young people to the centre were found to be assessment led and based on clear criteria as set out in the centres statement of purpose and function and the centres admission policy and procedure. Admissions to this centre considered child/young person compatibility, safe staffing levels, centre space and the providers/centres overall ability to meet children's/young peoples assessed needs

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors reviewed the statement of purpose that was in place in the centre. This document was dated the 08 January 2026 and there was an easy read version also developed. On review of the information included in this document, it was noted that the majority of th the information required under Schedule 1 was in place. This included an outline of the type of service provision provided and the profile of children that could avail of the service.

However, the statement of purpose did not outline the arrangements for visits and or contact between the child and their nominated social worker. This requirement is directly stipulated in Schedule 1 of the relevant regulation. Considering there were a number of children on care orders with nominated social workers, this aspect of service provision needed to be accurately reflected in the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's adverse incident recording log. It was found that incidents were notified to the Chief Inspector in the manner as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints policy. The complaints policy and procedure were made available to children, young people and families in an easy to read format. Staff spoken with were familiar with how to make a complaint in the centre. A complaints log was maintained in the centre. Children and young people were supported to voice their concerns. Complaints made in the designated centre had been escalated, reported, recorded and resolved and the satisfaction of the children, young people and families were recorded at the time.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 Policies and Procedures required by regulations were found to be available, in date, reviewed and guiding centre practice. Staff were aware of policies and procedures and had signed that they both read and understood them. In observing a new staff member being inducted, inspectors could see the person in charge ensuring the new staff member was given the time and space to read all of the required policies and procedures.

Judgment: Compliant

Quality and safety

Overall the quality and safety of care being delivered to children and young people in this centre was observed to be very good.

The inspectors found evidence through speaking with children, young people, their families, other professionals, staff and management, reviewing documentary evidence and observing routines that the children/young people were safe and well supported in this centre.

Children were observed going to and coming from school, enjoying playing in the garden on swings, a climbing wall, doing water play, playing with toys, watching television, listening to music, on their phones, going to collect a pizza, going to music therapy, going to the beauticians,

Staff demonstrated good knowledge on children/young peoples assessed needs, risk management and good safeguarding procedures and practices in this centre.

The premises was homely, spacious, comfortable and allowed children/young people to pursue their own recreation and routines.

Where children had assessed needs related to positive behaviour support, self injurious behaviour, food and nutrition, ethnic considerations, medication and healthcare needs, staff demonstrated overall very good knowledge and could refer to written guidance and instruction where necessary.

Regulation 10: Communication

Children/young peoples personal plans contained information on how they communicated. These plans also contained information on how children/young people liked to be communicated with. Some children/young people observed communicated non verbally using sounds, movements, vocalisations or gestures. Other children were observed communicating verbally and very articulately with staff. Children/young people had access and were using smart devices on the days of the inspection such as tablet devices, speakers and televisions. Staff working knew how the children/young people communicated and gave them time to let them communicate and comprehend what was being said. This was done in a clear and respectful manner. Easy to read documentation was available to children regarding their information in their personal plans in poster format on their bedroom walls.

Judgment: Compliant

Regulation 11: Visits

Children/young people were actively supported and encouraged to maintain connections with their families/foster families (where appropriate).

Families had space to meet children/young people in the centre and some families stated they could do this and had no problems with visiting the house and it was always 'very clean'.

Children/young people received visits from family members in the centre frequently and they were also supported to visit and stay with family members at home (where appropriate). There were clear protocols in place for staff whereby family access arrangements were supervised and this was reflected in children/young peoples care planning documentation. A Guardian Ad Litem (GAL) spoken with told the inspectors that the centre was always very warm, welcoming and clean when they visited.

Judgment: Compliant

Regulation 12: Personal possessions

Children/young people were well supported to have their own bedrooms and personal possessions. Inspectors observed very individually decorated rooms with posters, colours, photo's and pictures of the children/young persons choosing. For example, a young teenage girl showed off her pink room and walk in wardrobe to inspectors. Another resident had an indoor trampoline in his bedroom while another had a lot of toys and posters of his choosing.

Children/young peoples clothing was observed to be clean, stylish and age appropriate. Children/young people's finances and monies were found to be well protected by the providers financial safeguarding processes and procedures. Children/young people had appropriate access to money and their possessions in line with their ages, abilities and assessed needs.

Judgment: Compliant

Regulation 13: General welfare and development

Children/young people in this designated centre were supported to access a range of educational, recreational and social activities in line with their needs and preferences.

Some of these activities were facilitated in the designated centre while others took place in the community. Children/young people were found to be supported to access the community for walks in park, visiting amusement parks, GAA inclusion evenings, visiting coffee shops, Trim Castle, Bective Abbey, swimming, music therapy, horse riding and local youth or community groups.

Children/young people were supported to attend their educational placements/schools by support staff and transport escorts.

Children also had access to playgrounds and sensory facilities located closely to the centre.

Staff were seen to support children/young people to engage in preferred activities such as reading, on phones/tablets, singing or watching TV.

The inspectors saw that staff consulted with children/young people and supported them to choose their preferred activity.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of children/young people. The service comprises of one large detached, two story house on its own grounds in a rural setting, but in close proximity to a large town. Two modes of transport are provided so as the children can avail of drives and social outings. Each child have their own large bedroom (one ensuite with a walk in wardrobe) and communal facilities include a large fully furnished sitting room, a fully equipped kitchen and large dining room with a TV area, a number of communal bathrooms, a utility facility and a staff office. There are gardens to the front and rear of the property, with adequate private parking to the front of the premises. A fully equipped playing area is provided for the children to the rear of the property to include swings, a trampoline, football nets and a basketball net.

The centre was found by inspectors to be very well maintained, warm, homely and in a very good state of repair. The centre was clean and suitably decorated and promoting an environment that was supporting the needs of all children/young people present.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors reviewed the systems in place to ensure that the children had access to food and drink which was consistent with their dietary preferences and were nutritious in values.

On the day of inspection there was a planned power cut to the centre. Therefore it had been planned to allow the stock of refrigerated food to remain low and a large food shop had been planned for the next day. Inspectors observed safe food practices in place once the power was restored with relevant items of food discarded in line with best practice.

Due to the power cut the majority of the children had planned to eat out in the evening time. One resident who returned after an activity had a meal prepared and they were seen to eat this at the kitchen table.

There were menu plans on display in the centre. The children had regular meetings with the staff team to help with meal planning and some of the children were also involved in the food shop.

No children were on any type of modified diet. The children were seen to ask for food, they were given choices and had ample snacks available to them.

The inspectors reviewed the audits in place around food and nutrition. Although the audits were happening on a frequent basis and overall demonstrated that a number of good practices were in place. The audits failed to review the types of foods being offered at meal times. On review of audits over a two month period the majority of the food eaten by a number of children were highly processed type foods. The inspectors acknowledge that this is in part is due to residents' assessed needs and preferences and that the staff had started to substitute some foods for more healthier options. This required further review to ensure a consistent and healthy approach to food and nutrition was adopted in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management systems were in place for the identification and assessment of risks. Clear and coherent risk management policies and procedures were evident in this centre which were found to appropriately identify, assess, manage and review prevalent risks and the person in charge also that ensured effective control measures were put in place.

At the time of the inspection, managers maintained a risk register and inspectors found that relevant safeguarding risks such as potential risk of peer to peer incidents and health and safety related risks had been identified, and reviewed on a regular basis, with adequate controls in place. The inspectors found that children/young people were cared for by a staff team who understood their care, support and safeguarding needs. Risks associated with children/young people were

well managed. For example, there were risk assessments reviewed for the risks of children/adults; self injurious behaviour, aggression towards others, absconion, road safety, seat belt removal in vehicles and refusal of medications. Inspectors observed staff taking a proactive approach to risk management in ensuring incidents were prevented. For example, supporting transitions and key trigger times for children with appropriate staff numbers, supports and activities to decrease the chance of behavioural outbursts.

The centre had a well-established and very experienced staff and management team who knew key risk areas and this provided familiarity, consistency and stability for the children and young people. Managers facilitated an open, fair and transparent culture that promoted both the safeguarding and positive risk management of children/young people living in the centre.

There were systems in place for the identification, management and ongoing review of risk which were clearly recorded, signed off and reviewed regularly. The provider had an established system in place for recording, reporting, and reviewing incidents, ensuring learning and improvement so as to improve the quality and safety of the support provided. The inspector reviewed all incident records recorded in the centre for 2025 up to the dates of inspection. The person in charge was familiar with all of the incidents and had taken corrective action where required. For example, lessons learned risk review after a child removed their seat belt and refused medications. The provider had contingency plans in place to respond to events such as loss of power and heat, which were seen in action on the day of inspection when the electricity went. Corporate risk areas such as centre management, staffing and environmental risks were also assessed and audited at provider level.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection.

Appropriate fire containment measures were in place. Fire doors were observed throughout the designated centre and seen to be operating correctly. Fire safety equipment was present in the designated centre. This equipment was seen to be serviced in a timely manner including fire extinguishers, emergency lighting equipment and the fire alarm system.

Personal emergency evacuation plans (PEEPs) were in place for all children and young people and it was evident that they were reviewed and effective. Fire evacuation drills were taking place every quarter in the designated centre. The drills were using minimum staffing levels that would be present in the designated centre. Staff spoken with had been part of a drill and were confident that all children/young people could be safely evacuated in the event of a fire. There were daily and weekly

checks in the designated centre to ensure evacuation points were clear and that equipment was operating correctly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors reviewed the arrangements in place around the management of medicines within the centre. This included a review of all systems in place, including staff knowledge, a review of relevant documentation and a direct observations of medicine administration within the centre. Medicines were found to be well managed in the centre. There were safe systems in place to ensure medicines were safely received, stored and administered.

One staff member explained to inspectors the process for managing medicines in the centre. The centre had a dedicated area where medicines were prepared and stored. This area was clean and found fit for purpose. All medicines, included controlled medicines, were stored securely and in line with relevant guidance. This included clearly labeled cupboards and a refrigerator specifically in place to store refrigerated medicines as required.

There were clear arrangements for the prescribing, storage, administration and recording of medicines. The inspectors reviewed two residents' prescribing records and found that all medicines were administered in line with relevant prescriptions. All residents had prescribed as necessary (PRN) protocols in place which clearly stated when medicines should be administered and the maximum daily dosage.

In addition, there were safe transportation arrangements for medicines agreed with families and the schools. There were also arrangements to store out of date or no longer in used medicines with a clear protocol and sign off procedure in place when medicines were returned to the the pharmacy.

Staff members were skilled, trained and competent in administering medicines to the children in line with their care plans. This was observed in practice throughout the inspection. For example, the inspectors observed the children receiving their morning medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Five of the children/young peoples individual assessments and personal plans were reviewed.

Appropriate assessments were completed in the centre which met the needs of the residents in relation to their health, personal and social care needs.

Support plans were created around these assessments which were suitable for the children/young people. These support plans provided staff with relevant guidance on how to support the children/young people and meet their needs. The support plans had evidence of review in the previous 3 months and a multidisciplinary team were involved in the support planning process.

Children/young people were being supported to create goals in line with their needs and wishes as part of the child centred planning process, there was evidence of progression, completion and ongoing review of goals.

It was clear staff consulted on an ongoing basis with children/young people who were met to review these goals throughout the year.

The inspector reviewed a sample of children/young peoples files. It was observed that they all had an up-to-date assessment of need. This assessment of need was used to inform comprehensive care plans. The assessment of need and care plans were seen to be written in child -centred language. They detailed all facets and preferences as pertaining to the children/young peoples personal care and support needs.

Care plans also documented how to support children/young people to communicate their wishes and ensured that dignity, respect, privacy and autonomy in relation to their care was upheld. Children in care who were subject to care orders, statutory reviews and access to social workers and aftercare planning were supported by the centre with all of these things, which were clearly documented in the children/young peoples personal plans and files.

Judgment: Compliant

Regulation 6: Health care

Children/young peoples healthcare needs were well met in line with their personal plans and they had frequent and appropriate access to medical and healthcare services to ensure their physical and mental/emotional wellbeing. The inspectors reviewed healthcare records for three residents. These records demonstrated access to a range of multidisciplinary professions such as medical consultants, speech and language, occupational therapy, psychology, audiology, ophthalmology, dentist, opticians, neurology teams and general practitioners (GP).

The provider had prepared detailed care plans, for example, in relation to children's/young peoples language processing, sensory processing, nutritional needs, my body/puberty workbooks and sensory diet workbooks. The inspectors

reviewed daily notes created by staff and there was evidence these care plans were implemented effectively in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of care and support plans for children who expressed anxiety or distress in a manner which may pose a risk to the safety or dignity of themselves or other people. Guidance to staff in identifying, understanding and responding to these presentations was child-centred and kept under review to reflect recent evidence or changes.

The control measures for some risks included the use of physical or environmental restrictive practices to ensure children/young people could not hurt themselves or others. For example, the risk of self injurious behaviour and aggression towards others was prevalent in this centre.

Inspectors found clear guidance for staff outlining what this looks like, early warning signs, strategies for the child, strategies for the staff, escalated behaviors and most appropriate responses, recovery, safety, debrief. Staff spoken with demonstrated good understanding of behavioural support plans.

The inspector reviewed a sample of behavioural incidents and how these were managed and reviewed and found their rationale to be clearly identified, and examples of where the associated risk was sufficiently reduced that the restriction could be retired as a control measure. For example, self injurious behaviour and children taking off seat-belts while in transit.

Inspectors also noted creative 'least restrictive' alternatives being used when children/young people began to display warning signs of behaviours of concern like spraying their teddy bear with a calming scent that they liked, which helped prevent incidents escalating.

Judgment: Compliant

Regulation 8: Protection

All children were observed to be safe and well protected in this centre.

Inspectors found that the culture was one of openness, compassion, transparency and accountability where children/young people can raise and discuss any issues

without being negatively impacted or have their concerns dismissed. Children/young people observed and spoken with told the inspectors they felt safe.

Staff recognised the importance for empathy and compassion and were observed actively listening to the children/young people when they expressed fears, anxieties or concerns. For example, in making choices and leaving the centre to go into town.

The provider has ensured mechanisms are in place that support the person in charge and staff to be vigilant in knowing and reporting the signs of possible abuse/safeguarding concerns and that children/young people are empowered to do the same. Best practice in safeguarding was shared with staff, clear protocols of reporting and recording were evident and a zero tolerance to abuse in the centre was promoted.

There was a clear child safeguarding statement in place, child protection and welfare/safeguarding policies, procedures and protocols. Staff were aware of their responsibilities as mandated persons under Children First, and clear mechanisms were observed to be in place to ensure child protection concerns were reported as required. Any allegation or suspicion of abuse or neglect of a child was managed in accordance with centre policies and procedures outlined in *Children's First: National Guidance for the Protection and Welfare of Children*.

There is a pleasant atmosphere of friendliness, and children's/young peoples dignity, modesty and privacy were found to be respected.

There is a strong culture of openness and reflection on care practices, and staff told inspectors they felt safe in raising concerns about inappropriate care practices or safeguarding concerns. All concerns are taken seriously, reviewed and as appropriate investigated.

The person in charge had ensured that all staff received training in Children First and all relevant government guidance for the protection and welfare of children/young people was in place, up to date and reviewed.

Children/Young people were protected by practices that promoted their safety, including:

- recruitment, selection, training, assignment and supervision of staff and volunteers in line with the statement of purpose
- the provision of intimate and personal support to people who require it and which reflects their preferences
- the implementation of effective communication, information sharing and collaboration with other services, agencies and professionals to develop and review individual safeguarding plans and address any safeguarding concerns for residents. There were no active safeguarding concerns at the time of this inspection.

- the service having a clear understanding that children with disabilities have an increased risk/vulnerability of harm and additional safeguards are in place to protect them
- access to independent advocacy services
- private access to other relevant people, such as family, advocates and external professionals
- clear and efficient reporting systems
- clearly defined procedures, understood by all staff, for the resolution of allegations of abuse by staff that prioritizes the safety of children/young people and ensures that those against whom such allegations are made are treated fairly.

The provider, person in charge and staff understand safeguarding and are able to ensure children/young people are safe and free from harm. There was an appropriate level of scrutiny and oversight of safeguarding arrangements to ensure residents' safety and welfare. For example, where there was specific risks they were effectively managed.

To avoid any conflict of interest, the designated safeguarding officer is not the person in charge. In accordance with Children First Guidance, the provider ensured that this designated person is appointed to act as a liaison with outside agencies and a resource person for staff members, carers or volunteers who have child protection concerns. The designated person was responsible for reporting allegations or suspicions of abuse and neglect to the Tusla (Child and Family Agency), HSE or to An Garda Síochána in line with national guidance. This does not negate the provider's responsibility to ensure that the person in charge notifies the relevant adverse incidents to the Chief Inspector of Social Services as described under Regulation 31. Posters with details of the designated officer were available in the centre. Families, Social Workers & a GAL spoken with were all very satisfied with the safeguarding arrangements in this centre.

Staff who spoke with inspectors understood their responsibilities to protect and safeguard children and young people against harm and abuse. Managers monitored the quality of the safeguarding practice through audits which were carried out on key areas of practice such as child protection, welfare, safeguarding and children's rights. Children/young people were provided with information on how to make complaints and safeguarding issues were discussed at staff team meetings. Children/young people had personal intimate care plans in place to identify the supports required and guide staff safely.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed children/young people being supported to make choices and pursue their individual routines within this centre.

The inspector observed kind and respectful interactions between staff and children/young people. The inspector observed an example of a staff member encouraging and reminding the children to be respectful and patient when asking for something, to use their manners and respect the shared space with staff and peers. Some children were observed rushing around the centre very quickly so staff accompanied them closely to ensure their movements and/or individual behaviours did not negatively impact or upset other children/young people.

The inspectors spoke to staff members who described how they protected the rights of the children, and balanced them with their duties to keep children safe. Children were observed to be relaxed and content in this house, and there was sufficient communal living space for children to carry out activities without interrupting their housemates.

The staff team were observed to be very diligent, professional and responsive to the rights of children in this centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Wren's Nest OSV-0007980

Inspection ID: MON-0043266

Date of inspection: 30/01/2026

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been amended to outline the arrangements for visits and or contact between the children and their nominated social workers.</p> <p>]</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Healthy eating and nutrition and health promotion are discussed with all children / young people at weekly resident meetings. Child friendly / easy read pictorial food pyramid is used during the discussion. In line with health promotion practices, healthy choices will continue to be offered for all meals and snacks.</p> <p>All children / young people will continue to have regular reviews with the Dietitian, and their recommendations will be implemented.</p> <p>The Food and Nutrition audit is currently under review by Talbot group Dietetics department and Director of Quality Safety & Risk. The updated audit will detail and reflect on the types of food being offered to children / young people during mealtimes. The updated audit will be uploaded to the Providers electronic audit system.</p> <p>]</p>	

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 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	30/04/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/03/2026