



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

Issued by the Chief Inspector

Name of designated centre:	Killybegs
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0008351
Fieldwork ID:	MON-0038139

About the designated centre

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

Killybegs is a designated centre registered to provide residential service for adults either male or female over the age of 18 years with intellectual disabilities, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The objective of the service is to promote independence and to maximise quality of life with support by a team of social care staff members, with access to community nursing resources as required. The designated centre consists of a bungalow house just outside of a town in County Kildare.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 April 2025	10:10hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet all four residents during this inspection and observe their routines and interactions with staff members. The inspector was also provided commentary and feedback from residents' representatives, and records of house meetings and daily activities. These formed part of the evidence obtained which indicated the experiences of the residents and their representatives with this designated centre.

From speaking with residents, the inspector observed that the residents preferred to follow their own separate routines but overall got along with one another in the shared house. House meetings indicated that residents planned out meals together and one resident had an upcoming birthday celebration in the house. The inspector observed photographs of the residents out for dinner together, going to air shows and trips to parks and beaches.

The inspector spoke with one resident who was supported to go to the gym twice a week and complete their physiotherapy programme. This resident was a jockey who enjoyed horse-riding and watching horse races who told the inspector stories of their experiences working with racing horses, and enjoyed going to watch and participate in horse-riding. In the afternoon they watched videos of races and shared their knowledge with their staff member. They told the inspector they were happy and felt safe living in this centre, and were good friends with one of their peers in particular.

The inspector spent time with another resident who told the inspector that they were not happy living in this designated centre. They commented that while the staff were good at their jobs around the house, there was very limited personal engagement and conversation, which made the house very quiet with little to do. This resident said they disliked the feeling of being watched and commented on in their home and wanted to live on their own in their previous home county. They wanted to get a job and noted that they had been supported to send applications to various workplaces of interest.

The inspector briefly spoke with two other residents who appeared relaxed and content in their home. The inspector observed that some residents were being supported to visit friends at their houses or in the local town on occasion. Some residents were independent in their daily activities including laundry and making their lunch. The inspector observed however, that residents spent a large portion of the day in their bedrooms with some residents going out for drives around the community with staff. The inspector was shown activity logs for one resident by a staff member, in which many days noted that staff drove the resident around in the car without an intended destination or the resident watched television at home.

The inspector was given written commentary provided by family members or representatives of all four residents, and during the inspection spoke by phone with

one resident's representative. Some of this commentary was positive on how residents were supported with their healthcare, nutrition and activities of daily living, that the house was clean and the staff were friendly. For two residents, representatives' feedback noted that they were not satisfied with the quality of care and support for their loved ones. This commentary included that residents could spend time isolated with little to do and few people to talk to, that management were too busy, or that staff spoke to each other in their native language around residents. Other comments noted that staff needed to more actively encourage the resident to get out of their bedroom, and to be supported to be more activated in their community beyond driving around in the car. The inspector discussed some of this commentary with the provider management who indicated that meetings and discussions had commenced with the Health Service Executive (HSE) around one of the residents' placement in this centre.

The support needs of the residents were a regular topic of discussion in team meetings. Topics included supporting the residents to save money, submit job applications, stay in contact with friends, and develop life skills. Keyworker staff were tasked with supporting residents with their wishes, with recent examples including attending a boxing match, getting a swim membership, and celebrating a milestone birthday.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The purpose of this announced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to follow up on information which had been submitted to the Chief Inspector. In addition, findings from this inspection contributes to the decision-making process for the renewal of the centre's registration. Overall the inspector found that the designated centre was sufficiently resourced to provide staffing support and managerial oversight in accordance with the statement of purpose and the assessed needs of the residents.

The management structure of the centre was clearly defined with associated lines of reporting and accountability. The person in charge was suitably deputised by two team leaders, and front-line staff were supervised and performance-managed in accordance with provider policy. Topics discussed in staff team meetings and individual competency reviews included matters which had been observed by the inspector or raised by residents and their representatives, with a focus on staff members ensuring that they were promoting varied and meaningful social and recreational engagement and improving on building personal rapport with residents

beyond task-oriented care and support. Some improvement was required to ensure rosters were accurately maintained and reflected that the centre management was full-time per the statement of purpose. However, evidence indicated the front-line team was sufficiently resourced to ensure shifts were consistently filled and covered during staff absences.

The centre was subject to routine auditing systems, and the inspector observed good examples of where actions were followed up in subsequent meetings and audits. The centre was suitably overseen by the registered provider through regular audits by the director of service. Actions for improvement in compliance with policy requirements, regulations and good practice included timely due dates to effect developments in the quality of the service.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre, along with relevant supporting documents required under this regulation.

Judgment: Compliant

Regulation 15: Staffing

The inspector was provided information on staffing requirements for this designated centre, and reviewed this against the statement of purpose and records of worked rosters for a sample of four weeks.

The centre was staffed by three front-line personnel during the day and two staff working waking shifts at night. Day shifts were supported by one of two team leaders who supported the person in charge in management and supervisory duties. Records indicated that this centre was resourced by front-line staff in accordance with the statement of purpose, and long-term sick leave was appropriately covered to ensure that care shifts continued to be filled in their absence. There had been a change in the hours worked by the supernumerary person in charge a month prior to this inspection, which had not been reflected in the record of worked rosters. The inspector and provider discussed the importance of ensuring these records were accurately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of records and audits related to mandatory training required by staff due to regulatory requirements, the provider's policy or residents' assessed needs. Audits highlighted where staff training or refresher sessions were required and when these were scheduled for completion. This included in-person training in subjects such as safe moving and handling, positive behaviour support, and medicines management. Front-line staff were trained in the use of percutaneous endoscopic gastrostomy (PEG) feeding systems as required in this centre.

The inspector reviewed the provider's policy on staff supervision and performance management dated May 2023, and found in a sample of four staff members' records that they were subject to supervision meetings with their manager within the time frames set out by this policy. Staff members were also supported through team meetings. These meetings were well-attended by staff and discussed meaningful topics including incidents and learning from adverse events, active risks, residents' personal goals and news, and challenges arising in the centre operation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had published their annual report for the designated centre in March 2025. This report summarised the operational objectives which had been achieved in the preceding year and set out goals for 2025. These objectives were meaningful to residents in the service, such as ensuring residents were supported to have access to their income and finances, supporting residents to maintain personal monies and documents in their bedrooms, and revising external features to optimise access to the garden. The annual report reflected on matters arising in the service including incidents, safeguarding arrangements and resident feedback. While the report indicated that no complaints had been raised by residents, commentary on what residents wanted changed or wanted to do more of at home and in the community was captured in this report. In the main, residents' commentary on the service was collated in this review; the management advised the inspector that negative commentary referenced earlier in this inspection report was not included due to it being received after the annual report was completed.

The inspector reviewed records of performance management and development meetings for four front-line staff members, one of whom was on probation and three of whom had completed at least one full year of the management and development process. For each of these staff and their line manager, career development goals were set out and evaluated on subsequent meetings. These objectives were meaningful to the staff members' development and competencies, and included actions related to person-centred care delivery, more actively engaging with resident outside of care and support tasks, and identifying meaningful aspirations for residents in their lives.

The inspector observed six-monthly quality and safety audits conducted in August 2024 and February 2025, as well as specific audits related to staff training, premises, fire safety and medicines management. The inspector also reviewed minutes of meetings between the person in charge and director of service, which included progress on quality improvement actions, and areas requiring improvement such as serious incident review, which will be referenced later in this report.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for this designated centre which was submitted as a supporting document to the renewal application. This document had been kept up to date and contained information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incident records for the designated centre and notifications submitted to the Chief Inspector of Social Services over the previous two years. The provider had notified the Chief Inspector of adverse events and practices in this designated centre within the requisite timeframes as set out by the regulations.

Judgment: Compliant

Quality and safety

The inspector observed that, in the main, residents were supported to be safe and invited to contribute their opinions and feedback to the registered provider. Residents were appropriately supported in their assessed needs related to nutrition, medicine and personal care. The inspector observed evidence that residents were being supported in taking positive risks, seeking employment and attending events in the community.

Residents participated in regular meetings in the designated centre in relation to the everyday running of their home and future planning for activities such as social outings and events in the centre. Some evidence provided by residents and

representatives feedback expressed dissatisfaction with the level of choice, autonomy and meaningful recreational engagement as part of living in this centre. However, the inspector observed that this feedback was informing objectives discussed in staff and team meetings, being escalated to the provider management, and discussed with relevant external parties as part of arrangements to review suitable placement and provide a service with which the residents and their representatives were satisfied.

The inspector observed arrangements in place to manage risk, including an organisational policy and associated procedures. In the main, the provider had identified risks related to the designated centre. This included risk related to residents not being supported to have access and oversight of their income and personal finances. This was being discussed with relevant external parties to rectify same. Some gaps were observed in the timeliness of incident review and the identification of risks related to smoking and potential fire hazard.

Staff demonstrated knowledge and competence with procedures and records related to medicine administration and protocols, and for one resident, the operation and management of feeding equipment.

Regulation 10: Communication

In the main, the residents communicated using verbal speech and did not require specialist devices to be understood and to speak with others. During the day the inspector observed interactions between staff and one resident who required support to have their speech understood. The inspector had read a general support plan on communication which noted that the resident used a notebook to write to staff about what they were saying. After observing a number of interactions in which staff were not clear what the resident was saying to them, the inspector asked if the resident should have this notebook readily available, and a staff member was requested to locate it for the resident to use. The support plan for ensuring this resident could be understood and supported to express themselves had not been developed with multidisciplinary input or reviewed by a speech and language therapist, to ensure it could be consistently and effectively used to support the staff team and the resident to communicate together.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector reviewed staff guidance related to one resident who used a percutaneous endoscopic gastrostomy (PEG) system as an alternative means for nutrition or hydration, and observed staff as they prepared this equipment for this

resident. The care staff the inspector observed and spoke with demonstrated good knowledge of the resident's needs, and could retrieve person-specific guidance on how to use this equipment, and how to identify and respond to instances in which it was not working correctly.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed records and reviews of incidents and adverse events occurring in the designated centre, and how these were being overseen by the provider. The inspector reviewed risk assessments related to identified risks relevant to the centre and its residents.

The inspector was provided an incident analysis for March 2025 which noted that there was a trend in this centre related to witnessed and unwitnessed falls by two residents. For one resident a recent review of their falls risk had been conducted including input from an occupational therapist. The provider was due to commence a trial period for using safety rails and sensors to support one of the residents at risk.

A second resident was at risk of accidental falls, and their falls risk assessment had been reviewed in December 2024 and March 2025. This resident had had a fall on that day in December 2024 which resulted in a fracture requiring surgical intervention. This injury was not subject to a serious incident review in line with provider policy, and the incident was closed off while the resident was still in hospital, with no further review of risk controls following their surgery and discharge two weeks later. This was identified in a provider audit in April 2025, and a retrospective multidisciplinary review took place after a later fall. The provider identified the procedural breaks and missed opportunities for further information and review as learning for future reference.

The provider had not conducted a risk assessment related to a timber smoking shed on the property. As an outcome, the staff had no guidance on risk controls to follow to reduce risk related to fire in this location.

Judgment: Substantially compliant

Regulation 28: Fire precautions

In the main, the premises was equipped with means of detecting, containing and alerting staff to fire or smoke in the house. Evacuation hallways were equipped with fire rated doors which could close automatically in the event of an alarm trigger. The

provider had composed an evacuation plan for each resident which identified the levels of support required for them to make a safe and efficient escape in the event of fire.

Some residents smoked and had a designated zone beside the house in which to do so. The inspector observed that there was no fire fighting equipment or other safety features in this zone and requested the risk assessment for this area and the residents who used it. The provider did not have any guidance or risk analysis available to identify what risk controls or safety features were required for the use of wooden smoking sheds.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed prescription sheets and administration records with a member of the front-line team, who demonstrated good knowledge of the purpose and instructions for each medicine used by the residents. Where medicines had special instructions or protocols for their use this information was readily available for staff. Regular medicines were available and stored in an ancillary building, and a medicines fridge was available for when required. The inspector observed that medicine practices had been subject to a recent nursing audit, with actions for improvement observed to be implemented.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector reviewed minutes of recent house meetings in which topics included deciding on dinners for the week ahead, education on self-protection and healthy living, and information and updates on upcoming changes or events relevant to residents. The inspector observed that residents were being consulted on matters which were meaningful to them and supported to follow their preferred routines. Some commentary from residents and family members indicated a lack of satisfaction with the residents' activation and recreational engagement in the house and in the community, and a lack of choice in their living arrangements, with one resident citing these as reasons they did not want to live in this house and this area. The inspector observed evidence of individual and team discussion on how staff could encourage meaningful engagement in enjoyable activities and enhancing person-centred care in the centre. While the inspector was advised that residents frequently declined recreational activities themselves, continued work was required to attain an outcome of residents and their representatives feeling suitably engaged

and respected and enjoying their time in this centre and local area.

Of the four residents in this centre, two had full access to their personal income and were supported to manage their own money and cards in the house independently or with staff support. For two residents, the provider did not have information on whether the resident had a source of income, and money was provided on request by family members. As an outcome, the residents were not currently supported to exercise their rights to be in receipt of and use their personal income and finances.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Killybegs OSV-0008351

Inspection ID: MON-0038139

Date of inspection: 15/04/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: A review of residents' communication support plans has been completed. All residents in the centre who are assessed as requiring supports with their communication, have now been reviewed with multi-disciplinary input via the assessment of need process, which includes Speech and Language Therapy. All residents individual support plans have been updated to ensure they reflect their individual communication needs. These support plans provide appropriate guidance for staff on how to support residents with their communication needs. These support plans will be kept under regular review in line with the resident needs and no less than annually. A team meeting to discuss all communication supports and strategies has been scheduled to ensure all staff are familiar with same. The PIC & Team lead's will monitor the implementation of these plans on a daily basis and provide feedback to staff where appropriate.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Assistant Director of Service and the Person in Charge will complete a full review of all incidents as they occur in line with the Incident Management Policy. The Assistant Directors will escalate a requirement for a serious incident review to Director of Services and Director of Quality and Safety. The Providers policy on Incident management is undergoing revision to provide staff with clarity and additional guidance, around criteria for a serious incident review. The Providers Policy on Risk management is currently undergoing a review.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<p>The smoking shed in the garden has been risk assessed, and fire safety equipment has been added to the smoking shed.</p> <p>The centres fire risk assessment has been updated to reflect the presence of the smoking shed and the current controls measures that are in place.</p>	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
<p>The provider recognises that the two residents identified by the inspector don't have access to their own finances. Currently both residents are subject to court agreements in relation to financial matters. Both residents have access to their finances through the support of family members who are part of the committee as agreed by the courts.</p> <p>The Talbot Financial policy will be reviewed to include financial arrangements where residents are subject to Court Orders. This policy guidance will be cognisant of the Assisted Decision-Making Act 2015.</p> <p>One resident who resides in the centre has expressed a wish to move nearer home. The Person in Charge is supporting the resident to engage with the Health Service Executive representative on a regular basis to identify if a suitable relocation based on their assessed needs is available. This will need to be approved by their legal representative. Unfortunately, this decision-making process is outside of the Talbot Groups authority, but we shall continue to advocate on behalf of the resident, in line with their "Will and Preference".</p> <p>A referral to independent advocacy has been offered on two occasions, however this has been declined by the resident in question.</p> <p>Residents' meetings are scheduled weekly and are inclusive of planning meaningful day-to-day activities and recreational opportunities. Key workers meet with residents monthly to identify individual goals in line with their preferences.</p> <p>Each resident has a Person-Centred plan that is tailored to all aspects of their life. A monthly audit is conducted by the Person in charge on the on-going meaningful activities and goals in place for residents in the centre.</p> <p>There is an annual case review planned for all residents where family members and their Health Service Executive representative are invited. During this meeting, a written update of the resident's progress throughout the year is discussed, including activities they have engaged in and goals they have achieved.</p> <p>The Person in Charge (PIC) will review the minutes of resident meetings and keyworker goal planning through ongoing oversight, monthly governance meetings with Assistant Director, and regular audits to ensure continuous compliance.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	19/06/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/07/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	19/06/2025
Regulation 09(2)(b)	The registered provider shall	Substantially Compliant	Yellow	30/06/2025

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Not Compliant	Orange	30/09/2025