



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

Issued by the Chief Inspector

Name of designated centre:	Villa Rossa
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	28 May 2025
Centre ID:	OSV-0008362
Fieldwork ID:	MON-0044586

About the designated centre

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

Villa Rossa is a full-time residential service that can cater to the needs of up to five children. It is a two-storey community house, which is located in Co Meath and is close to a number of towns and villages. The location of the house means that residents have access to a wide range of facilities and activities. The residents are supported twenty-four hours by a team comprising team leads and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 28 May 2025	10:15hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to help inform the registration renewal decision.

There were five residents living in the centre on the day of the inspection, and on arrival at the designated centre the inspector found that four of the residents were at school. One of the residents who was sixteen years old had left school, and was at home. They knew that the inspector was visiting their house that day, and knew the name of the inspector, but as they were enjoying their breakfast when the inspector arrived, after a brief introduction, the inspector left the kitchen area, and met them again later in the morning.

The inspector conducted a 'walk around' of the designated centre. The person in charge (PIC) had ensured that all residents were aware that an inspector would be visiting the house that day, and had checked that they consented to the inspector having a look around their home, including their bedrooms. Each resident had their own room, and one resident had a self-contained apartment.

An area under the stairs had been made into a sensory area for a resident who enjoyed enclosed spaces. There were soft furnishings, sensory lights and wall decorations that had been chosen by the resident. The PIC explained that when the young person first moved into the centre they had frequently chosen to lie on the floor in the hall, so this space was created for them to support that behaviour in a positive way.

The inspector met the resident who had been enjoying his breakfast, and observed that they were happy to have the inspector in their home, but did not speak directly with the inspector, rather they interacted with staff in the presence of the inspector. The inspector observed that they were comfortable with their interaction, and that staff were clearly well known to them.

The resident who lives in the apartment had arrived home early, and when the person in charge and inspector knocked on their door, they had a quick look, and declined the visit, and this was respected.

It was evident throughout the day that there was an emphasis on providing information to residents in ways that they understood, so there were various social stories in relation to activities, skills building, and general communication. During a conversation with the inspector, a staff member produced a string of pictures from their pocket which they explained were used to facilitate the understanding of residents, in particular if there were signs that there might be an escalation of behaviours of concern.

One of the residents arrived home from school in the early afternoon, and the inspector saw that they were immediately engaged in play in the garden with their

supporting staff, and were clearly enjoying the interaction. They liked to choose their own items of clothing, and sometimes their choice was a 'fancy dress' item, and on the day of the inspection they had chosen a skeleton outfit. Staff explained that this choice making was part of a skills building programme in relation to independence on personal care.

Later in the afternoon of the day of the inspection, the other two residents returned from school. One of them declined to meet the inspector, and staff explained that they were shy of strangers. However, the person in charge went to have a chat with the resident, and the inspector observed the interaction from a discrete distance, and heard the resident telling the PIC all about their day. It was evident from their interactions that they were enthusiastic about telling the story, and that they enjoyed the company of the PIC. There was a lengthy conversation about football, going to the beach and everything that had happened that day.

The other resident took the inspector by the hand and led them to their personal bedroom. They were keen to show some of their personal items. Their room was large and spacious, and there was a tent set up in the room, which staff had explained was an area that the resident valued. When the inspector pointed to the tent, the resident's face lit up with smiles. Their body movements and facial expressions made it evident that this was a source of importance to them.

The inspector reviewed some of the compliments that had been received in the designated centre. The organisation had sent out surveys to family members, and one relative had stated that the level of care had exceeded their expectations, and that their relative received amazing care and support'. Compliments had also been received from other healthcare agencies, complimenting staff on the support they offered to residents, and the improvements that had resulted.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and in ensuring both opportunities for play, and for personal development.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

Admissions to the designated centre were well managed and each resident had a contract of care.

There was a transparent complaints policy, and a log in which a detailed record of any complaints would be maintained.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. The only new staff in the year prior to the inspection were due to an increase in staffing numbers.

Three residents required one-to-one staff, and one resident required two-to-one staffing, and a review of the rosters indicated that these staffing numbers were in place every day.

The inspector spoke to three staff members on duty and the person in charge during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including autism support. Additional training had been planned in relation to the specific needs of one resident.

Staff could describe their learning from their training, and relate it to their role in supporting residents, and the inspector observed some of the learning being implemented, for example they were aware of their role in ensuring the safety of residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of two supervision conversations and found that both the person in charge and each staff member brought items for discussion to these meetings. Any required actions from the previous discussion were reviewed at these meetings.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to a resident who had been discharged from the designated centre was maintained in the centre as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and of their reporting relationships. The person in charge (PIC) was supported by two team leads who worked opposite shifts, including weekends, and were responsible for the supervision of staff in the absence of the PIC.

There were various monitoring and oversight systems in place. An annual review of the care and support of residents had been prepared as required by the regulations. Six-monthly unannounced visits had been conducted on behalf of the provider and a

suite of monthly audits as undertaken, including audits of finances, admissions and personal plans. The audit of personal plans included a check that staff were aware of the information in these plans.

Areas for improvement were identified through these processes, and actions put in place to address the identified issues. Those required actions were reviewed by the inspector and were found to have been completed. For example; risk assessments had been updated, an open complaint had been closed off and a new restrictive practice had been reviewed.

Regular team meetings were held and minutes were maintained from each meeting. Items for discussion included safeguarding, accidents and incidents and policies. The records of these meetings indicated that they were useful and meaningful discussions.

Daily communication between the staff team was managed by a written and verbal handover at the change of each shift. The inspector reviewed the records of these handovers and found they included detailed information on each resident so as to inform the care and support on a daily basis.

The designated centre was well resourced, so that there were sufficient staff to meet the needs of each resident, and there were two vehicles so that residents had ready access to transport.

Overall there were effective oversight strategies that ensured that any areas for improvement were addressed, and it was evident that staff were appropriately supervised.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were in accordance with the organisation's policy, and its Statement of Purpose.

The inspector reviewed the transition plans for two residents who had recently moved into the designated centre, and found them to be detailed and to include several visits to the home to ensure that the centre was appropriate to meet their needs. A detailed assessment of needs had been conducted for each resident, together with a detailed history of each, and it was apparent that the admissions were appropriate.

Contracts of care were in place, each of which had been signed by a representative of the resident. The inspector read two of these contracts and found them to contain all the required information, and was assured that admissions were appropriate.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome, although there had been no complaints in the year prior to the inspection.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place in accordance with Schedule 5 of the regulations, and each of them had been regularly reviewed. The inspector reviewed the policies on safeguarding, risk management and admissions, and found them to be evidence based.

Staff were required to sign each policy to indicate that they had read them, and the PIC reviewed this on a monthly basis, and reported to the monthly governance meeting.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. Residents were supported to engage in multiple different activities, both educational and recreational.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency, although some documentation needed to be updated..

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan. Residents were protected from all forms of abuse and staff and the person in charge were knowledgeable about their roles in the protection of residents.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

The rights of the residents were well supported, and residents had access to appropriate education, personal development and play. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 13: General welfare and development

The provider had ensured that residents were supported in their education, were given opportunities for play and were being supported to develop life skills.

All the young people had access to school, in accordance with their needs and abilities. One resident had difficulty in spending any length of time in school, and was on a programme of slowly increasing their school hours. They had progressed from 45 minutes in school to an hour and a half, and this was on-going. There was a person-centred plan in place to increase this school time gradually in the next term.

Staff had supported residents to set goals, for example towards learning new skills, and the record of these goals included a breakdown of the skill into smaller steps,

and a record of progress towards each step. Some residents were learning personal care skills, such as showering, and daily tasks including managing their own laundry.

There were multiple options for play, both at home and in the community. There were multiple games and play areas throughout the house and garden, and residents were observed playing at various times during the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident arranged and decorated their home as they chose, and made use of areas of their homes, including the spacious gardens, as they chose. They each had ample storage.

The designated centre was well maintained and visibly clean, and there was a detailed cleaning schedule which was monitored by the team lead each day. All staff members had been in receipt of training in infection prevention and control.

It was evident that the designated centre was laid out in a person centred way, and that the rights of residents to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to inappropriate interpersonal behaviours, absconding and self-injurious behaviours. There was a risk management plan for each of the identified risks which included control measures, and were linked to the positive behaviour support plans for each resident, and to any restrictive practices deemed necessary to manage the risks.

For example, the control measures in place for the management of the risk of absconding for a resident included reference to the organisation's policy, and to the positive behaviour support plan, and identified the requirement for two-to-one staffing for the resident. Additional control measures included the use of social stories to aid the understanding of the resident, and also supported the preferences

of the resident, so that there was a protocol in place to support the resident to leave the premises with support when they indicated this preference.

For another resident, the control measures relating to inappropriate interpersonal behaviours included the specification of the gender of staff supporting the resident, social stories in relation to appropriate behaviours, and a person-centred educational plan to support the personal development of the resident.

General and local risks were identified, and each of these also had detailed management plans, including the risks to vulnerable children, staffing numbers and the occasional requirement for maintenance staff to be on the premises.

All risk management plans were kept under continual review, and the inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment throughout the houses and there were fire doors throughout.

There was a Personal Emergency Evacuation Plan (PEEP) in place for each resident, however some of the information in these documents was vague, and did not give sufficient guidance for staff in the event of an emergency. For example, one PEEP stated that 'staff will assist'. The person in charge undertook to rectify the documents during the course of the inspection, and presented the updated PEEPs to the inspector.

Regular fire drills had been undertaken, however where the records of these drills indicated that there had been issues, there was no clear shared learning from the drills. For example, the record of one of the drills stated that 'one of the residents initially declined...' and that staff need to provide explanation and encouragement. The resident was not identified in the record of the fire drill, so that it was not clear that there was sufficient guidance for staff in the event of an emergency.

However, despite this oversight, the records of the fire drills indicated that all residents could be evacuated safely in the event of an emergency, and the person in charge undertook to update all the PEEPs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. There were five positive behaviour support plans, and the inspector found them to be detailed and based on a thorough assessment of needs, including an assessment of the function of behaviours.

The plans included an emphasis on the communicative function of behaviours of concern, and outlined detailed guidance for staff. For example, one of the plans included a skills teaching programme in relation to communication which included ensuring the resident had access to learning about functional communication. Guidance for staff included information about the best ways to ensure effective communication, for example, a description of each behaviour gave guidelines about which responses might be helpful, and which would not be supportive to the resident. The guidance was detailed and clear, for example, it gave suggestions as to what to 'try instead', for example, 'ignore the behaviour, but not the resident'.

The inspector asked a staff member about the communication strategies, and the staff member immediately showed the communication tools that they carried in their pocket, which were visual cues for the resident. It was apparent that these were in everyday use.

The behaviours of concern for another resident had been identified as being related to a recurrent healthcare issue, and staff were familiar with the meaning of their behaviours, so that when they displayed a particular behaviour, they had immediate access to their healthcare provider.

The inappropriate social behaviours of a resident had been clearly identified, and while there was a positive behaviour support plan in place to support the resident, the organisation had purchased a specialised programme of education in relation to managing these behaviours.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks. There was a blanket ban on the use of any physical restrictions with the children in the designated centre, and various strategies were in place to ensure that this was adhered to. Staff utilised block and evade techniques to ensure the rights of residents were respected.

There was a restrictive practices log in place which included each intervention and the rationale for its use. The inspector reviewed this log for three of the residents, and saw that there was an 'easy-read' version available for each of them which had been signed by the residents. There was an emphasis on reducing or removing restrictions where possible, for example, a restriction on access to kitchen presses

for one resident had been recently removed when a re-assessment of the resident had indicated that their behaviour had become more regulated. .

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

Any allegations of abuse had been investigated in accordance with best practice and there was a clear record of the process and the findings, and the appropriate reports had been submitted, for example to TUSLA and to the Office of the Chief Inspector.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that all residents had been made aware of the inspection, and had ensured that a photograph of the inspector was made available to residents, and a social story developed so that residents knew who the stranger visiting their home was.

There was a clear emphasis in the designated centre of supporting the rights of residents, and of all attempts being made to ensure that their preferences were honoured. Staff explained the importance of following through on any promises made to residents, and that nothing should be promised if it wasn't possible.

One resident had shown a particular interest in certain book which was not available. A staff member had gone to extraordinary lengths to procure the book and it was clear to the inspector that residents were held in high regard.

It was evident throughout the inspection that the rights of residents were upheld, and that all efforts were made to ensure that their voices were heard.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Villa Rossa OSV-0008362

Inspection ID: MON-0044586

Date of inspection: 28/05/2025

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge (PIC) has completed a comprehensive review of all residents Personal Emergency Evacuation Plan's (PEEPS) and added specifics regarding support requirements for each resident.</p> <p>The fire drill which was reviewed in the inspection and found to be lacking in detail has been revised and updated with more information pertaining to that specific drill to ensure the information is clearly recorded for staff knowledge and learning. Specific guidelines are now in place for staff to guide staff in the event the resident declines to participate in the fire drill.</p> <p>The PIC will review all fire drills with the team at team meetings to ensure that any learning from these are communicated to the whole team. Discussion on fire drills is part of weekly resident meetings.</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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2025