



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

Issued by the Chief Inspector

Name of designated centre:	Marlton Court
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 August 2025
Centre ID:	OSV-0008614
Fieldwork ID:	MON-0047937

About the designated centre

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

Marlton Court is operated by Talbot Care Unlimited Company. Marlton Court provides a residential service for adults both male and 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 services at Marlton Court are provided in a home like environment that promotes dignity, respect, kindness, and engagement for each resident. They encourage and support the residents to participate in the community and to avail of amenities and recreational activities. The centre is managed by a full-time person in charge, and the staff skill-mix includes social care workers, nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 13 August 2025	09:55hrs to 15:40hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. It focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

The inspector used observations, conversations with staff, engagements with residents, and a review of documentation to form judgments on compliance with the regulations inspected. The inspector found that the centre was operating at a high level of compliance and that residents were safe and in receipt of quality and person-centred care and support that was meeting their needs and upholding their rights.

The centre accommodated three residents of a similar age. The inspector met two residents on the day of inspection. The third resident was not present during the inspection as they were gone hiking with a social and recreation club they attended. One resident showed the inspector their bedroom and some of their personal belongings. They were looking forward to their upcoming birthday, and showed the inspector a calendar that they used to count down the days. They spent time relaxing in the centre before going with staff to a national park and having their lunch out. Another resident chose not to engage with the inspector. They liked to spend time on their own and watching television, and in the afternoon did some baking with staff. The inspector observed both residents freely moving around their home, and they appeared to be relaxed and content. Staff engaged with them in a kind and respectful manner.

The centre comprises a two-storey house in a large town with many amenities and services including shops, restaurants, parks and public transport. There is a car allocated to the centre for residents to access their community and beyond. The inspector conducted an observational walk around of the house with a direct support staff member and a resident also showed the inspector their bedroom. Overall, the house was observed to be very homely, bright, spacious, comfortable and well maintained. Residents' bedrooms were personalised to their tastes, and the communal areas provided sufficient space. For example, in addition to the kitchen, dining and utility rooms, there was a sun room, a large sitting room, an upstairs sitting room, and a garden for residents to use.

Residents could freely access the facilities in the house and the use of restrictions was minimal. Where restrictions were being implemented, they were done so in line with the provider's policy and in consultation with the residents concerned. The premises and restrictive practices are discussed further in the quality and safety section of the report.

The provider and person in charge had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care

and support, and on the operation of the centre. The residents communicated using various means including speech and use of visual aids. Communication care plans had been prepared with input from speech and language therapy to guide staff on communicating effectively with residents to ensure that they were understood. There was also additional information on residents' interests and preferences for staff to refer to.

Residents attended key worker and house meetings where they planned their individual goals, activities, and discussed important topics such as making complaints, safeguarding, and the use of restrictions. Residents' goals were meaningful to them and there was good evidence of progression and achievement.

The provider had also consulted with residents and their families as part of the recent annual review. Residents said that they were happy, and gave positive feedback on the staff, their choices of activities and food, and how their rights were being upheld. The residents' families also gave very positive feedback. They complimented the staff for their professionalism, communication, and the care and support they provided to residents. Some families also commented about how moving to the centre has enhanced residents' independence and self development.

The inspector spoke with the person in charge, the assistant director of services, a nurse and a direct support worker about what it was like for residents to live in the centre, their needs, and how their rights were upheld.

The person in charge and assistant director told the inspector that the residents had settled in well to the centre. They said that they had a good quality of life, and that the care and support arrangements, including staffing, access to multidisciplinary team services, and the implementation of care plans, were effective. This was seen through a reduction of behavioural incidents and the use of restrictive practices. They had no safeguarding concerns, and were satisfied that residents had sufficient choice and control in their lives; for example, they could choose their individual goals, and how they spent their time.

The nurse and director support worker has no concerns for residents' safety or wellbeing. They said they could easily raise any potential concerns with the management team. The inspector asked them how they would respond to and report a potential safeguarding concern or incident, and it was clear that they understood the correct procedures as per the provider's policy. They were also familiar with the restrictive practices used in the centre and residents' communication and positive behaviour support care plans.

Overall, this inspection found that residents were safe, had choice and control in their lives, and received good quality care and support. The centre was well resourced to meet their needs, and their home was comfortable and homely.

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

Capacity and capability

The inspector found that there were effective governance and management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, appropriate to their needs, and operated in line with a human rights-based approach. For example, staffing arrangements were adequate to accommodate residents' choices, residents could access multidisciplinary team services, and the premises were homely and well maintained.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in the management of the centre by a senior social care worker. They reported to an assistant director of service, and there were effective arrangements for them to communicate. The person in charge demonstrated a clear understanding of the residents' individual personalities and needs.

The provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Comprehensive annual reviews and six-monthly reports, as well as various audits had been carried out in the centre to identify areas for quality improvement.

The management team were satisfied that the staff skill-mix and complement was appropriate to the assessed needs of the current residents. The inspector observed that residents appeared to be comfortable with staff on duty during the inspection, and staff spoken with had a good understanding of their care needs and interests. Staff were required to complete training as part of their professional development. The training records viewed by the inspector showed that staff were up to date with their training requirements. The training included safeguarding of residents, positive behaviour support and human rights.

There were effective arrangements for the support and supervision of staff working in the centre, such as management presence, team meetings and formal supervision.

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Staff training records showed that staff had completed training in relevant areas, such as fire safety, safeguarding residents from abuse, communication, understanding autism, positive behaviour support, and supporting residents with specific feeding and drinking interventions. Staff had also completed supplementary training that was contributing to the provider's human rights-based approach to care

and support. For example, staff had completed human rights and positive risk taking training.

There were effective arrangements for the support and supervision of staff. The person in charge provided informal supervision and formal supervision meetings were scheduled in line with the provider's policy. The inspector viewed the supervision records for six staff, and found that they were up to date.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was well resourced to deliver appropriate and effective care and support that met residents' needs and upheld their human rights. For example, the staffing levels were appropriate, multidisciplinary team services were available, the house provided sufficient space, and there was a vehicle in the centre for residents to access their community and beyond.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was full-time and reported to an assistant director of service. The person in charge was supported in their role by a senior social care worker who assisted in the oversight of the service. The assistant director visited the centre regularly and there were effective informal and formal systems for the management team to communicate, such as monthly governance meetings. The inspector reviewed the minutes from the recent meeting, it noted discussions on a range of topics including risk management, safeguarding, health and safety, and residents' needs and personal goals. There were also additional monthly meetings for persons in charge and the senior management team to meet and share updates and learning. Minutes of meetings in 2025 noted discussions on relevant topics, including safeguarding and incident reviews for shared learning.

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The person in charge completed a schedule of audits on a range of matters including health and safety. The provider had also completed a comprehensive annual review, and detailed unannounced visit reports that included reviews of the positive behaviour support, restrictive practice and safeguarding arrangements. Overall, the audits were found to be comprehensive, and where required, identified areas for ongoing quality improvement.

Judgment: Compliant

Quality and safety

Residents' safety and welfare was maintained by a high standard of human rights-based care and support. Residents were safe, and feedback from them and their families noted that they were happy with the services provided to them. It was clear that residents were receiving a person-centred service that supported them to make decisions and exercise choice in their lives.

Residents had a good quality of life, and were supported to access and engage in various leisure and social services that were in line with their interests, capacities, and needs. There were good arrangements to ensure that residents were consulted about their lives and the running of the centre. They attended house and individual key worker meetings where they discussed common agenda items, such as menu planning, safeguarding, restrictive practices, and human rights; and planned personal goals.

Residents' care needs had been assessed and associated care plans had been prepared. The plans were readily available to guide staff practice, and noted input from multidisciplinary services as relevant. The inspector also found that residents received good support to communicate in their individual means. For example, up-to-date communications care plans were available, and the inspector saw that the interventions, such as the use of visual aids, were being implemented.

Some residents presented with behaviours of concerns. Associated care plans had been prepared to help them manage their behaviours, and staff had completed relevant training. There was a small number of restrictive practices in the centre, and they were well managed in line with evidence-based practice.

The provider had effective arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. Staff and residents were also reminded of safeguarding matters during team, house and key worker meetings. Staff spoken with were familiar with the safeguarding arrangements.

There were effective risk management systems. Risks assessments were up to date and identified control measures to manage hazards and risks in the centre. There was written guidance for staff on managing incidents, and incidents in the centre were reviewed to identify potential learning to improve the safety of the service.

The premises comprises a two-storey house close to a town with many amenities and services. The house comprises residents' bedrooms, and communal spaces, including sitting rooms, dining facilities, bathrooms, a utility room, a sun room and gardens. The house was seen to be bright, homely, comfortable, clean, nicely decorated, and well equipped and maintained. It was also fully accessible and provided sufficient space for residents.

Regulation 10: Communication

The provider had ensured that residents were assisted and supported to communicate in accordance with their needs. The provider had prepared a written policy on communicating with residents which underpinned the support arrangements.

The inspector reviewed two residents' communication care plans and the associated supports. The residents' communication needs had been assessed by a speech and language therapist, and there were corresponding detailed care plans on the supports they needed. The provider's speech and language therapist had also recently attended a staff team meeting to discuss residents' communication needs with staff.

The residents communicated using different means including spoken words, body language and use of pictures. Visual aids were used to help them make choices and understand their day-to-day routine. For example, personalised social stories had been prepared to help residents understand topics such as going to health care appointments and on social activities, using community services, changes to their prescribed medicines, pursuing personal goals, use of restrictions, and intimate care. Some residents also used visual aids, such as picture menus and calendars. Staff spoken with had completed safeguarding training and were familiar with residents' communication plans.

The provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises was appropriate to the number and assessed needs of the residents living there.

The premises comprises a large two-storey house with front and rear gardens. The house was seen to be bright, clean, homely, spacious, comfortable, and nicely decorated and furnished. It contained individual residents' bedrooms (some with en-suite facilities), bathrooms, a kitchen, a utility room, sitting rooms, a sun room, a dining room, and a staff office. There was also a rear garden with a trampoline for residents to use. The various living areas provided residents with ample space to spend time together or separately as they wished. The residents' bedrooms were decorated to their tastes, and the inspector their array of personal belongings and prized items which added to the homeliness of the centre. One resident showed the inspector their bedroom, and said that they were happy with it.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had prepared a written risk management policy that outlined the arrangements for identifying, assessing, managing and monitoring risks that may present in the centre. The policy also incorporated positive risk taking, and noted residents' right to make decisions and take risks that may be deemed unwise.

The risk register outlined the various risks in the centre, including behaviours of concern. The risk register was up to date, and clearly outlined the control measures, such as staffing arrangements, to reduce and mitigate the risks.

There were effective arrangements for the management and review of incidents. The person in charge had prepared written protocols for staff to follow in the event of certain incidents. Incident records were maintained on the provider's electronic information system, and reviewed at staff team meetings and by the management team to identify any potential learning to improve the safety of the service provided in the centre. The inspector found that two serious incidents involving injuries to residents in January and July 2025 had been reviewed by the senior management team to ensure that they managed appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform written care plans.

The inspector reviewed two residents' assessments and associated care plans. These files were readily available to guide staff on the interventions to provide effective care and support to the residents. The plans were up to date, and reflected input from the residents and a wide range of multidisciplinary team services including speech and language therapy, mental health services, physiotherapy, dietitian, occupational therapy and positive behaviour support.

The plans included important information on the residents' personalities, interests, preferences, individual needs and goals, and were written in a person-centred manner that respected the residents' individuality. Some of the social care plans and goals had also been prepared in an easy-to-read format using pictures to make them easier to understand.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received good support to manage their behaviours of concern, and that there were effective arrangements for the use of restrictive practices.

The inspector reviewed two resident's positive behaviour support plans. The plans, prepared by the provider's behaviour specialists, were up to date and readily available to guide staff practice. Staff had completed positive behaviour support training, and members of the provider's multidisciplinary team had also attended staff meetings to provide guidance on the use of restrictions and behaviour support strategies. The management team told the inspector that the support interventions were effective, and this was seen through a reduction in behavioural incidents.

There was a small number of restrictive practices, and they were found to be managed in line with the provider's policy. The policy had been signed by staff to indicate that they had read and understood the policy. Staff spoken with were able to describe the restrictions and their rationale. Easy-to-read information had also been prepared to help residents understand the rationale for the restrictions.

The restrictions were reviewed monthly by the person in charge, and were deemed to be the least restrictive options. A self-assessment audit had also been recently completed by the senior social care worker to ensure that the restrictions were in line with evidence based practice. Since the previous inspection, an environmental restriction had been lifted in November 2024, and this demonstrated the provider's commitment to reducing the use of restrictions in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had implemented effective systems to safeguard residents from abuse. There has been no safeguarding concerns in the centre since it was registered.

The safeguarding systems were underpinned by a written adult safeguarding policy. The policy was signed by staff to indicate that they read and understood the policy. Staff had also completed safeguarding training to support them in the prevention, detection, and appropriate response to safeguarding concerns. Safeguarding was regularly discussed at staff team meetings to remind staff on the procedures for reporting concerns and recognising the different types of abuse. The inspector found that staff spoken with were familiar with the procedures for recording and reporting any safeguarding concerns.

Safeguarding matters, such as raising complaints, were also discussed at residents' key worker and house meetings, using easy-to-read information, to raise their understanding of self care and protection. There was also information on advocacy services and safeguarding displayed on the hall notice board to refer to.

Up-to-date intimate care plans had been prepared to guide staff in supporting the residents in a manner that respected their dignity and bodily integrity. Some elements of the plans were presented using social stories to make them easier for residents to understand. The provider had also prepared a written policy on the provision of intimate which took into account safeguarding risks and the need to respect residents' choices, dignity and privacy.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, it was found that residents had a good quality of life and were receiving support to understand and exercise their rights.

Residents were encouraged and supported to express their opinions and to make decisions in their lives. Residents' communication needs had been assessed, and associated care plans were in place to guide staff on their individual communication means. Residents were consulted with on a daily basis and also during the provider's audits of the centre.

Residents attended house meetings to discuss common agenda items. The inspector reviewed a sample of the meeting minutes from May to July 2025. They noted discussions on fire safety, restrictive practices, safeguarding, menu planning and activities, such as mountain walks, swimming, attending social clubs, eating out, spending time with family, using smart devices, going to the zoo and on train trips, and engaging in individual hobbies. Residents were also reminded of the complaints procedure, and reminded to share their preferences with staff. At a recent meeting, residents were reminded of the financial supports in place for them and asked if they agreed to them. One resident had been supported to open their own bank account which further enabled them to have control over their money.

Residents also attended individual key worker meetings where they planned and reviewed their personal goals. The inspector reviewed the minutes of meetings from January to July 2025. Their goals were individualised and included learning new skills, such as making small meals, and having new experiences, such as going on trips. During these meetings, residents were also encouraged to raise concerns if they had any, and were reminded of how make complaints.

Staff had completed human rights training, and residents' rights were regularly discussed at their team meetings. For example, during the July 2025 meeting,

human rights principles of respect, dignity and autonomy were discussed, and staff were reminded to offer residents meaningful and realistic choices.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant