



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

## Issued by the Chief Inspector

Name of designated centre:	The Dales
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	04 April 2025
Centre ID:	OSV-0008911
Fieldwork ID:	MON-0045623

## About the designated centre

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

The Dales offers a residential service for up to six children aged 6 to 18 who have intellectual disabilities and autism spectrum disorders, and may also experience mental health difficulties and challenging behaviours.

The Dales consists of three detached two-storey buildings located close to each other in a village in County Louth.

The facilities at The Dales provide children with a homelike environment, allowing them to engage in daily living activities typical of most households. This includes access to laundry, cooking, and personal care facilities.

As a social care-led service, residents receive support on a twenty-four-hour basis.

**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
Friday 4 April 2025	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This was a short-notice-announced inspection. The service opened in December 2024; this was the first inspection completed. The service comprised three newly built houses and was listed as being able to support 6 young people (residents) at the time of the inspection.

The findings from the inspection were positive. One area that required attention was the size and layout of one of the houses that made up the service. The house was identified as being able to support three residents. However, observations and discussions with the provider's senior management team members identified this as inappropriate. Before the conclusion of the inspection, the provider stated that they would submit an application to vary the registration of the service, meaning that in the future, the house in question would only be suitable to support 2 residents. Furthermore, the maximum capacity of the service would be reduced from 6 to 5.

On the day of the inspection, there were 3 residents residing in the centre. The residents lived separately, with one living in each of the 3 houses. For one of the residents, their plan of care was that in the future, they would be living alone due to their needs, but for the other two residents, it was planned that they would eventually be living with peers.

The inspector had the opportunity to meet with 2 of the residents. They met 1 resident before they left to attend their school placement. The resident was supported by 2 staff, (as were all current residents over the twenty-four hours period), and they appeared happy to be leaving for school. The resident chose not to interact with the inspector but was observed smiling at the staff indication their contentment.

The inspector met with the second resident in the afternoon and observed the resident engaging in activities in their garden. The resident appeared happy to do so and was utilising their swing and trampoline. The resident also engaged in water play in their kitchen with the support of staff. The inspector was introduced to the resident, but the resident preferred not to engage. The inspector observed that the residents appeared at ease and comfortable around their supporting staff members.

The third resident left to go on a planned outing to meet a family member before the inspector could meet with them.

Whilst the inspector's interactions with the residents were limited, the inspector found through the review of residents' daily notes and person-centred plans that the residents were supported in engaging in a range of activities. The residents had transitioned into their new homes in recent months and the staff team were still in the process of getting to know them and supporting them to identify the things they enjoyed. Records showed that the residents had been going for walks with staff members, supported to engage in activities such as sensory stimulating activities

and also playing games and having fun in their homes. The inspector had the opportunity to speak to a resident's representative, who informed the inspector that they were happy with the care and support provided to the resident and, in particular, noted the number of activities the resident was engaging in outside of their home.

The inspector reviewed a large volume of information including residents' care and support plans and information pertaining to how the service was being run. The review identified that there had been occasions where the residents had found the transition into their new homes challenging. There had been incidents where the residents had engaged in physical aggression towards others and towards themselves and had also engaged in property damage during periods of distress.

The inspector found that, through the review of adverse incidents, measures were in place to support the residents and maintain their safety. The review of aspects of the 3 residents' information also demonstrated that they had been assessed by members of the provider's multidisciplinary team and that guidance and support plans were being developed to help staff members best support the residents.

The inspector visited the three homes making up the centre and found evidence of property damage in all. A member of the provider's senior management team supported the inspector to view the buildings. They explained that the provider's maintenance team were regularly on site carrying out repairs (the maintenance team were on site on the day of the inspection). Initially, the 3 houses had been laid out with pictures and decorations on display. However, 2 of the residents had removed these decorations from their homes preferring bare walls and reduced items in their homes, this decision was respected by the staff team.

The other house was well presented and had a warm and welcoming atmosphere, nicely decorated, and had aids on display to support the resident's communication needs. These had been introduced in the other two houses, but the other two residents preferred that they were not on display and had removed them.

As noted earlier, one of the residents was attending school. The provider had sourced a school placement for one of the other residents, and plans were being implemented to support the residents in beginning to visit their new school. A school placement had not yet been sourced for the third resident, who was still in the early stages of their transition into the service.

In summary, the review of information and observations on the day identified that the residents were settling into their new homes. There had been occasions where the transition had been challenging for the residents, but there was evidence that the residents were appropriately supported by the provider and the staff team.

The next two sections of the report outline 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 residents lives.

## Capacity and capability

The inspector evaluated the provider's governance and management arrangements and found them to be appropriate. They ensured that the service delivered to each resident was safe, suitable for their needs, consistent, and effectively monitored.

Additionally, the inspector assessed the provider's arrangements regarding the person in charge, staffing, staff training, admissions and notification of incidents. This review confirmed compliance with the regulations in these areas.

The inspector also reviewed a sample of staff rosters and concluded that the provider maintained safe staffing levels. The person in charge ensured that the staff team had access to and completed training programmes necessary for caring for the residents.

In summary, the review indicated that the provider had systems in place to ensure that the service delivered to residents was person-centered and safe

## Regulation 15: Staffing

The inspector reviewed a sample of rosters, including the current roster and those from the first two weeks of January. During the inspection, a large staff team was present, with 3 residents supported by 2 staff members both day and night. The model of care provided was social care, but residents also had access to nursing support when required. The staff team comprised the person in charge, senior social care workers, social care workers and direct support workers.

The appraisal of the rosters indicated that the provider maintained safe staffing levels. While the inspector noted changes to the staff team, a consistent core group of staff supported the residents. A member of the provider's senior management explained that these changes were necessary; there had been a period when the service first opened that the skill mix of the staff team was not appropriate, the provider responded to these concerns, and this demonstrated good oversight of staff practices and showed that the provider and management team were proactive in addressing any concerns. Additionally, the size of the staff team had recently increased due to the admission of a third resident.

When reviewing daily notes and a sample of adverse incidents, the inspector observed that the staff members had conducted their duties appropriately, demonstrating respect for the residents and maintaining their safety. This identified that the skill mix of the team was appropriate in meeting the needs of the residents.

In summary, the provider and the person in charge ensured that safe staffing levels were upheld, and that the skill mix of the staff team effectively met the needs of the

residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed a sample of the staff team's training records. They studied the training records of 3 staff members on duty that day. The appraisal of the staff members' records demonstrated that, the training needs of the staff team were under regular review and that the staff team had been provided with training to guide them in supporting the residents.

The review of information throughout the inspection showed that the training provided to the staff team had supported them in effectively meeting the needs of the residents in areas such as risk management, communication and the management of challenging behaviours.

The staff members training which was reviewed showed that they had completed training including:

- fire safety
- Safeguarding
- Children first
- Infection Prevention and Control
- Assisted decision-making act
- Communication skills
- First aid
- Medication management
- One-to-one supervision
- Managing behaviour that is challenging.

The inspector also sought to ensure that the provider had ensured that the staff team was receiving supervision. The inspector reviewed 3 staff members' records, which showed that the staff members had received supervision in line with the provider's processes.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The person in charge was supported by a team consisting of senior social care workers, social care workers,



and direct support workers. Additionally, the person in charge received regular support from a member of the provider's senior management team.

The person in charge exclusively managed this service, which allowed them to be onsite and actively support the staff team. A review of the residents' information and the records pertaining to the service's operation indicated that both the person in charge and the provider maintained good oversight of the care given to the residents. This oversight contributed to a high standard of care for the residents.

The inspector discovered that the person in charge had conducted several audits since the service opened. They reviewed a sample of these audits, which included:

- Fire safety
- Medication management
- Staff training

The inspector noted that these audits were focused on identifying areas for improvement. When necessary, actions were taken to address any identified issues, and there were examples of actions being addressed promptly. For example, a recent audit was completed around medication management, and all actions were completed in the days following the audit, enhancing the practices around medication management.

Additionally, there was evidence of governance action reports conducted in February and March by a member of the provider's senior management team. The inspector reviewed these reports and found a system in place that summarized the results in percentage format. In February, the findings indicated a score of 65%, while the March report showed improvement, with a score of 85%. This demonstrated that efforts were being made to enhance the service provided to the residents. The inspector also found that the actions listed in the March review had been effectively addressed by the person in charge.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The residents had recently transitioned into the service. The inspector reviewed the information regarding two of the resident's transitions, which included multidisciplinary team meetings, assessments of needs, and transition plans.

The information gave the reader an insight into how the residents and their families were successfully prepared for the transition. The residents and their families had visited the service before moving in; sometimes, staff members had visited residents in their homes to help develop relationships before their transition.

As discussed, there have been occasions when the transition into the service had been challenging for some residents. Still, overall, the transition had been positive

for the residents settling into their new environments.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.
Judgment: Compliant
<b>Quality and safety</b>
<p>The review of information and observations revealed that residents received personalised services that were aligned with their specific needs and delivered in a manner that respected their rights. The provider ensured that residents' needs were assessed and support plans were developed accordingly. The inspection noted that guidance documents were created to assist staff in providing the best possible support to residents.</p> <p>The inspector evaluated several aspects, including risk management, communication, general welfare and development, and fire safety measures. The review found all these areas to be compliant with regulations.</p> <p>In conclusion, the provider, the person in charge, and the staff team were effectively delivering a safe services to the residents.</p>
<b>Regulation 10: Communication</b>
<p>The inspector reviewed the communication support systems for two residents who communicated primarily through non-verbal means. A speech and language therapist and the staff team assessed their communication skills and needs. A comprehensive communication assessment was completed for one resident, while the other was referred for assessment following their recent admission.</p> <p>The information available for review clearly outlined the residents' communication methods and provided guidelines on how staff should communicate with them. A</p>

consistent communication approach had been identified as being very important for the 2 residents, the residents were being offered visual aids including pictures and daily visual planners, to help support them with their routines, such as morning activities and preparation for outings.

One resident was fully engaging in the communication routines, whereas the other would often decline. The staff team consistently offered the use of visual aids to both residents, promoting a consistent approach.

In summary, the inspector found that the provider and the staff team were in the process of developing suitable communication support for the residents whose information was reviewed.

Judgment: Compliant

### Regulation 13: General welfare and development

As discussed earlier one the residents was attending school, a second resident had been supported to gain school placement but had yet to attend and the provider had not yet identified a school placement for the third resident.

The inspector reviewed daily notes for the ten days prior to the inspection for 2 of the residents, this showed that the residents were active, using the play equipment in their gardens and going out with staff for walks on a regular basis. One of the residents enjoyed engaging in water play on a daily basis and this was facilitated by the staff team.

Key working sessions were completed each month and the inspector reviewed the minutes from the two most recent sessions. The staff team were identifying goals for the residents and were supporting them to engage in the goals with some success.

Residents were supported to meet with their families on a regular basis, with one resident staying with their family on a weekly basis.

In summary there was evidence of the residents engaging in activities which they enjoyed.

Judgment: Compliant

### Regulation 17: Premises

The inspector visited the 3 houses that make up this designated centre. Initially, all houses were decorated in a similar style, featuring pictures and soft furnishings.

However, 2 residents expressed their preference for bare walls and a more minimalist approach to their living spaces. In line with the residents' wishes, the staff team removed several decorative items from these two houses, as the residents had consistently identified these decorations as a source of frustration.

The inspector found that the houses were well laid out to meet the residents' needs and were also clean. Each house had appropriate play facilities for the residents with goal posts, a swing, trampoline and in one garden a water table. During the review of the premises, the inspector observed that some timber had been left in the gardens of two houses, posing a potential risk. Once this was brought to the provider's attention, they responded quickly and removed the timber.

As mentioned earlier, the three residents had engaged in property damage within their homes, and the provider's maintenance team was regularly conducting repairs. It was hoped that as the residents settled into their new surroundings and developed relationships with their caregivers, the incidents of damage would decrease. Nevertheless, the provider had systems in place to address this issue.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector reviewed the risk management procedures and found them to be appropriate. The person in charge ensured that individual risk management assessments were developed for the residents. Upon reviewing two of the residents' assessments, the inspector noted that the risk assessments were tailored to the specific needs and circumstances of each individual.

The assessments conducted were connected to the residents' needs assessments and care plans. The inspector noted that the risk control measures implemented were appropriate for the identified risks. For instance, each resident received support on a 2:1 basis, staff adopted a consistent approach with each resident. Additionally, visual aids were utilised to enhance communication. Restrictive measures, such as window restrictions and keypad locks, were also in place to prevent residents from accessing the road outside their home.

The information provided guidance on how to reduce the recurrence of incidents and maintain resident safety. Additionally, the inspector reviewed the adverse incidents that occurred for two residents during 2025. The inspector found that reviews of the incidents were being conducted, and where possible, any learning was identified and shared with the staff team to reduce further incidents and improve staff responses.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector assessed the fire safety management systems and found that the staff team had received appropriate fire safety training. Each house was equipped with proper fire detection, containment, and firefighting equipment.

The inspector reviewed the fire safety management folders for each house and confirmed that the equipment had been serviced at appropriate intervals and was in good working order.

Fire drills had also been conducted with all residents in recent weeks, and the provider along with the staff team demonstrated their ability to safely evacuate the residents.

In summary, the provider ensured that the fire safety management procedures were effective at the time of the inspection.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed aspects of the three residents' information. The inspector found that assessments of the residents' needs had been completed as part of their transition process and following their moving into their new homes. The inspector noted that allied healthcare professionals, such as speech and language therapists and behavioural specialists, had assessed the resident's needs. In some cases, the support plans had not been finalised, but there was evidence of temporary plans being put in place to support staff members in caring for the residents.

The inspector found that these assessments were used to develop care and support plans. Upon reviewing two of the residents' support plans, the inspector noted that they were well-written and provided clear and concise information on how to address each resident's needs best. There were examples of staff members following the plans and supporting the residents to have positive outcomes.

Overall, the review identified that the provider had ensured appropriate assessments of the residents' needs were conducted. These assessments informed the development of the care and support plans. Observations made during the inspection, along with the review of documentation, indicated that at the time of the inspection, the provider had systems in place to effectively meet the needs of all three residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The three current residents all presented with challenging behaviours. The inspector reviewed the positive behaviour support plans that had been developed for 2 of the 3 residents. The inspector found that assessments of the residents' presentation and behaviours had been conducted and that the assessments had been used to develop the plans.

Upon reviewing the plans, the inspector found them well-written. They effectively helped the reader understand the potential reasons behind the residents' distress and offered strategies to reduce the likelihood of incidents. The plans also outlined how to respond to challenging incidents should they occur.

Additionally, the inspector observed that the behaviour support plans and communication support plans were interconnected. This linkage promoted consistency in how the residents were communicated with and supported.

The inspector also reviewed the adverse incidents which had occurred for two residents in 2025. The inspector found that incidents were occurring but that the staff team were supporting the residents in a manner that mirrored the behaviour support plans and were effectively responding to the incidents and supporting the residents to de-escalate.

The inspector also observed that a number of restrictive practices had been introduced. These were mainly environmental and were in place to keep the residents safe and were proportionate to the level of risk, these included electronic keypads on the front doors of each house and window restrictors.

Judgment: Compliant

## Regulation 8: Protection

The inspector reviewed the provider's "Child Safety Statement". The document contained the required information and gave the reader information on managing safeguarding concerns. For example, the provider had assessed any potential harm to a child. Following this, risk assessments were developed, which listed the control measures for managing the risks.

The review of staff training records demonstrated that the staff team received appropriate training in relation to safeguarding residents and preventing, detecting, and responding to abuse. The provider also ensured that safe staffing levels were maintained to protect residents from abuse.

In summary, the review of the providers safeguarding measures found that they were appropriate. There were no safeguarding concerns since the service opened,

but the inspector was assured that systems were in place to respond to concerns.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant