



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

Issued by the Chief Inspector

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| Name of designated centre: | Larch View |
| Name of provider: | Talbot Care Unlimited Company |
| Address of centre: | Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 09 February 2026 |
| Centre ID: | OSV-0008031 |
| Fieldwork ID: | MON-0044496 |

About the designated centre

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

This centre provides residential services for up to six adults with an intellectual disability, autistic spectrum disorder and acquired brain injury. The centre is based in a rural location in the community, and transport is provided for residents to access facilities and services in nearby towns. The aims of the service are to promote residents' independence, and to maximise residents' quality of life through interventions and supports. Residents are supported in the centre by a team including a person in charge, team leads, and direct support workers. Residents can also access a range of professionals in order to support their health, social and personal needs. In line with their preferences residents are supported to attend day services, or to engage in activities in the centre and in the community. The centre is homely and comfortable and laid out to meet the individual and collective needs of residents.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 6 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------|----------------------|-----------------|------|
| Monday 9 February 2026 | 10:05hrs to 18:25hrs | Caroline Meehan | Lead |

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor the quality and safety of care and support provided to residents, and to monitor compliance with the regulations. The inspection took place over one day and was facilitated by the person in charge.

Since the last inspection, the provider had submitted an application to the Office of the Chief Inspector (Chief Inspector), to increase the numbers of beds in the centre from five to six, and to increase the footprint of the centre, adding a self-contained apartment to the centre. At the time of this inspection the centre comprised of two units; one five-bedroomed house, and a one-bedroomed apartment, and the centre could accommodate six residents.

From meeting residents, speaking with the staff team, and observing residents as they went about their day, it was evident that residents were living a life of their choosing, and were happy and comfortable in the centre. The inspector had the opportunity to meet five of the six residents, and one resident was in hospital on the day of inspection.

In the morning time, the inspector heard staff talking to a resident, and discussing what they would like to do. The inspector met the resident for a short time, as they were getting ready for their day, and they appeared very content and had plans to go out for coffee in the morning. Later in the day, the inspector met another resident, and staff were observed to support the resident in line with their support plan.

The inspector spoke to another resident in the evening, and they told the inspector about what their life was like living in the centre. The resident said they were offered a good variety of activities, and the choices they made were respected. The resident said they liked to go out for coffee, shopping and going bowling, and said they would like to have the opportunity to start swimming again. The resident also told the inspector they planned their own day, and got to go out as often as they liked.

Residents were supported to maintain regular contact with their families, and one resident told the inspector their family was visiting in the afternoon. The inspector observed the resident and their family were given privacy in the sittingroom during their visit. The person in charge described the range of supports for residents to keep in contact with their families including daily phone calls, visits to the centre, meeting relatives for social occasions, and residents visiting home.

Staff were observed to be kind and respectful in all their interactions with residents, and it was evident that residents felt very comfortable with the staff on duty. Staff and the person in charge described a range of social supports in place for residents,

and these were planned for through daily activity planning and monthly goal setting. These included, for example, playing football, swimming, sensory room sessions, going out for meals or coffee, visiting historical sites, holding cultural events and helping a resident with literacy.

The person in charge also described how a resident, recently admitted to the centre, preferred a structured routine, and they were being supported with gradual expansion of their social activities. The team were supporting the resident with their preferred mode of communication, and assistive technology and communication aids were observed to be used. A staff member also described a range of supports for residents including personal care support, behavioural support and mobility support, and these were in line with professional recommendations.

Overall the inspector found the staff team supported the individual choices of residents, while respectfully supported residents to avail of opportunities both in the centre and in the community in line with their wishes and goals. As a result residents were enjoying a good quality of life.

The next two sections of the report outline the governance and management arrangements, and how the arrangements positively impacted on the quality and safety of care and support residents received in the centre.

Capacity and capability

Overall the provider had ensured the resources and management systems were ensuring effective care and support for residents, and there was ongoing monitoring of the services provided.

There were suitable resources provided in the centre to support and care for residents, and to facilitate their choices on a day-to-day basis. This included providing sufficient staff numbers, and staff had the knowledge and skills to safely meet the needs of residents. Staff had been provided with a range of mandatory and additional training, and staff were supervised appropriate to their role.

The centre was managed by a suitably qualified person in charge, and there was a clearly defined management reporting structure. There was ongoing auditing of the services provided, and actions were implemented in response to any issues raised through reviews or audits.

Regulation 15: Staffing

The staffing arrangement in the centre was based on the needs and numbers of residents living in the centre, and consistent staff were provided.

There were sufficient numbers of staff employed in the centre. During the day there were six staff on duty, four staff in the main house, and two staff in the apartment. At night three staff were on duty, two staff in the main house and one in the apartment, and all staff worked in a waking capacity at night time.

The staff team comprised of the person in charge, two team leads and direct support workers, and there were 19 whole time equivalent posts in the centre. At the time of the inspection there were three staff vacancies, and the person in charge stated there was an active recruitment campaign ongoing. In the meantime, regular relief staff filled shifts, as well as permanent staff doing extra shifts, and it was evident from a sample of rosters reviewed over a three month period that consistent staff were being provided. This meant that residents were receiving continuity of care and support. Planned and actual rosters were available and were appropriately maintained.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with mandatory and additional training, and were supervised appropriate to their role. As a result staff had the knowledge and skills to safely meet the needs of residents.

The provider had identified in their statement of purpose the training staff in the centre were required to complete, and the inspector reviewed the staff training matrix, and online training report. All staff had up-to-date training in safeguarding, children first, fire safety, and managing behaviours of concern. Additional training was provided in food safety, feeding, eating, drinking and swallowing (FEDS), moving and handling, assisted decision making, medicines management, epilepsy and the administration of rescue medicine, autism, and in positive management of complex behaviours. All staff had completed a suite of online training in infection prevention and control (IPC).

The training provided meant that staff had the knowledge and skills to support residents with, for example, managing their emotions, or responding to emergency medical issues. The inspector observed staff had put their training into practice, for example, with fire safety precautions, and a staff member described how to evacuate residents in the event of a fire at night time, and how to respond to safeguarding incidents.

The person in charge supervised the day-to-day care and support provided to residents, and facilitated staff supervision meetings every quarter. The inspector

reviewed supervision records for two staff completed in 2025. Supervision had provided an opportunity for staff and the person in charge to identify areas for development, and timely actions were recorded and reviewed at each supervision meeting.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the resources and management systems were in place to safely support residents, and to ensure residents were actively engaged in decisions about how they wished to live their life. There was ongoing monitoring of the services provided, and actions had been taken to address issues identified in audits and reviews.

There were appropriate resources in the centre, and included for example, sufficient staffing, staff training, assistive equipment, transport. An additional self-contained apartment had been added to the centre since the last inspection, and this premises was suitable for the needs of the resident living there.

There was a clearly defined management structure and staff reported to the person in charge. The person in charge worked full-time and was responsible for this centre only. The person in charge reported to the assistant director of services, who was also in attendance on the day of inspection. The assistant director of services reported to the director of services and onwards to the Chief Operating Officer and the Chief Executive Officer. It was evident from speaking to the person in charge and the assistant director of services that they knew the residents and their support needs well.

An annual review of the quality and safety of care and support was completed for 2024, and the review for 2025 was in progress on the day of inspection. The annual review had included consultation with residents and with their representatives through questionnaires and overall positive feedback was received. Recommendations following this review were complete.

A six monthly unannounced visit was completed in November 2025 and actions arising from this review were also found to be complete including replacing a damaged sofa, and ensuring all outstanding staff training was complete. The person in charge completed a range of audits, and in the main audits were found to be compliant. The inspector reviewed a sample of twelve audits for 2025 including IPC, medicines management, communication and finances. Where actions arose following audits these were complete or in progress on the day of inspection.

Staff were given the opportunity to raise concerns at individual supervision meetings, and a staff member told the inspector they can raise concerns with the person in charge, and the person in charge provided good support.

Judgment: Compliant

Quality and safety

Residents in this centre were receiving good quality care and support, through an approach that focused on their preferences, their specific goals, while supporting their care needs.

Residents' needs had been assessed, and health and social care personal planning was led by the preferences of residents in how they spend their time on a day-to-day basis. Plans guided practice and were found to be implemented, for example, detailed plans on how to achieve monthly goals. There were also clear plans on how to support residents with their health and emotional needs, and ongoing monitoring of these needs.

There were safe and appropriate systems in place for fire safety, the protection of residents, and for the management of risks and incidents, and the person in charge had ensured learning was discussed and changes of practice were implemented where needed following adverse incidents.

Regulation 10: Communication

Most of the residents in this centre communicated through verbal means and residents were provided with visual aids to support their communication. These included for example, written and picture schedules, easy to read procedures, and information in picture format.

Since the recent admission of a resident, staff had continued to support the resident with their preferred communication system, including picture exchange communication system, use of an iPad, and use of first and then picture cards. In the meantime, the person in charge had made a referral to a speech and language therapist in December 2025 for review of the resident's communication system.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support, and this was based on their assessed needs and on their identified goals.

Residents planned what they would like to do on a day-to-day basis, and they discussed their plans with staff at the beginning of each day. Residents had identified the activities they like to take part in and the inspector reviewed records of activities for two residents over a sample of twelve days, and residents had been swimming, met a sibling, attended gym sessions, went out for coffee and bus drives, went shopping, and visited a castle. A resident told the inspector they have a good variety of activities provided, and they liked to go to a particular coffee shop, go bowling and sometimes shopping.

Residents met with their keyworker once a month and developed short and long-term goals. The inspector reviewed records of goals for two residents, and short-term goals for a month in 2026 had included planning their birthday party and visiting a historic site. Long term goals for a resident related to their wishes regarding positive health, and the inspector observed goal plans had already commenced. Residents were supported by staff to make a plan on how best to achieve their goals, and records were maintained on the progress of and completion of goals.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable for its intended purpose, and to comfortably meet the needs of the residents.

An application to vary the conditions of registration was granted in August 2025, and meant the centre could now accommodate six residents, and an additional self-contained apartment was added to the centre. The inspector was shown around the centre by the person in charge, and the centre was observed to be clean and well maintained throughout.

The apartment was located to the side of the main house and was spacious and suitable to accommodate one resident. There was an open plan sitting, dining room and kitchen. The resident's bedroom was spacious, and there was suitable storage for their belongings. Adjoining the bedroom was a large ensuite, with shower, wash hand basin and toilet. A second bathroom was also available. There was a small outdoor space to the back of the apartment that required further development, and the person in charge told the inspector about the plans for this area.

The main house could accommodate five residents and each of the residents had their own bedroom. There were sufficient bathrooms for residents' use, and a guest toilet on the ground floor. There were suitable cooking and dining facilities in the

kitchen and dining room, and two sittingrooms to accommodate visitors, and where residents spent some of their free time.

Overall the centre was observed to be comfortable and spacious, and suitable for its intended purpose to accommodate six residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had notified the Chief Inspector about a restriction in cooking hot meals in one unit of the centre, and this was discussed with the person in charge. Due to the risk to the resident, the resident's meals were cooked in the main house. The inspector reviewed records of meals provided to this resident and these were varied and nutritious, and a dietician had reviewed the resident's nutritional needs in January 2026.

In the main house, there were suitable clean cooking and food storage facilities, and records of temperatures for cooked meals, and for the fridge and freezer were recorded throughout the day. The inspector observed there was a good variety of fresh food and snacks available for residents, and a resident told the inspector the choice of meals offered was good and they could choose an alternative to meals offered if they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks in this centre were being assessed and managed appropriately, and incidents were recorded and responded to, to minimise the risk of reoccurrence.

The inspector reviewed records of incidents for 2025, and incidents had been recorded by the team and subsequently reviewed by the person in charge and assistant director of services. Learning following adverse incidents was agreed and implemented, for example, implementing risk control measures, revising medicine management practices, and a change of approach prior to a leisure activity. Incidents were also reported to the relevant team members, for example, the behaviour support specialist, and this in turn informed reviews of residents' support plans.

Risks had been assessed and control measures were detailed in risk management plans. The inspector observed control measures were implemented, for example, providing a low arousal approach, providing one to one support for a resident, and a

staff member described in detail the care provided to prevent adverse skin integrity issues for a resident.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety systems in the centre, and residents' support needs to evacuate the centre in the event of a fire were assessed.

The inspector observed there were fire doors throughout the centre, and the centre had a fire alarm, call points, fire extinguishers, fire blankets and emergency lighting provided, and equipment had been serviced at the required intervals. Staff completed fire safety checks including daily, weekly and monthly checks of escape routes, emergency lighting, fire alarm, bedding and furnishings and fire-fighting equipment. All exits routes were clearly marked and observed to be free from obstruction.

Personal emergency evacuation plans were available for residents, and had been reviewed in January 2026. The plans outlined the support residents needed to evacuate the centre, and there were sufficient numbers of staff on duty to assist residents during the day and at night. The inspector reviewed records of seven fire drills completed in 2025 and 2026, and overall these had been completed within a satisfactory time frame. Where a resident declined to evacuate the centre during one drill, this incident had been reviewed by the person in charge and the assistant director of services, and a further fire drill completed with no issues arising.

Staff had been provided with training in fire safety, including how to use a ski sheet, and records of completion of this practical training in 2025 were available.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Arrangements were in place to meet the assessed needs of residents in line with personal plans, and there was ongoing review of residents' health, social and personal care needs.

The inspector reviewed records for four residents, and spoke to the person in charge and a staff member. Up-to-date assessments of need were in place for residents and included input from residents, families, and healthcare professionals. Personal plans were in place, and clearly outlined the care and support to be provided to meet residents' needs, and to help residents achieve their goals. Plans were

regularly reviewed and where required, were updated to reflect a change of need, or new recommendations and preferences for residents

Residents were supported by staff to develop monthly goals, and clear plans were outlined on how residents could achieve their goals, and on the outcome of goals once completed.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to healthcare professionals and staff implemented recommendations and plans to support residents to achieve good health.

As mentioned, residents' healthcare needs had been assessed, and residents had an annual healthcare review completed with their general practitioner. Residents had also had reviews as required with for example, a dietician, a physiotherapist, an occupational therapist, a psychiatrist and a speech and language therapist. Healthcare plans were detailed and provided guidance on how best to support residents with their healthcare needs.

The inspector spoke to a staff member who described in detail the care provided to support a resident with their mobility, and their personal care, and this was in line with the details set out in healthcare plans. The recommendations outlined in plans were implemented, for example, monitoring weight, and seizure activity, completing daily physiotherapy exercises, and providing a balanced nutritious diet as per a dietician's recommendations. A resident told the inspector the care provided was good in the centre and they can see a doctor or a healthcare professional when they need to.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had their emotional needs assessed, and were supported with behavioural support planning, and mental health reviews as needed.

Residents where needed, had attended reviews with a psychiatrist, and a behaviour support specialist had assessed residents' behavioural needs. The inspector reviewed two behaviour support plans, and these clearly outlined the strategies to minimise the likelihood of incidents and to support residents during periods of distress. Behaviour support plans had been regularly reviewed, and incidents were recorded and monitored, to inform these reviews. The inspector observed the recommendations in these plans were used in practice, for example, a low arousal

environment, assistive technology for communication, deep pressure and head massage, and providing a weighted blanket.

The inspector reviewed a restrictive practice related to cooking of food for a resident, and found the use of this restriction as a control measure was relative to the risk of injury presented. The team had ensured the resident was not impacted in the choice and balance of meals provided.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and safeguarding concerns had been reported and followed up appropriately.

There had been three safeguarding concerns reported to the Chief Inspector of Social Services since the last inspection in 2024. Staff had completed incident forms and also reported incidents to the person in charge. Two incidents had occurred in the centre and one incident in day services, and the person in charge had reported the two incidents to the safeguarding and protection team, and had included a preliminary safeguarding plan. Both incidents had been reviewed by the safeguarding and protection team and closed at the time. The inspector reviewed records of incidents for 2025, and there were no ongoing safeguarding concerns.

The inspector spoke to a staff member who outlined the procedure to follow in the event a safeguarding incident occurred, and this was in line with the provider's policy. All staff had up-to-date training in safeguarding and in children first.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to choose how they wished to live their life was respected, and the arrangements in the centre for the provision of care and support, meant that residents' right to privacy and dignity was upheld.

Residents discussed with staff what they would like to do each day, and staff supported residents with their chosen daily plan. Some residents preferred a structured day, and liked to attend to their routines before doing any community activities, and the inspector observed this preference was respected. A staff member explained that assigned staff talk to each resident every day, and residents make the choices on their daily plan. One resident told the inspector they were happy with the variety of activities they had, they can go out as often as they like, and felt their choices were respected. Residents also chose the meals they would like to have and

made a meal plan for the week at resident meetings. As mentioned, alternative meals were provided if a resident preferred.

Some residents preferred not to go out for community activities in wet weather, and this choice was respected. In the meantime, staff provided preferred activities in their home, for example, sensory massages. The daily planning of activities with residents, and discussing plans with residents at weekly meetings and monthly key worker meetings meant that residents were involved in decisions about their care and support and about how the centre was organised.

The facilities in the centre meant that residents' privacy and dignity could be respected in relation to intimate and personal care, and intimate care plans clearly set out how to respectfully support residents. The inspector observed that a resident and family was provided with a private space for a visit with on the day of inspection.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |