Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hollyoaks
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	19 March 2026
Centre ID:	OSV-0008540
Fieldwork ID:	MON-0040370

About the designated centre

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

Hollyoaks is a designated centre registered to provide full-time residential service for people over the age of 18 years with intellectual disability, autistic spectrum or mental health diagnoses. The objective of the service is to promote independence and maximise quality of life, in a home-like environment which promotes dignity, respect, and support to empower residents to make choices on their goals and futures. The centre consists of a large two-storey detached house in a rural area of County Kildare in which every resident has a large private bedroom and shared use of large communal living rooms, kitchen and dining room, garden spaces and accessible bathroom facilities. The support team consists of team leads and direct support workers, with nursing and clinical support available as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Thursday 19 March 2026	09:20hrs to 17:45hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector spoke with and spent time in the communal areas with all residents to gain an insight into residents' experiences of living in Hollyoaks. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre. Residents were supported to enjoy an active life while receiving good quality care. While a good quality service was being provided, some improvements were required to residents' personal plans to ensure these were reviewed to assess their effectiveness. Training systems in place for staff who administer medicines also required review to ensure medicines were safely administered by trained staff.

This was an announced inspection to assess the ongoing levels of compliance with the regulations. The inspection also informed the decision in relation to the provider's application to renew registration, which was under review.

The centre comprised of one large detached house with a large front and rear garden, located in a small rural village in Kildare. It was registered to accommodate five residents and had no vacancies on the day of inspection. Residents had access to a shared vehicle. Some of the residents had mobility needs which were supported by the presence of wide corridors and clutter free areas. There was also a stair lift installed so all residents could freely access all parts of the house without any restrictions on their movement. On entering the centre there was a large hall, with a resident's bedroom leading off this. The inspector was informed that the resident used this area as they enjoyed making vocalisations and to have their own space. The ground floor also had another resident's bedroom, and communal areas such as, two living rooms, a kitchen-dining room and a sunroom. The remaining residents' bedrooms were located on the first floor with the staff office and a relaxation room.

The inspector found that the centre was pleasantly decorated to meet the needs of the residents and maintained to a very high standard. It was clean, bright, comfortable and homely. Each resident had their own bedroom, which they decorated to their own preference. Residents' bedrooms were filled with personal memorabilia and family photos. There was ample accessible space in the centre which ensured that residents could have time alone or do activities together if they wished.

On arrival to the centre, one resident had already left for their day service. There were three residents in the centre, one was relaxing in the sitting room, one was in the back garden bouncing on the trampoline and one was getting ready for the day after their breakfast. One resident was away visiting their family for a few days. They did this every week and decided when they wanted to return to the centre.

The inspector met the resident briefly when they returned to the service that evening. They were happily showing the inspector and staff all the shopping they had done when they were away.

When the person in charge was accompanying the inspector on a tour of the premises, one resident joined them and eagerly showed the inspector their bedroom. The resident did not verbally communicate and was supported in their communication preference. The inspector observed them make clear choices, which were respected by staff supporting them. The resident had been assessed by a speech and language therapist who also recommended using 'objects of reference' when communicating to expand the choices the resident could make. Throughout the day the inspector observed staff implementing these recommendations when offering the resident a choice.

Residents spent some time in the garden together having a snack and engaging in sensory play before heading out for the day. All three of the residents went out together, two went to a fitness class in the community and one went for a walk in the park with staff, which they enjoyed. The inspector was informed that they had lunch in the park and then returned to the centre in the afternoon. Shortly after, the resident who attended day service returned also. The resident spent time in the sunroom watching television and relaxing after their day out. They were also supported by staff for personal care in a dignified and respectful manner.

Most of the residents required additional communication support. It was evident that staff were able to freely communicate with the residents and were aware of their communication needs. Residents had visual aids, 'objects of reference' and Picture Exchange Communication System (PECS) available to them. Staff were also observed to use some Lámh (a manual signing system) signs with residents. Where required, residents had been assessed by a speech and language therapist and recommendations were implemented. Residents had communication passports in place which clearly detailed how residents communicated their different needs.

Residents had been supported by staff to complete feedback questionnaires in advance of the inspection. They all indicated that they were happy living in the centre and with the staff. None of them raised any concerns or complaints with service being provided.

Residents' rights were respected in the centre and it was evident that they were consulted with in decisions regarding their care and the running of the centre. There were weekly resident meetings, which they all usually attended. The minutes of these meetings were reviewed by the inspector. They covered topics like planning the menu for the week ahead, local events, safeguarding, the service user council, advocacy, restrictions and feedback was sought. Residents also reported in these meetings that they were happy.

The inspector did not have the opportunity to speak with resident family members when on inspection. However, on the most recent family surveys completed they reflected the residents' feedback, reporting they were also happy with the service

provided and the quality of care and support provided. Several of the families raised concerns with communication and felt like this needed to be improved upon.

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

Capacity and capability

Overall, the inspector found that there were established management structures in place, with key roles clearly identified within the management team to oversee the operation of the centre. The inspector also observed that actions outlined in the compliance plan from the previous inspection were completed. The provider had ensured the centre was adequately resourced to meet the needs of all residents, and when additional resources were required, there was a system in place for this to be raised with the provider. While a good quality service was being provided some further improvements were required to the systems in place for staff training when administering medicines.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. There had been several changes to the person in charge role since the last inspection. Feedback from families was that this had impacted communication with the service. The provider had acknowledged this and implemented a plan to address these concerns.

The person in charge was supported in their role by two team leaders and was responsible for the oversight of a team of direct support workers. There were regular staff team meetings occurring to discuss residents' care and support arrangements. There were systems in place to manage risks associated with the quality of care and the safety of the residents. The provider was proactive in identifying and managing risks in the centre. The centre's management team met regularly, this ensured that the service provided was safe, consistent and effectively monitored and appropriate actions taken where necessary.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew registration of the designated centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 had been made by

the registered provider. This application was in the process of being reviewed at the time of inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge. They had the relevant experience and qualifications to undertake this role and they were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They also demonstrated a strong commitment to the provision of a safe and effective service.

The inspector found that they had sufficient time and resources available to them to provide appropriate governance and management to this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring a suitable number and skill-mix of staff were on duty both day and night to support residents. Since the centre had been last registered there had been a reduction of one full-time equivalent direct support worker staff being provided in the statement of purpose. The inspector was informed that a resident had been admitted to the centre with one-to-one support care needs for 12 hours a day. This had been reviewed and reassessed, a multi-disciplinary decision was made that this support was no longer required.

There was a familiar staff team in place, and when additional staff support was required from time-to-time, this was facilitated. For example, when one resident was assessed as needing extra support for an activity following an incident, extra staff were allocated to attend the activity so the resident could continue doing an activity they enjoyed.

Continuity of care was ensured by having regular staff who knew the needs of the residents, allocated to provide cover when this was required. There were no staff vacancies at the time of inspection. The staff team in place had been consistent for two years. On a review of rosters for January and February 2026 there were no gaps in staff cover provided.

A sample of three staff Schedule 2 information was reviewed. While one staff file did not have evidence of qualifications, this was received before the end of inspection

and placed on file. All other Schedule 2 information was available for review as required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a well-established management structure in place for this centre, and all staff spoken with were aware of their respective roles and responsibilities. There was effective oversight and monitoring of the care and support provided in the centre, with the person in charge having a regular presence and working full-time within the centre. It was evident from feedback received from residents and families that they were satisfied with the service that was being provided.

The provider had conducted a six-monthly visit to the centre in November 2025 and another one six months before this. The inspector reviewed both and found that they focused on relevant areas of care and support specific to what residents received. An annual review of the quality and safety of care had been completed, which consulted with residents and their families. A time-bound plan was put in place to address areas that were identified for improvement which ensured that these were driving quality improvement.

Monthly management meetings were held with the director of services which covered areas such as, incident review, safeguarding, restrictive practices, fire safety and other operational updates. The person in charge met with the team leads monthly and regular staff meetings were also held. A record was kept of the discussions and required actions for both, ensuring that there was oversight and accountability.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents. While this was generally effective, the system in place to ensure all staff were suitably trained when administering medication required review. The providers medication management procedures directed that all staff complete a refresher of their safe administration of medication training every two years. This was a requirement in place to be recognised as an authorised medication administration person. However, two staff had been administering medication and their training had expired. The person in charge implemented plans to ensure that they no longer administered medication until they had completed their refresher training.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Chief Inspector of adverse events as required under the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had all Schedule 5 policies and procedures in place. They were developed in line with evidence-based guidance and considered the rights and abilities of residents and best practice. The policies and procedures promoted and supported positive outcomes for residents living in the centre. The provider had ensured that they were reviewed and updated where necessary every three years.

Judgment: Compliant

Quality and safety

This was a service that was responsive to the assessed needs of the residents, and ensured the arrangements and supports that they required were made available to them. The residents spoken with told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with the residents in a kind and respectful manner, and to know their needs very well.

Residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. Residents had been comprehensively assessed and had access to a wide range of multi-disciplinary supports, such as, speech and language therapy, dietitics and occupational therapy. A range of personal support plans were in place, which reflected the assessed needs of the individual resident. While the plans outlined the supports required they did not clearly guide staff practice to maximise the residents' personal development and plans were not reviewed to assess their effectiveness.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the residents. It was suitably decorated and provider a homely relaxed atmosphere.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Residents with additional communication needs were assessed by a speech and language therapist when required. The assessment was used to inform individualised communication plans for each resident which were detailed and provided clear guidance to staff in a variety of scenarios. For example, plans detailed how each resident communicated when they were making choices, hungry, thirsty, wanted quiet time, were in pain, happy, bored and wanted help.

Staff spoken with were familiar with residents' communication needs and assisted residents to make informed decisions, which was observed by the inspector on the day of inspection. Residents who required additional communication aids were supported to use these in a person-centred and respectful way. Staff interactions with each resident reflected the resident's individual communicative format. Information was also provided to residents in an accessible format.

Residents also had access to television, radio, newspapers and the Internet.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcome in the centre and encouraged to participate in residents' lives. Residents had access to suitable communal and private space, other than their bedroom, to meet with visitors in private. Where there was a concern, any visiting restrictions in place were done in line with the regulation and regularly reviewed.

Judgment: Compliant

Regulation 17: Premises

The premises was suitably built and furnished to support residents' existing mental health, physical health and overall wellbeing, as well as their long-term requirements. The provider ensured that the premises, both internally and externally, were of sound construction and kept in good repair. The centre was clean and bright, offering a homely environment, which residents appeared to enjoy.

The premises offered space for residents to spend time alone if they wished and it promoted their privacy and dignity. The layout of the premises was accessible and enabled residents' independence to be promoted and offered a high quality of life.

Ample outdoor space was also available to residents that provided direct access to nature, space to exercise, fresh air and exposure to sunlight. The outdoor space was

readily accessible and safe. Residents could access spaces both within the centre and garden without restrictions.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. There were clear and consistent processes in place for managing and assessing risk. The risk register accurately reflected the risks in the centre and was updated and reviewed at regular intervals. The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

The provider had ensured the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy. Where a risk had been identified for a resident following an adverse event, the provider was proactive in addressing the issue of safety while ensuring that they were supported to have a fulfilling life.

A comprehensive risk management policy was in place, which met the requirements of the regulations and was implemented in practice as well as a centre-specific emergency plan. The policy was kept up-to-date and reviewed at least annually.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the staff office and prescribed by a registered prescriber. There were appropriate practices relating to ordering, receipt and disposal of medicines. Residents had been risk assessed to determine if they could administer their own medicines or needed staff support to do so. There were systems in place for administering medicines which were effective and had been improved since the previous inspection. While all staff had been trained to administer medicines, two staff were due to attend refresher training and had continued to administer medicines without this in place. This is further detailed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had individualised assessment and personal plans in place which aimed to enhance the quality of care and support provided to them. Through personal planning, residents were supported to live full and meaningful lives.

A rights-based approach to assessment and personal planning was used to ensure the resident's voice was prioritised and respected. During monthly keyworking sessions residents set short-term goals for the month ahead. Residents also had a long-term goal in place which was also discussed regularly.

While the plans outlined the supports required by staff, they did not clearly guide staff practice to maximise the residents' personal development. The plans in place were also not reviewed to assess their effectiveness.

Judgment: Substantially compliant

Regulation 8: Protection

There had been no safeguarding concerns since the previous inspection. Safeguarding arrangements were clearly set out in this centre, with all staff having up-to-date training in safeguarding. There was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. Staff spoken with were knowledgeable about their safeguarding remit.

Each resident's welfare was promoted, and care and support was received in an environment where efforts were made to prevent the risk of harm. Safeguarding measures are in place to ensure that staff provided personal intimate care to residents who required such assistance in line with the resident's personal plan and in a dignified manner.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hollyoaks OSV-0008540

Inspection ID: MON-0040370

Date of inspection: 19/03/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The staff member identified during the inspection completed their refresher training on 10/04/2026. • The capacity of the training department has been enhanced through the recruitment of a Safe Administration of Medication Trainer to ensure training is completed within required time frames . Th person taking up this role is onboarding at present. • The training department will be responsible to assign refresher medication training in advance of the expiry date. • The person in charge will be responsible to review latest training records for their centre to ensure all AMAP's are up to date with the mandatory training & competency assessment requirements. • Outstanding training will be discussed by the Person in charge at monthly staff meetings and quarterly supervision. • Training records will be reviewed monthly by the Assistant Director at monthly governance. • To become a competent Authorised Medication Administration Person (AMAP) all staff complete a Medication Management Practical classroom-based training in addition to a Medication Management Theory exam. All staff will complete a two-year refresher. • Under circumstances where a staff member is outstanding training or a competency assessment, they will not take responsibility for medication management.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • All residents have an Annual Multidisciplinary Assessment of Need (AON) which assesses their met and unmet needs and the effectiveness of the personal plans in place. • To track actions for unmet needs an AON care plan is developed by the Person in	

charge and the outcome of this AON forms the basis for the resident's Individual support plans and care plans. Should there be any acute changing needs with a resident, an emergency AON will is scheduled earlier.

• Residents' personal development goals will be reviewed for effectiveness during monthly key worker sessions, to ensure their goals are being supported. Residents overall personal plan will be reviewed at least annually during the resident's case conference to ensure their overall plan is effective and to plan for the coming year.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/07/2026