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:	Coldstream House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 March 2026
Centre ID:	OSV-0008694
Fieldwork ID:	MON-0046486

About the designated centre

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

Coldstream House is a designated centre registered to provide community-based residential care and support on a full-time basis for up to six adults with an intellectual disability, mental health diagnosis or other assessed health and social care needs. This centre is a large, two-storey house in a rural area of County Kildare, in which each resident has a single bedroom and shared use of communal living room, kitchen and dining room, garden spaces, accessible bathroom facilities and accessible vehicles. The support team consists of social care staff 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:	6

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 12 March 2026	09:35hrs to 18:15hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. It particularly focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

Overall, it was evident that the residents living in Coldstream House were receiving good quality and safe care. The inspector used observations and conversations with residents, engagement with staff and management, and a review of documentation to form judgments on compliance with the regulations inspected. The inspector found that the centre was operating at a high level of compliance and that supports provided to the residents in this centre were based on person-centred care. However, some further action was required to ensure that where residents required one-to-one supports that the arrangements to meet their needs was clearly documented to guide staff practice effectively.

On arrival to the centre, the inspector was greeted by the person in charge. There were six residents residing in the centre and there were no vacancies. One resident had already left to go to their day service. The remaining residents were either in bed or up getting ready for their day. Throughout the day, the inspector met with all the residents. For the residents who could not verbally communicate their views on living in the centre, the inspector spent time observing their daily lives and staff interactions.

The centre comprised of one large, detached property located in a rural part of Kildare, with ample space for residents to freely move throughout. The premises were very well-maintained and gave a warm homely atmosphere. When entering the house there was an open reception area which had a large display of information for residents. Information about independent advocacy services, the centre's approach to respecting and upholding residents' rights, the resident council; and easy-read information on safeguarding and how to make a complaint was displayed. There was a large bright sitting room and a smaller sitting room which was used by one resident in particular, as they really enjoyed watching movies. There was a large open plan kitchen-dining room which led out to a sun-room. The sun-room had posters displayed detailing residents' human-rights and artwork created by the residents for each of these. Upstairs, there was an open landing area which had recently been turned into a library with shelves full of books and large beans bags. Residents from other centres belonging to the provider living in the local area also used this library space and could come and borrow a book.

Residents' bedrooms were located on both the ground and first floor. Each resident had their own large bedroom, which they decorated to their own preferences, with soft toys and furnishings, framed family photographs, pictures and memorabilia that was of importance to the resident. The inspector was informed by staff that each

resident was consulted in the layout and décor of their room. One resident also had a large poster which detailed their personal goals for the year and celebrated their achievements on display. One resident required the support of a hoist for changing position and had an open plan bedroom which effectively supported their movement and use of the hoist when attending to their personal care needs.

Since the previous inspection there had been some safeguarding concerns notified to the Chief Inspector of Social Services. These concerns had been appropriately investigated and actions put in place in response to these. The person in charge had taken steps to ensure residents were protected from abuse. While actions were in place, some safeguarding concerns remained open and further action was required to ensure the financial protection of the resident concerned. The inspector was informed of the planned actions by the designated officer who was working with the person in charge to ensure the resident was protected.

Two residents attended a day service five days a week. Three of the residents were provided a day service at home with one-to-one support in place for each of them. One resident was very independent with activities planned for them throughout the week. At various times during the inspection, noise levels in the centre were raised due to residents' communication preferences and expressed needs. The inspector noted that residents did not appear impacted or respond negatively to increased noise levels made by others.

On arrival to the centre, one resident was independently getting showered and dressed for the day. They then greeted the inspector and showed them around their bedroom which they had recently decorated. They had a visual planner displayed in their room which detailed their planned activities and household chores they had to complete for each day. They said they liked living in the centre and also enjoyed going to their family home for visits regularly. The inspector observed staff interactions with the resident who was anxious at times throughout the day. Staff were familiar with the positive behaviour support plan in place and were patient and respectful throughout. Before lunch the resident went out with another resident and staff to go to the cinema. They returned later and said that they had missed the movie. Staff went back out with them in the evening to the cinema on their own.

Shortly after the inspector arrived, a second resident got up and dressed. They were staffed one-to-one, which was provided throughout the day. The preferred to sit in the small sitting room and was seen watching a movie. They had an electronic tablet which was used to support their communication and to make choices. They also went out to the cinema with another resident and staff. When they returned in the late afternoon, they returned to the small sitting room to watch movies which was something they loved to do.

A third resident who was also supported one-to-one spent the day in the centre, having their nails painted, stories read to them and watched television. Due to the bad weather they choose to stay at home for the day. They were offered choices with the aid of visuals and were working with a speech and language therapist to access an eye-gaze board to enhance their communication supports available.

Later in the morning, the fourth resident was up and dressed. Staff supported them to make their breakfast and encouraged their independence throughout. They spent some time in the sun room and then went out with their one-to-one staff to the cinema and had dinner out. When the returned in the evening they chatted with the inspector briefly and said they were happy living in the centre. They spent the remainder of the afternoon in the sun room watching television.

The last two residents residing in the centre attended their day service. They returned in the late afternoon. One spent time in their bedroom relaxing while waiting for dinner. The other resident spent time in the sun room watching television while waiting for dinner. The inspector greeted both and chatted with them. They said they were happy living in the centre and liked the people they lived with.

The inspector found several examples where residents had been empowered to make their own decisions. Based on the staff supports provided, residents could choose the activities they wanted to do on a particular day. Residents were supported to keep in contact with family members and some of them went to stay with family overnight.

Residents' rights were respected in the centre and it was evident that they were consulted with on decisions regarding their care and the running of the centre. There were weekly residents' meetings, which all residents usually attended. Residents' meetings had several standing agenda items where issues to do with safeguarding and protection were discussed. Each week different topics on human-rights, advocacy and complaints were also discussed while also giving residents an opportunity to discuss any complaints or concerns they may have. At each meeting different skills were discussed to ensure that residents were provided with education about abuse and how to protect themselves. Residents also reported in these meetings that they were happy.

The residents were supported by a consistent staff team. Staff interactions were observed to be very kind and caring with the residents and it created a very homely environment. Staff spoken with were knowledgeable regarding the residents' individual needs and preferences.

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

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure, which included staff awareness of who to report safeguarding concerns to when

they arose in the centre. Residents living in the centre were receiving good quality care and support. While a good quality service was being provided some action was required to ensure that there was clear guidance in place for staff when providing one-to-one support for residents.

The person in charge and the management team had oversight of the quality of care being delivered to residents. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents. The provider was also proactive in identifying and managing risks in the centre. The provider's systems were effective and appropriately self-identifying areas in need of improvements.

The centre management team met regularly to discuss all areas of governance, this ensured that the service provided was safe, consistent and effectively monitored and appropriate actions taken where necessary.

The centre was well resourced, and staff had access to the equipment and training required to ensure they could meet the needs of residents. There was a consistent staff team in place, and the number and skill mix of staff were appropriate to meet the needs of residents.

Staff had been provided with appropriate training, in respect of safeguarding and assisted decision-making approaches. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 15: Staffing

The inspector reviewed rosters for January and February 2026 and found that these were well-maintained and reflective of staff on duty during the day and night. Staffing levels were maintained in line with the statement of purpose and there were sufficient staff on duty on the day to meet the needs of the residents.

There was one direct support worker vacancy and one team leader vacancy at the time of inspection. Gaps in the roster arising from these vacancies were filled by regular staff in the centre or consistent relief staff which was supporting continuity of care for the residents.

Regular staff meetings were taking place and included detailed discussions in areas such as, incidents review, safeguarding, risk management, health and safety, and complaints.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective care and support to residents. Staff completed a suite of training as part of the systems to safeguard residents and promote their rights in the centre. The training included, safeguarding of residents from abuse, human-rights, positive behaviour support, and management of challenging behaviour. While two staff were outstanding in their positive behaviour support training and one staff was outstanding in their management of challenging behaviour training, training was being scheduled to ensure they completed this.

The person in charge provided effective support and formal supervision to staff. Informal support was provided on an ongoing basis. In the absence of the person in charge, staff could contact the on-call manager for support and guidance.

Staff spoken with said that they would have no concern raising any issue they might have about the safety and welfare of the residents with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff spoken with were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents. The systems in place ensured residents were safeguarded from abuse. There were also effective arrangements in place for staff to raise concerns and ensure that these were escalated to senior management. As well as regular staff meetings, regular governance and management meetings were taking place to ensure the provider had oversight. Incidents/accidents, restrictive practices and safeguarding concerns were discussed at these meetings to ensure information was reviewed at all levels and appropriate actions put in place. It was also used an opportunity to learn and share this across the provider group.

There was a rights review committee in place and a service user council, this ensured that there was a culture of openness and transparency. The rights committee looked at restrictions used within the centre and gave residents an

opportunity to have specific restrictions discussed if they did not agree with them. The service user council gave residents an opportunity to bring ideas from residents' meetings and plan events.

An annual review of the quality and safety of care had been completed for the previous year, which consulted with residents, their families and staff. The inspector reviewed the last two six-monthly provider unannounced visits to the centre completed. These had identified areas for improvement with actions plans to address these, which had led to an improvement in service delivery.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were striving to provide person-centred care to the residents in this centre. This meant that residents were able to express their views, were supported to make decisions about their care and that the staff team listened to these views. However, improvements were required in the plans in place to detail the one-to-one support being provided to residents.

Residents were leading busy and active lives and doing activities of their choosing at times which suited them. While risk was assessed, and control measures were in place to ensure the safety of residents, this did not preclude residents from taking part in a range of activities in their local communities.

There was a policy on risk management available in the centre and each resident had several individual risk management plans which supported their overall safety and well-being.

Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Where possible, they were reduced or eliminated. Resident's rights were recognised and promoted, and they were supported to engage in shared decision-making about their care and support.

Each resident had a personal plan which included an assessment of need and support plans were in place to guide staff practice. Residents had an annual review completed and other meetings throughout the year with relevant multi-disciplinary team members to discuss how effective their supports were.

Safeguarding concerns were being identified, reported to the relevant authorities and managed well within the centre.

Regulation 10: Communication

The residents living in the centre presented with a variety of communication support needs. Several of the residents primarily used non-verbal means to communicate and some used verbal communication. The inspector observed examples of easy-to-read information in residents' personal plans and on residents' notice boards. This was to support residents' understanding of the information in line with their needs, likes and preferences and to promote choice and decision-making.

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. For example, one resident used an electronic tablet to clearly demonstrate their choices. For another resident, they were being supported by speech and language therapy to learn to use an eye-gaze device which would increase their level of communication and allow them to be more independent.

Staff were focused on ensuring that they communicated appropriately with residents and regularly checked what the resident's communication preferences were. During the inspection, the inspector observed staff communicating with a resident in line with their individual communication supports required.

Judgment: Compliant

Regulation 17: Premises

The premises was suitably designed and furnished to support residents' existing needs and overall well-being, as well as their long-term requirements. The provider had ensured that the internal and external premises were in a good state of repair. All areas of the centre were clean and well-maintained while being decorated to a very high standard to provide a homely atmosphere for residents.

All equipment and facilities that were required were available to residents and maintained in good working order. Where the premises required any repair or maintenance works, there was a system in place for staff to report this to be rectified and this was actioned swiftly.

There were adequate communal spaces available which residents were observed enjoying spending time together. The provider had also ensured that the premises offered space for residents to spend time alone if they wished, to promote their privacy and dignity. The provider was also continuously making improvements to the centre, for example, a library area had been created for residents to enjoy.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy on risk management available, which supported the overall safety and well-being of residents.

There were systems in place to identify, assess and manage risks in the centre. The inspector reviewed the centre-specific risk register, in addition to individual risk management plans. These outlined control measures which mitigated against risks in the centre. The person in charge was knowledgeable about risks in the centre and outlined actions which were taken to address these.

Safeguarding was recognised as a risk, and there were plans in place which were implemented to ensure each persons' safety in the centre.

Incidents and accidents were documented and reported and monitored by the management team. It was evident that follow up actions were taken and learning was shared.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had up-to-date assessments of need and personal plans in place which guided the provision of care and support. The assessment of need reviewed the residents' support requirements, and clearly detailed where one-to-one support was required. However, the plans in place did not clearly guide staff practice on the one-to-one support to be provided. While there were sufficient staff to provide one-to-one support, it was not always clearly documented which staff was assigned to provide this support.

Plans were developed and reviewed in consultation with the residents, their family and where required, included multi-disciplinary professional input. The personal plans reviewed were developed in a way that included a positive approach to risk-taking, which considered risks and focused on the individual strengths.

Residents were provided with an assessable format of their personal plan that included easy-to-read information and photographs about their goals and the progress of their goals. This meant that residents were provided with a plan that they understood and that was in a communication format that was of preference to them.

Residents has access to a multi-disciplinary team for review of their personal plans and support to implement their plans. The effectiveness of the plans were assessed

and changed to reflect any changing needs or circumstances of the residents and continually improved upon.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behaviour support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents. Plans in place were personalised with proactive and reactive support strategies. These were also subject to regular review. Regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

Staff spoken with were familiar with these strategies. As mentioned, there were clear systems in place to ensure behavioural incidents were reported and reviewed.

A small number of restrictive practices were in use in the centre. These were implemented in accordance with the national policy. A log of these was maintained and restrictive practices in place were regularly reviewed by a multi-disciplinary team and the right review committee. Residents' consent was also sought and documented.

Judgment: Compliant

Regulation 8: Protection

The provider had established systems in place to safeguard residents from harm and abuse. These included an up-to-date safeguarding policy that reflected current national guidance and provided directions to staff on how to identify, report, and respond to safeguarding concerns.

Each resident had an individual intimate care plan in place, which outlined the supports required to ensure personal care was delivered safely and with dignity.

At the time of inspection, there were two active safeguarding concerns. These were reviewed by the inspector and were suitably investigated and responded to. Further action was required for these safeguarding concerns. The inspector spoke in detail to the designated safeguarding officer and the person in charge who had a clear plan in place to address this.

Staff spoken with demonstrated a clear understanding of safeguarding procedures, including their responsibility to report any allegation or suspicion of abuse. All staff

had also completed safeguarding training and were Garda vetted prior to commencing their role in the centre.

There was easy-to-read information available to residents on safeguarding explaining how staff protect them as well detailing how residents can protect themselves.

Safeguarding was a standing agenda item for team meetings, while also being discussed weekly with residents at their meetings, in addition to complaints and their rights. Safeguarding was also an item discuss at management meetings to ensure oversight and monitor systems in place.

Judgment: Compliant

Regulation 9: Residents' rights

From inspector's observations and findings on the day of inspection, it was evident that residents' rights were respected. Residents were provided with relevant information in a manner that was accessible to them and they were given time and support to make a decision.

Residents were supported to exercise their rights relating to choice and control, privacy and dignity, freedom of movement and the right to independence in their home. Residents' will and preference were clearly documented on a range of topics such as their care and support, future goals and meaningful relationships. Residents had access to independent advocacy services as well as the service user council. They were provided with information on how to access these supports, if they wished to do so.

Residents meetings were held weekly in the centre and residents had monthly meetings with their keyworker. Residents informed the inspector that they would go to staff members outside of these times to discuss concerns or goals they would like to work on.

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 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coldstream House OSV-0008694

Inspection ID: MON-0046486

Date of inspection: 12/03/2026

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 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: Following completed HIQA inspection on the 12th of March 2026 in relation to Regulation 5 – Individual Assessment and Personal Plan, we wish to confirm the actions taken to ensure compliance within the designated centre. All residents' personal plans have now been fully reviewed and updated to clearly outline the support required for each resident receiving 1:1 support. The plans now provide detailed 1:1 guidance to staff regarding residents' assessed needs, the level of supervision required, and the support to be delivered throughout the day. There are now clear documentation and guidance for staff via an updated staff allocation document, identifying the staff members who are supporting the residents throughout the day and night shifts within the centre. This ensures consistency of care, improved oversight of support arrangements, and clear accountability in relation to residents' assessed support needs. These measures have been implemented to ensure staff have clear and accessible guidance to support residents in line with their assessed needs and personal plans.	

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 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	20/03/2026