



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

## Issued by the Chief Inspector

Name of designated centre:	Hollystown Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	05 March 2026
Centre ID:	OSV-0008486
Fieldwork ID:	MON-0040882

## About the designated centre

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

Hollystown Park - Community Residential Service is a designated centre operated by Avista CLG. The centre is a community-based service for four adults with an intellectual disability with medium to high support needs. The centre is a large two storey detached house in a quiet estate in West Dublin. The house is equipped for people with physical disabilities, with residents having ground floor accommodation and access to an adapted vehicle. The house is staffed 24 hours a day by a team of health care assistants and staff nurses. The aim of Hollystown Park is to provide a community-based and person-centred setting wherein persons supported are cared for, supported and valued in an environment that actively supports and promotes their health, development and well-being.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Thursday 5 March 2026	09:30hrs to 17:30hrs	Brendan Kelly	Lead

## What residents told us and what inspectors observed

This announced inspection was completed in Hollystown Group-Community Residential Service to inform a decision on the provider's application to renew the registration of the centre. The inspection also monitored the providers ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres (Children and Adults) with Disabilities) Regulations 2013.

The premises was a large two storey, five bedroom detached house in a quiet housing estate in Co. Dublin. The centre is registered for a maximum of four residents. On the day of inspection there were no resident vacancies. The inspector had the opportunity to meet with and speak to the person in charge, a member of the providers senior management team, three of the residents and two members of the front line staff team. In addition, the inspector carried out observations of the day-to-day operation of the centre, including interactions between staff and residents and the care and support provided to them.

Overall, the inspection found high levels of compliance with the regulations. One issue was identified in relation to Regulation 15: Staffing which is discussed later in the report. It was clear that the residents in the centre experienced a person centred, rights based service that meets each of their individual needs. Residents choose their planned activities each week, attending day services as frequently as they wished. The inspector observed that residents engaged in a range of individual activities and interests such as swimming, retirement clubs, attending religious services, bowling, cycling and, maintaining strong family contacts with loved ones abroad.

On arrival at the premises the inspector was met by the person in charge. On completing a walk around of the premises, the inspector observed the residents home was bright, warm and homely throughout. Each resident had their own bedroom, each bedroom was observed to be individually decorated to residents wishes. Photographs of residents engaging in activities and their families were observed throughout the premises. The inspector observed that the residents' home was laid out to meet each resident's mobility needs with residents using a variety of aids such as walkers and wheelchairs. Residents had ample relaxation space with a large kitchen dining area and a large sitting room.

The inspector met with one resident in the kitchen shortly after arriving at the centre. The resident was enjoying a cup of tea while watching television when the inspector asked if they could join them. The resident told the inspector that they liked living in the centre. They spoke positively about the staff in the centre telling the inspector that they get on with all staff. The resident told the inspector that they get on with all housemates and gave the example of going to mass every week with a housemate who they referred to as their "friend". The resident told the inspector they like their bedroom and said that they have enough space and privacy in their

room. The resident also spoke to the inspector about some of the activities they enjoy such as going shopping or having foot spas. The resident told the inspector their plan for the day was to have a relaxing day as they were not in day service on the day of inspection.

The inspector met with a another resident later in the morning in the sitting room. The resident was preparing to go out with staff and briefly met with the inspector before they left. The resident told the inspector that they also enjoyed living in the centre. The resident appeared to the inspector to be happy in their home. The resident had a soft toy that they proudly showed the inspector. The resident briefly told the inspector about going to a club that they enjoyed. The resident also told the inspector that they liked the staff team.

Later in the afternoon the inspector had the opportunity to meet with a third resident in the kitchen soon after they returned from day service. The resident appeared happy and engaged positively with all staff and residents who were also in the kitchen. The resident told the inspector they had an enjoyable day in day service. The resident told the inspector that they are happy in their home and enjoyed the company of the staff and their housemates.

In conversations with the staff team the inspector observed that staff were knowledgeable in terms of residents' support needs and key assessments in the centre. The inspector observed that through the day of the inspection the staff team were warm and caring to each resident. The atmosphere in the resident's home was friendly and positive with the inspector observing strong relations, with staff and residents comfortable in each others presence.

The next two sections of this report will outline in greater detail the providers capacity and capability to oversee the day-to-day management of the centre and the impact these systems have on the quality and safety of the residents lived experiences.

## Capacity and capability

Overall the inspector found that the provider had the systems in place to ensure that the care and support provided to residents was of good quality. Improvements were required in terms of staff vacancies, the continued use of agency and relief staff and the need to increase the number of drivers available.

The centre had a robust governance structure in place with a person in charge, team leads and a person participating in management overseeing the day-to-day operations of the centre. The provider had ensured staff were in receipt of the required training to support the assessed needs of the residents and each staff member was in receipt of effective supervision.

The provider had a system of provider led auditing and local meetings to ensure issues affecting service delivery were identified and subject to time bound action plans.

The statement of purpose observed by the inspector was an accurate reflection of the systems and day to day operations of the centre.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted within the specified time-line all documentation required for the renewal application of their registration to be assessed.

As part of the registered providers' application to renew the registration of the centre, they had applied to increase the footprint of the centre, by adding another designated centre. This meant that if the application was granted, the designated centre would include two residential homes.

The provider had submitted with their application for both proposed locations, the statement of purpose, insurance documents, residents guide, information on the management team and the appropriate renewal application form.

Judgment: Compliant

### Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The inspector observed evidence prior to the inspection that the provider had paid the required registration fee in full.

Judgment: Compliant

### Regulation 15: Staffing

The provider had one whole time equivalent health care assistant vacancy and a 0.5 whole time equivalent nursing vacancy in the centre on the day of inspection. The vacancies meant that the provider was requiring the use of either relief or agency staff on a weekly basis which impacted on the consistency of staff team working in the centre.

The provider had planned and actual rosters in the location that were maintained by the person in charge as part of their oversight responsibilities. On the day of inspection the inspector reviewed rosters from January and February 2026.

The inspector observed that rosters showed the names and grades of all staff working in the premises. The hours and location of the person in charge was also noted on the roster. The inspector also observed the shift lead for each day was evident as well as dates for staff training and team meetings.

As outlined, the provider had some staff vacancies in the centre. The provider's contingency plan in relation to vacancies, planned and unplanned leave involved the use of relief staff from the provider's own relief panel and agency staff.

The inspector observed evidence of multiple shifts each week of the rosters reviewed that were worked by both relief and agency staff. The inspector observed evidence that the provider had tried to use their own relief staff as the primary source of cover for shifts, however, this was not always possible. For example, in January 2026 67 shifts required cover. In two of the four weeks more agency staff than relief staff were used. In February 2026, 51 shifts required cover and again in two of the four weeks more agency staff worked shifts than relief staff.

In addition to the impacts vacancies had on the continuity of staff, the permanent team only had one driver. The centre had the use of a second driver when a relief staff was available at weekends. As a result the provider had a reliance on the use of taxi's, which the provider paid for, to ensure residents continued to access their communities.

On the day of inspection the staff team who the inspector met with displayed a strong knowledge of key residents' plans and assessments. The staff showed a positive rapport with the residents' throughout the inspection with all residents telling the inspector of a positive relationships.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The provider had ensured that staff working in the centre had been in receipt of both mandatory training and training required to work in the centre. The provider also had an effective system in place for staff supervision.

The provider had a training log that was maintained by the person in charge as part of their oversight responsibilities. The person in charge requested trainings for staff as they arose and also communicated with staff when online trainings were either required or expiring. The person in charge also maintained a supervision schedule that offered supervision to all staff in line the providers policy.

On the day of inspection the inspector reviewed the providers training log, supervision schedule and supervision records of two staff.

In reviewing the training log, the inspector observed the staff team had been in receipt of training such as:

- Fire safety
- Safeguarding
- Manual handling
- Managing Behaviour of Concern
- Safe administration of medication
- Person centred planning workshops
- Human rights

The inspector observed that where refreshers were required these had been booked for staff, for example, the inspector observed refreshers booked for safeguarding and food safety.

The inspector reviewed the supervision schedule for 2026. The inspector observed that staff had supervisions planned in line with the providers policy and the sessions planned to date in 2026 had taken place. The inspector reviewed records for two staff and also reviewed the probation records for a new member of the staff team.

The agenda items for the supervision sessions included a check in, achievements, learning and development, health and safety and, professional core competencies. The inspector observed discussions between the staff and person in charge to open and honest.

In reviewing the probation meetings for a new staff member the inspector observed discussion items including job purpose and ten different competencies. The document evidenced a review of the staff members performance under each of the competencies. The date of the next probation review was also document and the review was signed by both the person in charge and staff member.

Staff who met with the inspector were complimentary of both the training offered by the provider and the quality of the supervision sessions. All staff were of the opinion that they could approach management with concerns and that they would be addressed.

Judgment: Compliant

## Regulation 22: Insurance

The provider had submitted all required insurance documents for the centre as part of their application to renew the registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had a robust governance and management system in place. This included a clearly defined management structure with each level of the management team having a defined role. The provider had a suite of meetings and audits that were aimed at improving service delivery and ensuring the provider was equipped to meet the assessed needs of the residents.

On the day of inspection, the inspector reviewed a sample of the providers audits and meetings including, the providers annual review, the previous two provider led six monthly unannounced audits, governance meetings and team meetings.

The provider had completed a comprehensive annual review of 2025 for the centre. In line with this inspection the annual review had outlined staffing as a challenge for the centre. Other areas of the centre reviewed were risk management, training, governance and management, incident reporting, safeguarding and complaints. An action plan had been developed following the review that aimed to address identified issues. The action plan included improvements in staff training, roster reviews, planning of governance meetings, safeguarding plan updates and, a review of residents access to laundry facilities.

The inspector also reviewed the previous two provider led unannounced audits. The audits had been completed in line with regulatory requirements with the first audit reviewed completed in August 2025 and the second audit completed in February 2026. Both audits were comprehensive in nature with a detailed action plan following the audits. The actions developed from the audits were added to the providers quality enhancement plan (QEP) which was reviewed by the inspector. The QEP was last reviewed by the person in charge in February 2026 and the actions matched the actions identified in the six monthly audits. Actions included updating key documents such as the statement of purpose, residents guide and directory of residents. Other actions include a training needs analysis, maintenance issues identified, supervision schedule to be developed, resident care plans to be updated and, resident risk assessments to be reviewed.

The providers governance meetings took place between the person in charge and the person participating in management. The meetings take place on a monthly basis and the inspector reviewed the minutes from the meetings from January and February 2026. The agenda items were linked to the regulations upon which the centre is inspected against. The inspector observed a significant piece of work had been undertaken in the governance meeting in February 2026 in regard to training analysis. The inspector observed that the provider had put in place the actions arising from the needs analysis, for example. workshops in person centred planning and additional wheelchair clamping training had been provided.

Monthly team meetings were also occurring in the location. These were meetings chaired by the person in charge and attended by the front line staff team. The inspector reviewed team meeting minutes from January and February 2026. The meetings were comprehensive with agenda items including maintenance, complaints, compliments, resident updates, incident reviews, safeguarding, staff training and, care plans. Each meeting included an action list that arose from discussion topics. Actions observed by the inspector included booking of appointments for residents, risk assessments to be reviewed, discussing fire safety with resident and, staff to complete the person centered planning workshops identified from the training needs analysis.

On review of governance documents, the inspector also observed that the provider was holding regular conversations with a resident who from time to time informed the provider that they wished to move home. The evidence observed by the inspector showed that the provider informed the resident that this wish can be explored further if they wish, however, the resident had chosen not to progress this further. The resident also outlined in their questionnaire completed prior to this inspection that management do listen to the resident but that they could be included more in decisions about their home. On the day of inspection the resident informed the inspector that they were happy in their home.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose is an important governance document that outlines to all stakeholders the roles and functions within the premises that ensure it will meet the needs of the residents.

Prior to the inspection, the inspector reviewed the statement of purpose and found that it met the requirements of the regulation. The statement of purpose described resources in key areas such as staffing and the governance structure. It also outlined the providers policies and operating procedures in areas such as complaints, safeguarding, fire safety, admissions and ensuring residents engage with their local communities.

Judgment: Compliant

### Quality and safety

The inspection found that the provider was providing a safe and quality service to residents. Risk and safeguarding were subject to robust policies and procedures that

ensured staff had clear guidance in supporting residents. Where safeguarding concerns had arisen the provider had taken comprehensive steps to reduce the risk and impact on residents.

Where residents required supports to manage behaviours, this was managed proportionately with residents having access to the relevant supports for their needs.

Residents had comprehensive individualised support plans in place. Plans guided staff on effectively managing diagnosed healthcare conditions and areas of daily living that residents required support in.

Residents were supported to maintain relations with friends and family and were active participants in their home. The inspection showed evidence of residents accessing their communities and engaging in individual activities of their choosing.

## Regulation 10: Communication

Where required, the provider had effectively assessed and responded to residents communication needs. The provider had plans in place that guided staff in supporting residents with their preferred style of communication. On the day of inspection, the inspector reviewed the communication supports in place for residents.

A communication assessment was completed for both residents from which an individualised communication care plan was developed. Both residents care plans were last reviewed in February 2026. The assessments outlined the resident needs in terms of visual and hearing impairments and how the impairments impact on the residents communication supports.

The care plan outlined to staff how the residents present depending on their emotional status for example, when the resident is happy and also if the resident is upset. The plans also guide staff on how they should communicate with the residents if and when their mood changes.

The inspector observed that the aim of the residents communication plans is to promote positive communication. This is facilitated by staff encouraging residents to express their feelings, emotions and needs using their preferred communication styles. A key outcome of this approach is the reduction of behavioural incidents as residents' needs and wishes are expressed and understood by the staff team. The inspector observed that the guidance in each plan was individual to the residents and was in line with their assessed needs.

The inspector observed the use of visuals throughout the premises. The inspector observed that resident timetables were in a visual format and located where

residents are most likely to view them. For example, one resident had their visual time table located on a board on the wall next to their comfy chair.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents in the location were supported to make key decisions regarding their welfare and development and having access to meaningful activities of their choosing.

On the day of inspection, the inspector reviewed two residents person centered plans and spoke to residents about their involvement in activity planning.

Each resident had a 'Who Am I' document that gave staff key information about residents. The document spoke of the residents identity and some past information. Staff were also guided on what the residents' skills are along with the resident hobbies and interests.

Residents had goals that they had helped identify and actively work towards. The inspector observed goals that had been identified and achieved such as hotel stays and to join a retirement club. The inspector spoke to the resident who had joined a retirement club and the resident spoke of their enjoyment at attending meetings.

The inspector observed evidence of residents engaging in meaningful individualised activities of their choosing. For example, the person centered plans showed residents going for afternoon tea, swimming, on day trips with peers, bowling, gardening and going for spa treatments. It was clear to the inspector that attending religious services was important to some residents. The inspector spoke to residents about this and they confirmed they go together with staff each week.

Residents were also supported to maintain contact with family and loved ones in line with their wishes. The inspector observed evidence of one resident who maintains weekly contact via a video call with a sibling who had lived abroad for many years. The resident spoke to the inspector of how much they enjoy the weekly calls to their sibling.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the residents home was laid out to meet of their assessed needs. The home was warm, homely, and decorated in line with resident preferences.

On the day of inspection, the inspector completed a walk-around of the premises and spoke to some residents about their bedrooms.

The inspector observed that laundry facilities were not accessible to all residents as they were located upstairs in the premises. However, the inspector observed that in December 2025 the provider had met with the residents who were affected by this. The residents told the provider they were happy with the current arrangements where staff complete resident laundry and at that time laundry facilities upstairs was not a concern to them.

Bathrooms downstairs were accessible to all residents regardless of mobility needs. One of the residents uses a wheel-chair and the bathroom for this resident was spacious and accessible. Each bedroom was decorated to the residents wishes, residents who spoke to the inspector about their rooms all told the inspector they were happy with how the rooms were decorated and laid out.

The property was maintained to a high standard. Any maintenance issues that arose were forwarded to the providers maintenance department who responded to requests in a timely manner.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place that effectively identified, assessed and reviewed risk within the centre in line with the providers policy. A risk register was in place for location specific risk and each resident in the premises also had an individual risk register. On the day of inspection, the inspector reviewed each risk register and a sample of risk assessments contained within the registers.

On review of the location specific risks identified in the centre, the inspector observed assessments in areas such as fire safety, manual handling, night-time working, slips, trips and falls, security, absconding and chemical management. All location specific risk assessments had been reviewed by the centre management team between October 2025 and February 2026.

The inspector reviewed individual residents risk assessments and found they gave clear guidance to staff in managing the identified risk. For example, one risk assessment was in place for a resident who had a history of falls. The risk assessment had been reviewed in January 2026 and control measures to guide staff included the staffing supports required for the resident and multi-disciplinary team (MDT) guidance. The assessment of falls for the resident also included the completion of screening tools and a falls care plan. Screening tools were completed

in people moving and handling. This tool offered staff guidance on how to support the resident various manual handling tasks such as wheelchair use, emergency evacuation and showering. The care plan in relation to falls informed staff on how to maintain the residents mobility as much as possible, for example guidance on foot care was available to staff.

The inspector observed another risk assessment in place in relation to a resident choking. The inspector observed the assessment was scored appropriately using an evidence based approach. The assessment had last been reviewed in December 2025. The inspector observed that the provider had implemented various control measures including staff training, environmental supports the resident requires to reduce the risk of choking and also ensured to reference speech and language assessment guidelines.

The provider had completed a risk assessment in February 2026 regarding resident compatibility due to an increase in peer to peer incidents. The risk assessment contained control measures such as staffing supports, MDT guidance such as behaviour supports and environmental supports for residents. The inspector was assured that the provider had reduced the risk in terms of peer to peer incidents with the guidance available to staff.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident in the location had suite of assessments and plans that gave staff effective guidance and support in managing residents assessed support needs. The person in charge and front line staff team completed regular updates on assessments and plans to ensure they remained accurate and maintained supports for residents.

On the day of inspection, the inspector reviewed two residents care plans and spoke to staff regarding key care plans in place for residents. The inspector observed that each resident had a comprehensive document that provided a historical background of the residents journey to date. This document provided staff with key information on the residents backgrounds and individual journeys. Staff were also given clear guidance on resident likes and dislikes, for example, one residents likes were going to the cinema, watching musicals and going shopping. The plan informed staff that the resident did not like unfamiliar staff and can be jealous of peers. The inspector observed that the resident had a day off on the day of inspection and was enjoying watching a musical with a cup of tea.

The inspector observed evidence of the provider having a robust contract of care in place for each resident along with a detailed financial assessment. The financial assessment outlined to each resident the Residential Support Services Maintenance and Accommodation Contribution or RSSMAC charge that they are required to pay.

This charge was also fed into the residents financial passports which the inspector observed had last been reviewed in February 2026.

The inspector observed that each resident had individualised care plans in place for both diagnosed medical conditions such as epilepsy and activities of daily living such as skin care. Care plans gave staff clear guidance on residents preferences, for example, one resident had a care plan regarding sleep. The care plan gave staff clear guidance on the residents preferred night time routine which in turn helps to promote a healthy sleep pattern for the resident.

Where residents had a diagnosed health condition a corresponding care plan and risk assessment were developed. For example, one resident had a diagnosis of epilepsy. The provider had ensured that staff were provided with guidance on rescue medications, seizure type and presentation clinical reviews and an accompanying seizure chart was also in place.

A second resident had a care plan in place to support them with their mental health. The plan ensured that the approach staff took was to maintain the residents positive mental health as oppose to reacting to negative situations with the resident. The plan also considered MDT supports, for example, the inspector observed evidence of the providers psychologist aiming to provide training to the staff team specifically in regard to the resident and supporting them in regulating their emotions.

The inspector also reviewed a care plan in regard to a residents oral health care. The resident had been supported to attend the a dental hospital in October 2025. The care plan in place following the dental appointment guided staff in putting the specific recommendations from the dentist into practice.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector was assured by the systems in place both by the provider and locally in terms of behaviour support and restrictive practice. The provider had ensured that where required, residents had access to a clinical specialist who in turn provided guidance for staff in supporting the resident. Where restrictive practices were in use, they were reviewed in line with the providers policy.

The inspector reviewed the behaviour support plan in place for two residents and reviewed the systems in place for the identification, implementation and review of restrictive practice.

One resident had a behaviour support plan in place that was last reviewed in October 2025. The plan was updated by the provider clinical nurse specialist and gave clear guidance to the staff team. The plan contained information such as referral sources, assessment sources of information, cognitive factors impacting on

behaviour, proactive strategies, reactive strategies and, a skills teaching element for the resident.

The plan provided clear details to staff such as the resident can struggle with coping and impulse control, these deficits formed the basis of the skills teaching section of the plan. Proactive strategies discussed staff training, environmental considerations, planning and scripted responses. The plans reactive strategies were based on a traffic light system which ensured based on the residents presentation, staff were aware of the required response.

The inspector reviewed supports in place for a second resident who did not require a full behaviour support plan but did need individualised supports in some areas of their lives. For example, it was identified that the resident may require supports around waiting for family visits or losing some belongings. Some proactive strategies were in place for this resident such allowing them time alone when they are upset and what the verbal reassurances for this resident looks like.

Where the provider had identified the need for a restrictive practice to be used in the centre, they were subject to a comprehensive review. The providers MDT met to review the restrictive practices for each resident. The inspector observed a committee meeting had occurred in October 2025. Following this, the inspector observed a review of restrictive practice was conducted locally by the person in charge and the person participating in management in February 2026.

The provider had notified the Chief Inspector as required by the regulations, on a quarterly basis of all restrictions used in the centre. The inspector observed on the day of inspection the restrictions were in use for the least amount of time possible, for example, the front door and side gate were not locked during the day as advised in the reviews.

Judgment: Compliant

## Regulation 8: Protection

The inspector was assured that due to the systems in place in the premises all residents were protected from abuse. The person in charge maintained a safeguarding log of all incidents and where required reported incidents to the relevant internal and external stakeholders. The inspector reviewed safeguarding plans, intimate care plans and observed interactions between residents on the day of inspection to support their judgment.

The inspector reviewed safeguarding logs and observed that each resident had their own log of incidents. The log entries gave details of the incident type, screening and reporting that occurred. Outcomes of the screening process and any agreed time lines for actions were also noted.

The inspector reviewed a number of the incidents that had occurred in the centre and the corresponding notifications and safeguarding plans. Interim safeguarding plans were all agreed and closed by the national safeguarding team with evidence of the agreements observed by the inspector. The safeguarding plans included measure such as provider led MDT reviews, behaviour support, environmental strategies and updating guidance for staff following incidents. The inspector observed further evidence of discussions on safeguarding plans in team meetings, resident meetings, provider led audits and governance meetings.

The inspector observed evidence of the provider engaging with a resident who had been the subject of increased peer to peer incidents. The providers social worker, clinical nurse specialist, person in charge and person participating in management met prior to meeting with the resident who had voiced that they would like to move. Following a meeting with the resident compatibility and service user experience risk assessments were developed and the resident indicated they were happy in their home. On the day of inspection the inspector observed positive interactions between residents and the resident who had told the provider they would like to move told the inspector they are happy in their home.

The inspector reviewed two residents intimate care plans. One residents plan was reviewed in December 2025 with the second plan reviewed in February 2026. Both plans provided clear guidance to staff on how the resident prefers their intimate care supports to be implemented. For example, staff were guided on if the resident prefers a shower or bath, dressing and undressing and, the level of assistance needed for each task. A corresponding quality of life action plan was developed in line with the residents intimate care plans and these plans were aimed at promoting the residents choice, independence and dignity in respect of personal care.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that the promotion of residents rights, choice and independence were central to the culture in the team. Residents participated in weekly meetings about their home. Residents were engaged in and linked with their local communities, day services and families as they wished.

The provider had ensured that each resident had an individual rights assessment in place that was completed initially by the providers human rights officer and updated by the person in charge. The last review of residents rights assessments was in February 2026. This document outlined how residents have access to their own money, personal possessions, access all areas of their home, access their community and have the privacy they wish.

The staff team had completed training in human rights. Staff who spoke with the inspector showed a clear understanding of how they support residents in making choice and maintaining positive risk where the residents choose to do so.

One resident had an important family member who lived abroad who they liked to maintain contact with each week via a video call. It was very clear to the inspector that this wish was respected and plans were in place each week to ensure the resident could facilitate their call.

In reviewing the weekly house meetings the inspector observed the agenda items to include infection prevention and control, activities, fire safety, safeguarding, rights, complaints, advocacy, news and menu planning. The inspector also observed that the residents were made aware in their house meetings of this inspection. Residents were also made aware of safeguarding plans through discussions on safeguarding.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hollystown Group - Community Residential Service OSV-0008486

Inspection ID: MON-0040882

Date of inspection: 05/03/2026

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Nominee Provider continue to recruit for vacant post within the Centre. The PIC will rotate staff between houses with the Designated Centre, ensuring all staff employed on a full and part time bases are familiar with the needs of the Designated Centre.</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2026