



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

Issued by the Chief Inspector

Name of designated centre:	Holly Lane
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	13 January 2026
Centre ID:	OSV-0008604
Fieldwork ID:	MON-0040946

About the designated centre

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

Holly Lane is a designated centre operated by GALRO Unlimited Company. The centre can provide residential care for up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large two-storey house, located a few kilometres from a town in Co. Laois, which includes, an upstairs apartment area for single occupancy use. Residents have their own bedroom and communal use of sitting rooms, kitchen and dining area, utility and large external grounds. Staff are on duty both day and night to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 13 January 2026	09:45hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection, carried out to assess the provider's compliance with the regulations, so as to inform a registration renewal decision. Overall, very good examples were found of where care and support were being delivered to a high standard, with several effective systems in place to ensure good oversight that this standard was being sustained. The day was facilitated by the person in charge and residential service manager, and the inspector also met with the person participating in management, a member of staff from the quality team, four staff members, and with two of the residents.

This centre comprised of one dormer house located a short distance from a town in Co. Laois, and was home to three residents. The first floor was occupied by one resident, who had their own apartment style set-up, giving them their own living area, bedroom and bathroom. The ground floor was laid out in a manner that allowed the other two residents to have their own individual sitting rooms, bathrooms and bedrooms, with one also having their own study room. There was also a large communal kitchen and dining area available to these residents, utility room, an additional bathroom, and staff office. There was a large secure and well-maintained garden surrounding the centre. The house was spacious, very clean and nicely furnished, providing residents with a very homely living environment.

These three residents had lived together for a good while, and although they did engage together from time to time, they more often than not, liked to keep themselves independent of one another, which the layout of this house allowed for. They required support with their assessed social care needs, some had identified risks that needed on-going monitoring, and others had particular behavioural support needs that they often required staff to support them with. One of these residents required two-to-one staff support during the day, while the other two were supported by one-to-one staff. All were supported by two waking staff members at night. Previously, some negative peer-to-peer interactions had occurred, which required on-going staff supervision and specific measures to be implemented daily, so as to ensure residents were protected from similar incidents re-occurring with their peer.

Upon the inspector's arrival to the centre, they were greeted by a member of staff. Two of the residents were present, with the third already having headed out for the day with the support of staff. During a walk-around of the centre, the inspector met with one resident who was in their study. They had recently celebrated a milestone birthday and told the inspector they hired a limousine for the occasion and had really enjoyed this. They had an interest in beauty and had such items displayed in their study, and showed the inspector four certificates of courses they had completed in this area. In this room, the resident kept a large chalk board that encompassed a full wall, where they noted positive affirmations which was part of their behavioural support recommendations. This resident also had their own sitting

room, which was neatly and brightly furnished. Later on in the morning, the inspector also met with another resident who was having their breakfast in the kitchen. They had moved to the centre about a year ago, and had settled in well. They spoke of how they stayed up to celebrate the New Year, liked to have their nails done, and were planning to shortly get the train with their supporting staff to go to a nearby town to do some shopping. This resident also had their own sitting room, and as they had a very keen interest in books and films, they had decorated their living space to reflect this. In this room, they also painted a feature wall behind their television, had a large display cabinet for all of their books and DVDs, and had a portable handball game in there that they often liked to use. Due to incidents that had previously occurred involving these two particular residents that the inspector met with, the provider responded by installing a new doorway within the main hall that connected both of these residents' sitting rooms. This now meant that should a potential threat to one of these resident's safety be posed by the onset of a behavioural incident displayed by their peer, the last resort restrictive practice option to lock this door was now in place and appropriately approved. Staff told the inspector that this had rarely been required, however; did inform that it had been a very effective additional safety measure, at times where it had been needed. Although the inspector didn't get to meet with the third resident, they did get to visit this resident's living room, bathroom and bedroom. This resident also had a particular interest in sci-fi films and had decorated the wall of their bedroom with various posters. They had display units to store all of their DVDs and action figures, and their living area comprised of a small kitchenette so that they could prepare light snacks for themselves.

These residents were very socially active and loved to get out and about, and had enjoyed the lead up to Christmas and New Year, attending many different social events. There were two vehicles available to the centre, and as it was close to local transport services, residents often chose different modes of transport for a change. One resident in particular enjoyed going to various market places, as they liked to buy different items to bring back to the centre to decorate their bedroom with. Another resident had a friend living nearby, and often visited them to do activities together. They often went to the cinema, attended a day service, had lunch out and loved to go shopping. Others liked to cook and bake, had recently been supported to research ideas to celebrate their birthday, went on picnics, had beach days out, and did yoga. Personal goal setting was done with each resident, with some having gone to rugby games, another had their first night away with their supporting staff, some had gone to see the wild lights in Dublin, and attended various parades in Dublin to celebrate different occasions. Staff had maintained visual activity books for each resident, which captured the variety of activities that these residents enjoyed, and were available to the residents to look back over, if they wished.

Effective behavioural support and staffing arrangements were very important in the running of this centre. Although residents' assessed needs were very much contained to their social and behavioural support care, the provider recognised the importance of consistency in the care they received in these areas. This was very much supported by a well-established staff team that had worked in the centre for a long time, and knew the assessed needs of these residents very well. Of the staff that spoke with the inspector, they were found to be very confident in their role,

and were very aware of the specific care and support required by these residents. Furthermore, interactions observed to be warm, kind and respectful. Where risks or issues were identified, there was also a well-defined local management team that took responsibility for addressing these, as and when they arose.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-run and well-managed centre that ensured residents were receiving a good quality and safe service. Since the last inspection, the provider had ensured good standards of care delivered were sustained, with the outcome of this inspection finding them again in full-compliance with the regulations they were inspected against.

The person in charge held the overall responsibility for this service, and were supported in doing so by their residential service manager, line manager, and staff team. They frequently visited the centre, and held regular meetings with their staff team to discuss residents' care and support arrangements. Internal communication systems were working well in this service, which ensured that all staff, and local and senior management, were at all times kept up-to-date on the running and management of this service.

There was a full-compliment of staff working in this service, which had resulted in very few occasions arising where relief staff were required. All staff had supported these residents for quite a long time, and knew them and their assessed needs very well. Residents' assessed needs did require all of them to have a specific level of staff support during waking hours, which was consistently provided. There was also an additional staff member on duty each day who primarily worked in a floating capacity, and were available to provide additional behavioural support to residents, should it be required.

The monitoring and oversight of care delivery was largely attributed to the regular presence of management at the centre, provision of on-call arrangements, promotion of a good incident reporting culture, and clear communication pathways between all members of staff. These systems ensured that risk was promptly identified and responded to, changes to the status of residents' assessed needs being quickly noticed, as well as the timely addressing of any other issues arising. Along with various internal audits, six monthly provider-led visits were being conducted in line with the requirements of the regulations. These had resulted in some improvements being detected by the provider over the last number of months, who then put action plans in place to have these rectified.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly at the centre to meet with their staff team and residents. They had good knowledge of the residents' assessed needs and of the operational needs of the service delivered to them. They were responsible for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements for this centre was under very regular review, ensuring a suitable number and skill-mix of staff were at all times on duty. Where residents were assessed as requiring a specific level of staff support, this was consistently provided. Although the use of relief staff was rarely required, the provider did have suitable arrangements in place for this.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured all staff had received the training that they required to carry out their duties. Where refresher training was required, this was scheduled accordingly by the person in charge. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this service was adequately resourced to meet the assessed needs of the residents, and operational needs of the service. Suitable persons had been appointed to manage and run the service, with clear lines of accountability and responsibility in place.

Regular staff team meetings were happening, and the person in charge also maintained regular contact with the residential service manager about residents' care and support arrangements, in between their own visits to the service. They also maintained frequent contact with their line manager to discuss operational issues, and any changes occurring were brought to the attention of local staff, as and when required.

Since the last inspection, the provider did revise the way in which they conducted their six monthly provider-led visits of this service. This had resulted in more focused monitoring of relevant aspects of care and support, and did effectively identify where improvements were required. Action plans were then developed to address these, with oversight arrangements in place to ensure all improvements were rectified within the timeframes set out.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider did have a statement of purpose available at this centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the review of all incidents, ensuring that these were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this service, where they were able to get out and about to do the activities that they liked, with the support of staff. Residents were actively involved in the running of their home, and were frequently consulted around this through key-working sessions that staff conducted individually with them.

As part of this inspection, the inspector reviewed a number of reports pertaining to incidents that had happened in this centre. These were mainly behavioural related, some of which went on for an extensive period of time, requiring consistent interventions to be applied by staff so that they could effectively support the residents involved, to return to baseline. These incident reports were found to be well-written and provided a clear account of each aspect of the incident and what staff did in response. Local management were very much aware of these incidents, and had maintained them under very regular review with the behaviour support team. The provision of the floating staff member each day, meant that should such incidents occur, additional staff support was to hand to assist in responding and managing these incidents. Routine de-briefs with staff often occurred when more moderate to high risk incidents happened, and behaviour support plans were often subject to additional review, when required.

Effective assessment and personal planning arrangements meant that the needs of these three residents were often subject to review. There was a variety of multi-disciplinary teams available to support this re-assessment of residents, as and when required. Safeguarding was another aspect of this service that was very much promoted and overseen by local management. In light of some such incidents that had happened, the provider had responded to these, and put very specific measures in place for staff to adhere to, which were working well in ensuring residents were safeguarded from similar incidents occurring.

Fire safety was subject to frequent monitoring, with regular fire drills occurring so as to assure that staff could support these residents to evacuate the centre. All three residents had a good understanding of the fire procedure, and for those that resided in upstairs accommodation, specific scenarios had been incorporated into some fire drills, so as to make sure these residents knew what to do, should downstairs fire exits become inaccessible to them. Fire safety was often spoken with residents as part of their key working sessions with staff, and there was a timely response to any issues relating to fire safety precautions in this centre.

Regulation 13: General welfare and development

The provider had ensured that each resident had multiple opportunities for recreation, and to engage in a variety of activities that were meaningful to them, and that they enjoyed. Adequate transport and staffing arrangements meant that these residents had the support and means to get out and about as much as they

wanted. Residents' personal interests for activities were well-explored by staff, who ensured residents were supported to trail new ventures. Some residents had wished to undertake a number of courses in beauty, and had satisfactorily completed courses in this area. Residents' personal preferences for activities and recreation were well-known and well-documented, with daily routines very much resident-led.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one dormer house, and its design and layout was with residents' assessed needs in mind. The house was well-maintained, clean and homely furnished. Where maintenance works were required from time-to-time, the provider had suitable arrangements for these to be quickly reported and rectified. The garden area was also well-maintained, which was accessible to residents as and when the wished.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available at the centre that contained all information, as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Where new risk was identified, it was quickly responded to, and any new control measures required were communicated to all staff. There was a strong incident reporting culture in this centre, and these were reviewed by local management and discussed when needed, with all staff both through daily handover and also as part of staff meetings. Where incidents of high-risk occurred, there was an escalation pathway available to the person in charge, to bring these to the attention of senior management.

Each resident had a number of risk assessments in place, and there also was a risk register which supported the person in charge in their on-going monitoring of operational risks. At the time of this inspection, a number of these were subject to

review by local management to ensure they provided better clarity around specific risks that did require on-going management and review.

Judgment: Compliant

Regulation 28: Fire precautions

There were a number of fire safety precautions in place in this centre, to include, fire detection and containment arrangements, there were four clear fire exits in different locations around the house, all staff had up-to-date training in fire safety, emergency lighting was installed throughout, and there were also a number of fire safety checks that staff conducted on a routine basis. Regular fire drills were occurring, and the records of these assuring that staff could support these residents to evacuate the centre in a timely manner. Each resident had a personal evacuation plan, and there was also a clear fire procedure available to guide staff on what to do, should a fire occur.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management was subject to on-going review in this centre. One resident was supported to take responsibility for the storage and administration of their own medicines, and had been appropriately risk assessed to safely do so. Prescription and administration records were found to be well-maintained and legible. Secure storage arrangements were in place for all medicines, and when as-required medicines were administered, protocols were in place to guide staff on the appropriate administration of these.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured an effective system was in place for the re-assessment of residents' needs, and updating of personal plans, as and when needed. Residents were encouraged and supported to be part of this process, and the involvement of multi-disciplinary teams was also sought in this re-assessment process, as required. Residents were also supported to identify their own personal goals, with key-working staff nominated to support residents to achieve these.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were minimal in this service; however, they were still subject to on-going review to identify any change with regards to this. The centre was fully supported by multi-disciplinary team, and staff were available to support residents to attend any medical appointments, should these be required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents with assessed behavioural support needs, had the support and arrangements in place to meet this aspect of their care. Behavioural related incidents were well-reported, and subject to on-going review by local management and behaviour support specialist. Behaviour support plans were in place to guide staff on recommended reactive and proactive strategies to be implemented. Where restrictive practices were required, these were subject to on-going multi-disciplinary review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

Some incidents of a safeguarding nature had occurred in this centre, which were reported by staff and subject to further review by the designated officer for safeguarding. This resulted in effective measures being put in place to prevent further such incidents occurring, and these continued to be under regular review by management. All staff had received up-to-date training in safeguarding and were aware of the vigilance required in reporting any concerns relating to the safety and welfare of these residents.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant