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:	Garden Lodge
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	14 July 2026
Centre ID:	OSV-0005652
Fieldwork ID:	MON-0042462

About the designated centre

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

The service provided was described in the provider's statement of purpose, dated April 2020. The centre provides residential care for up to seven residents over the age of 18 years with a diagnosis of autism and or an intellectual disability and behaviours that challenge. The centre consists of a two-storey detached bungalow and a purpose built annex located in a residential suburb of a medium sized town in county Westmeath. There is a large garden to the front and rear of the centre for use by residents. Each of the residents has their own en-suite bedroom which has been personalised to their own taste and there are large comfortable communal living areas for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Tuesday 14 July 2026	10:10hrs to 18:45hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of this announced monitoring inspection, the inspection findings for the most part were very positive and very good levels of compliance with the regulations were achieved across several regulations reviewed. Residents received high-quality care provided by a consistent, familiar staff team who delivered it in a relaxed and person-centred manner. However, the inspector noted some improvement was required in relation to a healthcare plan and the fire containment for one room. These points are discussed in detail later in this report.

The inspector had the opportunity to meet and chat individually with six of the seven residents that were living in the centre. The inspector did not get to meet the seventh resident as they were on holiday and were not returning until the day after this inspection.

Residents in the centre communicated in their own unique styles. The majority of residents spoken with did not use verbal communications as their main form of communication, and this meant the inspector was unable to receive verbal feedback from them about their lives in the centre and the care and support they received. They were observed at different times of the inspection in their home.

Residents were found to participate in different activities based on their interests. On the day of the inspection, one resident took part in an arts and crafts class, while another two took part in a woodwork class. Later five residents participated in a music class. All classes were external to this centre. One resident was supported in attending a healthcare appointment. In the afternoon, four residents were supported to have lunch out in the community and some residents went for a walk.

As part of this inspection process residents' views were sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Feedback from the seven questionnaires was returned by the residents with staff supporting them to complete the questionnaires. Feedback was positive and all questions were ticked 'yes' for they were happy when asked about the service and care provided.

In addition to the person in charge and the residential manager, there were seven staff members on duty in the centre on the day of the inspection. The inspector had the opportunity to speak with three staff members. The person in charge, local manager and the staff members spoken with demonstrated that they were familiar with the residents' support needs and likes. They were observed to interact with residents in a calm and friendly manner.

The provider had arranged for staff to have training in human rights. One staff member explained that while they always ensured they promoted human rights, the training helped keep them focused on continuing to promote the residents' rights.

The inspector had the opportunity to speak with one representative on the phone. Feedback received was very positive. The representative had no concerns regarding the service. When asked if they would feel comfortable raising a concern if they were to have one, they stated "absolutely". They stated that the staff, residential manager and the person in charge were so invested. They felt that staff were 'very respectful' and that their family member was 'extremely lucky with the support and care that they receive'.

The inspector conducted a walk around the centre. The centre was found to be very tidy and spacious.

Each resident had their own bedroom and all bedrooms had an en-suite bathroom. Bedrooms provided adequate storage facilities for residents' personal belongings. Residents' rooms were individually decorated and had personal pictures displayed.

The centre had a large front and back garden. The back garden was used by residents to participate in activities or relax. For example, there was a built-in trampoline, a basketball net, football goals, a bucket swing, and mini greenhouse available for use.

At the time of this inspection there were no visiting restrictions in place and there were no vacancies. Additionally, no complaints were recorded since the last inspection.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken as part of the provider's application to renew the registration of the centre as well as part of ongoing monitoring with compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in December 2025.

The inspector found that there were effective governance and management arrangements in place at the time of this inspection to ensure a consistently monitored, safe and effective service was provided for the residents. For example,

the provider completed required unannounced provider-led visits every six months to assess compliance with the regulations.

The provider made an application to renew the registration for the designated centre which contained all required information. As part of that application, the provider had prepared a statement of purpose and function and ensured that the centre was adequately insured against risks to residents and property.

A review of a sample of staff rosters found that there were sufficient staffing levels in place to meet the assessed needs of the residents. In addition, staff had access to a suite of training to facilitate them carrying out their roles safely, for example fire safety.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider applied to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the provider submitted floor plans, a statement of purpose and function, and a residents' guide.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process.

The person in charge was responsible for two designated centres and were supported in their role by a local residential manager. The inspector found that they were actively involved and participated in the operational management of the centre. This provided reassurance that practices were appropriately supervised and managed.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the registered provider had ensured appropriate staffing levels were in place to meet the assessed needs of the residents.

A review of a sample of rosters across a four-month period from April to July 2026 demonstrated to the inspector that there were planned and actual rosters in place as required. The centre had a full complement of staff which facilitated continuity of care for the residents. There was a high ratio of staffing each day to ensure that the assessed needs of residents were met.

The inspector reviewed one staff personnel file, and one additional staff member's and one relief staff member's Garda vetting disclosures. All three Garda vetting disclosures were completed within the last three years, and the staff personnel file was found to contain the required information. This demonstrated that the provider had arrangements for safe recruitment practices in line with best practice and the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained.

The inspector completed a review of the training oversight document and a sample of core and relief staff members' certification or attendance records for five training courses completed. This review confirmed that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- cardiac first response
- epilepsy awareness
- training related to positive behaviour support
- fire safety
- medicine management
- training related to IPC, such as hand hygiene.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in the 'what residents told us and what inspectors observed' section of the report.

In addition, from a review of three staff members' documentation, they were in receipt of formal supervision. One staff member on duty communicated to the inspector that supervision was an opportunity to raise concerns if they were ever to have any.

Judgment: Compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to residents and the property. Evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems to ensure that the service provided was safe, consistent and monitored.

The provider had carried out an annual review of the quality and safety of the centre which included positive feedback from family and resident consultation. For example, one family representative recorded that they were '100% satisfied' with the service. While one family representative raised some areas they would like improvement in, the person in charge was responsive in addressing those areas. For example, they believed their family member would benefit from an additional vehicle available at the centre. The person in charge confirmed and the centre now has an additional vehicle as a result.

A suite of audits were carried out to assess the quality and safety of care and support provided to residents in the centre, for example, annual reviews, six-monthly unannounced visit reports, and audits on fire safety and infection prevention and control. Actions from audits were monitored by a member of the provider's compliance team to drive quality improvement.

There were monthly audits being completed by the residential manager or the person in charge on different areas of the service to ensure a safe and effective service. From a review of January to June 2026, some of the areas covered included: a review of staff training, incidents, restrictive practices, residents' goals, health and safety, and fire safety.

A review of team meeting minutes since January 2026 found that they were occurring monthly. Different topics discussed at the meetings included residents' updates, incidents, safeguarding, infection prevention and control (IPC), health and safety, and fire safety. These meetings ensured the staff team remained informed of residents' needs and be kept up-to-date on service developments.

The inspector spoke with three staff members and they communicated that they would feel comfortable going to the residential manager or the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date and described the service provided and contained all the information required by Schedule 1. For example, it contained the specific care and support needs the provider intended to support and described the fire precaution arrangements for the centre.

Judgment: Compliant

Quality and safety

This inspection found that a good quality of service was provided for the residents living in this centre. However, the inspector found that some improvements regarding healthcare and fire precautions were required.

While appropriate healthcare was provided for the residents living in this centre, one healthcare plan required review by a prescribing professional. This was to ensure it adequately guided staff in the event they needed to administer a specific emergency medication.

For the most part, there were appropriate fire precautions in place, for instance emergency lighting was fitted internally and externally to support residents to evacuate in the event of an emergency. However, one storage room did not have a fire containment door fitted as required.

The provider had ensured that positive behavioural support was provided to residents, for example they had access to a behaviour specialist as required.

There were suitable arrangements in place that helped protect residents from different forms of abuse. For instance, staff were provided with relevant training in safeguarding vulnerable adults from abuse.

Visits were facilitated and encouraged in the centre and residents were provided with opportunities to engage in activities that they were interested in. The inspector found that food was provided in line with dietary needs and preferences.

There was a residents' guide that contained the required information as set out in the regulations.

The inspector completed a walk-about of the premises and found that it was tidy with multiple internal and large external space for use.

Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. Different private areas for entertaining visitors were available depending on residents' preferences. For example, there were two sitting rooms, a chill out room, the dining room, and there was seating in the back garden.

One family representative spoken with reported that they always felt welcome to visit the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation.

The inspector completed a review of three residents' documentation related to the activities they participated in across a two week period in July. The review demonstrated that residents engaged in activities in their home and community and were supported to maintain relationships with family. The centre staff regularly facilitated drop offs and collections for residents visiting their families.

The provider arranged for high staffing ratios to facilitate community integration for residents and there were a number of vehicles assigned to the centre to facilitate accessing the community.

The family representative spoken with communicated to the inspector that their family member "does lots of lovely activities". They believed that the staff team were invested in finding activities and supporting community involvement for their family member. They went onto say that the team were prepared to try new things and revisit experiences that may not have worked in the past.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the layout and design of the premises were appropriate for the assessed needs of the residents. The residents had access to the centre's facilities, for example cooking and clothes washing facilities.

There was appropriate equipment, such as different coloured mops and buckets, and guidance available for cleaning the centre. The centre was generally found to be very clean, tidy and in a good state of repair. This supported effective infection prevention and control (IPC) practices.

While some minor patches of mildew were observed in some en-suite bathrooms, this was cleaned and treated prior to the end of the inspection which meant there was no negative impact to residents' environment.

The provider had committed to repairing the hall and sitting room floor the week after the inspection as some minor gaps and cracks were observed. This would ensure the floors could be effectively cleaned.

Each resident had their own bedroom with sufficient storage facilities for their personal belongings. A family representative told the inspector that their family member's bedroom was "magnificent".

There were different communal spaces available. For example, there were two sitting rooms and a large dining room.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to wholesome and nutritious food in the centre and specific required diets were catered for.

From a review of two weeks shopping receipts, the inspector found that a variety of foods were being purchased including fruit, vegetables, and meat. The inspector observed the dinner on offer the day of the inspection and it smelt and looked very appealing.

Support plans were in place based on speech and language therapy guidelines, to guide practice for residents who required modified diets.

A staff member demonstrated the knowledge required to support residents with modified diets, having completed specific training in eating, drinking, and swallowing.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was made available to residents' in their bedrooms that contained the required information as set out in the regulations. For example, it guided residents on the arrangements for making a complaint. It also gave a summary of the services and facilities the centre offered.

Judgment: Compliant

Regulation 28: Fire precautions

While the provider had implemented robust safety systems, one area of fire containment required improvement.

The inspector observed that emergency lighting was installed internally and externally and found to be working. There were fire-containment doors installed in most of the centre with intumescent (fire) seals and self-closing devices. They would help contain the spread of fire in an emergency and they were found to close effectively. Since the last inspection of this centre, the provider arranged for the doors also to be fitted with cold smoke seals, which meant the provider was enhancing their fire containment arrangements and operating within best practice. However, one storage room opening onto a protected hallway that would be used as an escape route, was not fitted with a fire containment door as required. Members of the provider's compliance team committed to rectifying this issue as soon as possible. Information provided post inspection confirmed that the replacement door was ordered.

Each resident had an up-to-date personal evacuation plan (PEEP) in place which outlined the support they required to safely evacuate in the event of a fire. A review of records confirmed that fire drills were taking place regularly, with five drills reviewed by the inspector. The review confirmed that the provider could safely evacuate residents in the event of an emergency including the use of alternative evacuation routes, and during hours of darkness.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were assessed, and appropriate healthcare was made available to each resident. However, a review was required to a healthcare plan in order to ensure staff would be appropriately guided on how to support a resident if required.

There was an assessment of need carried out for all residents to identify ongoing and emerging healthcare needs of residents. From review of three residents' files, the inspector found that residents had access to a general practitioner and a wide range of health and social care professionals, such as a chiropodist, and urologist. Arrangements were in place to meet residents' healthcare needs to ensure that residents could achieve best possible health.

The inspector reviewed a sample of residents' health care support plans and found that for the most part they provided clear guidance. A staff member spoken with was familiar with the majority of residents' healthcare plans. However, they were unsure as to what time frames one resident's PRN epilepsy medicine (medicine only taken as the need arises) was to be administered if required. They confirmed that the resident's protocol as to when to administer the medication, always travelled with the resident and that they would always check the protocol before administering. However, the associated documentation was vague, and it was open to interpretation as to when it should be administered. Therefore, this had the potential that the resident may not receive appropriate healthcare in line with their personal plan as intended by the prescribing professional.

A family representative communicated to the inspector that staff were responsive to their family member's healthcare needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The residents' mental health and behavioural needs were kept under close review.

The inspector reviewed three of the residents' positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

The person in charge, the residential manager and the staff on duty demonstrated that they were familiar with each resident's individual presentation, and aware of the occasions or actions that may trigger a behavioural reaction. For example, prior to meeting with three residents, the inspector was briefed as to how to recognise signs the residents may be becoming anxious. In the case of one of the residents, staff reacted quickly and respectfully when the resident began to show signs of distress.

Restrictive practices were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, staff were appropriately trained in safeguarding vulnerable adults.

There was an established reporting system in place with a designated safeguarding officer (DO) nominated for the organisation. Two staff members were correctly identified the DO to the inspector and an information poster identifying the DO was displayed in both the main house and the annex building.

There were three reported safeguarding concerns in the centre since the last inspection. Potential safeguarding risks were reviewed, reported to the relevant statutory agencies, and where necessary, a safeguarding plan was developed.

A staff member spoken with was familiar with the steps to take should a safeguarding concern arise including a witnessed peer-to-peer incident or an unwitnessed disclosure. For example, in the case of a peer-to-peer incident, they would separate the individuals, reassure, check for injuries and report the incident as soon as possible.

The inspector reviewed three residents' files and found that there were intimate care plans in place that guided staff as to supports residents required.

Additionally, staff completed daily checks of residents' finances to ensure their finances had appropriate oversight and were safeguarded from potential abuse.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Garden Lodge OSV-0005652

Inspection ID: MON-0042462

Date of inspection: 14/07/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The new fire door for the storage room was ordered promptly and has since been installed, with supporting certification from the centre's fire safety engineer.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All documentation associated with the resident's PRN epilepsy medication was reviewed and updated with clear and concise information from the resident's prescribing practitioner in the days following the inspection.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/07/2026