



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

Issued by the Chief Inspector

Name of designated centre:	Bridge Lands
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	18 March 2026
Centre ID:	OSV-0005682
Fieldwork ID:	MON-0049932

About the designated centre

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

Bridge Lands is a residential designated centre which can provide full time accommodation for up to six adults, who present with autism and/or an intellectual disability. The centre is a large detached dormer style house situated in County Laois. There is a full time person in charge assigned to the centre. The person in charge reports to a senior head of care manager. The staff team within the centre is comprised of number of allied health professional services, from within G.A.L.R.O Limited, are also available to residents. There are a number of local amenities available to residents, including cafes, shops and clubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 18 March 2026	09:50hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations and to follow up on issues that were required to be addressed following the last inspection in February 2024.

The findings from this inspection indicated a well managed service with good compliance with the regulations reviewed.

Bridge Lands is registered to accommodate up to six residents on full-time residential basis. The inspection was facilitated by the person in charge and residential service manager. Throughout the inspection, it was evident that the local management team and staff strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the well-being and quality of life of residents. Improvements identified at the last inspection regarding aspects of safeguarding, medication and fire safety management had since been addressed. However, further improvements were required to other aspects of fire safety management to ensure that all staff clearly understood and were knowledgeable regarding information displayed on the fire alarm panel. The inspector met and spoke with all six residents at intervals throughout the day, they were complimentary of staff and of the service provided.

The centre consists of a dormer style house set on its own grounds, located in a rural area on the outskirts of a large town and close to a wide range of amenities. The house was found to be warm and comfortable, well maintained and visibly clean throughout. Residents had access to a large kitchen, dining room and two sitting rooms. Each resident had their own bedroom, one of which had its own en suite shower facilities. Five residents shared the three additional bathrooms/shower rooms. Each bedrooms had adequate personal storage space and had been personalised in line with residents individual preferences including framed photographs and other memorabilia of significance to them. Residents stated that they liked their bedrooms and liked to spend time there. Some residents had televisions, gaming equipment, CD players, DVD players, musical instruments, hand held computer tablets and laptops in their bedrooms. Residents had access to the garden areas, paved patio area with outdoor furniture, BBQ and covered smoking shelter. Residents also had access to the polytunnel and raised garden beds. Some residents enjoyed gardening and helping out with planting and growing of vegetables.

There was consistent stable staffing arrangements in place which had a positive impact on residents experiences. Staff spoken with had a thorough understanding of each resident's unique needs, preferences, and interests. Residents were seen interacting with staff members throughout the day, enjoying friendly banter and it was clear that they had developed comfortable and trusting relationships with one another. Overall, staff demonstrated a strong commitment to advocating on behalf

of residents, ensuring their rights, preferences and well being were actively promoted and respected. All staff had completed training on a human rights based approach to care. Staff ensured that residents' preferences were met through daily consultation, monthly house meetings and regular individual key working sessions. Residents spoken with reported that they were regularly consulted with and involved in decisions about their care and support. They stated that they had choices in their daily life and felt well supported by the staff team. They mentioned how they received a copy of the staff roster on a weekly basis, and how this was important as they liked to know what staff were going to be supporting them.

On the day of inspection, all residents appeared happy and in good form. They were noted to go about their own routines, coming and going from the centre throughout the day. They indicated that they could choose their own daily routines and attend their preferred activities. On the morning of inspection, some residents were getting ready to leave the centre. One mentioned how they had plans to visit their mother, another had planned to get out for a long walk, another was going to get their favourite chicken fillet roll and attend a dentist appointment. They mentioned how they could attend the providers day service programme some days if they wished or when preferred activities were taking place. They mentioned how they could choose and plan their preferred menus each week. They talked about how they also enjoyed eating out, visiting local restaurants and coffee shops and sometimes enjoyed take away meals. Some residents told the inspector how they had enjoyed attending the local St. Patrick's day parade the day previous and had a few pints of beer. Residents spoke of how they continued to enjoy a range of activities in the local community. Some residents regularly attended the local gymnasium, sauna and swimming pool. Some regularly attended the cinema, others enjoyed going for walks, going shopping, attending GAA matches, playing tennis and golf and recycling of plastic bottles. One resident had recently taken up part-time employment in the local gym. Residents also spoke about enjoying time relaxing at home and in their rooms. Some mentioned how they liked to watch their preferred television channels in the comfort of their bedroom, others spoke of enjoying listening to and playing music, using their mobile telephone, and laptop. One resident told the inspector how he enjoyed collecting CD's and was looking forward to a planned trip to Dublin to buy some more. Some residents liked to help out with household tasks including grocery shopping and laundry. The centre had three vehicles which residents could use to attend activities, staff vehicles were also indemnified for use and some residents enjoyed using public transport such as the train.

From conversations with residents and staff, observations made while in the centre, and information reviewed during the inspection, it was evident that residents were consulted with, were listened to, had choices in their lives and that their individual rights and independence was promoted.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of residents lives.

Capacity and capability

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations.

The person in charge worked full-time and was responsible for one other designated centre located close by. A residential service manager had been appointed since the previous inspection, they worked full-time and were based in the centre. They supported the person in charge in their role and the appointment enhanced oversight and governance of the centre. There were on-call management arrangements in place for out-of-hours. These arrangements were clear and available to staff in the centre.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of residents. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. There was a full compliment of staff in place with all staff having worked in the centre over the past number of years. The inspector reviewed the staff rosters for March 2026 and noted that stable staffing arrangements were in place. The rosters also included the person in charge who normally worked Monday to Friday. The staff member in charge of each shift was clearly set out.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific support needs of some residents. Training requirements and opportunities were regularly discussed with staff at team meetings.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2025 was completed and set out further improvements to the service for 2026. These included a review and updating of all operational policies to ensure alignment with current legislation, national standards, best practice guidance and residents needs. The provider had introduced a new computerised document management system during 2025 and planned to continue its roll out in 2026. The provider had continued to complete six-monthly reviews of the service. The most recent review was completed in February 2026. Actions identified as a result of the review had since been completed. For example, refresher training had been completed for some staff as identified, updates had been completed to care planning documentation and the restrictive practice register had been updated.

The local management team continued to regularly review areas such as incidents, fire safety, risk management, infection prevention and control, medication management, staff training, restrictive practices and residents records. The results of a sample of recent audits reviewed indicated satisfactory compliance. Regular

staff team meetings were taking place at which the results of audits and actions required were discussed to ensure sharing of information, inform learning and improvement to practice. The inspector noted that there was a low level of reported incidents and no complaints had been received in the past year.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. The person in charge had a regular presence in the centre and was well known to residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the assessed needs of residents living in the centre. There were normally six staff on duty throughout the day and two staff (one on active duty and one on sleepover duty) at night-time. The rosters reviewed for the month of March 2026 showed consistent and stable staffing arrangements and were reflective of staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff in various aspects of infection prevention and control, safe administration of medications, Prader Willi syndrome, diabetes care, food safety, wound care, assisted decision making and a human rights based approach to care and support. There were systems in place to oversee training and to ensure all staff were provided with refresher training as required. A review of the minutes of team meetings showed that training requirements were regularly discussed with staff.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being well managed. The compliance plan submitted following the previous inspection had been addressed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service. The person in charge was full-time and was supported by a residential services manager which enhanced the oversight and governance of the centre. There was evidence that issues identified from a recent review of the service in February 2026 had been addressed.

The provider had maintained stable staffing levels which supported continuity of care and contributed positively to the overall quality and safety of the service. There was evidence of ongoing consultation with residents to ensure they were involved in decision-making about their care and support, preferences, wishes and individual goals.

Judgment: Compliant

Quality and safety

The residents who used this service continued to enjoy a good social life, the provider had adequate resources in place to ensure that they got out and engaged in activities of their choice and the staff team promoted and supported residents to exercise their rights and achieve their personal goals. Residents spoken with confirmed that they were consulted with, had control over decisions regarding their care and support, their daily routines and could choose to partake in their preferred activities.

Staff were familiar with, and knowledgeable regarding residents' up-to-date health care needs. Residents files were now maintained on a computerised documentation system. Staff outlined how the system was still relatively new, how some documentation still needed to be updated and how some documents had yet to be uploaded. The inspector reviewed the files of two residents and noted that comprehensive assessments of the residents health, personal and social care needs had been recently updated. Support plans were in place for all identified issues including intimate care and specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed.

Residents had access to general practitioners (GPs), out of hours GP service and medial specialists and consultants. The person in charge outlined how residents

made decisions about their care, with some residents making their own appointments. One resident had been assessed to administer their own medications with the support of staff.

Personal plans had been developed in consultation with residents and their key working staff. Key working meetings took place on a regular basis. Documentation reviewed showed that residents had goals clearly set out for 2026. There were regular progress notes recorded with evidence that goals were being progressed and achieved.

The local management team had systems in place for the regular review of identified risk in the centre as well as regular reviews of health and safety, infection prevention and control and medication management. Risks to residents were well identified, assessed, and managed with appropriate measures in place to support residents safety while promoting autonomy and quality of life. The person in charge discussed a draft safety plan being put in place and scheduled to be discussed with the multi-disciplinary team following recent attempted absconion incidents. They advised that automated front gates were being put in place as a further control measure.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding was a standing agenda item and discussed at all staff meetings. A small number of safeguarding concerns regarding negative interactions between some residents had been notified to the Chief Inspector during the past year. These concerns were discussed with the person in charge who provided assurances that they were being managed in line with safeguarding policies. They advised that there were no active safeguarding concerns at the time of inspection.

Restrictions in use were being managed in line with national policy, had been risk assessed with a clear rationale outlined for their use. Some residents had complex needs which required prescribed levels of supervision within the centre and also when accessing the community. Due to the nature of these needs some restrictive practices were implemented in order to promote safety and safeguarding. All restrictions were logged and there were detailed protocols in place for their use. There was regular review of all restrictive practices as well as oversight by the provider's rights and restrictive practice committee.

The local management team had fire safety management systems in place, however, further clarity was required by staff as to the exact information displayed on the fire alarm panel in the event of fire. There was lack of clarity and conflicting information provided by the staff team. This posed a risk and could result in delays in staff quickly and accurately identifying the location of fire. All staff and residents had been involved in completing fire drills. Fire drill records reviewed provided assurances that residents could be evacuated safely in the event of fire. Residents spoken with confirmed that they had taken part in fire drills.

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The emergency evacuation plan and individual personal emergency evacuation plans had been recently updated. Fire drill records reviewed by the inspector indicated that fire drills took place regularly and provided assurances that all residents could be evacuated safely in the event of fire. There were regular reviews of incidents, medication management, restrictive practices as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place and issues identified at the last inspection had been addressed. However, further clarity was required as to the exact information displayed on the fire alarm panel in the event of fire. There was lack of clarity and conflicting information provided by the staff team. This posed a risk and could result in delays in staff quickly and accurately identifying the location of fire. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. The findings from a recent fire drill of a night-time scenario had resulted in shared learning and a residents personal emergency evacuation plan had been updated to reflect night-time evacuation needs.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines. The person in charge demonstrated knowledge when outlining procedures and practices on medicines management. All staff had been provided with medicines management training. Regular medicines management audits were completed, the results of recent audits indicated satisfactory compliance. The person in charge advised that there had been no recent medication errors. Issues identified at the last inspection had been addressed. The medication policy had been updated to reflect guidance on the administration of intramuscular injections and subcutaneous injections. One resident had been

assessed to manage their own medications and the inspector was shown the updated self-assessment template which now included specific detail in relation to the self administration of a subcutaneous injections.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised, clear and informative. There was evidence that support care plans were regularly reviewed and updated as required. Staff spoken with were familiar with were knowledgeable regarding the assessed needs of residents.

Personal goals were clearly set out for residents including evidence of regular review and progress updates. It was clear from speaking with residents, as well as, records reviewed that residents were supported to achieve their individual goals.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), medical consultants and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, psychiatrist, behaviour support therapist, diabetic nurse, dentist, optician and audiologist. Residents were also supported to avail of vaccine and national screening programmes if they wished.

Staff had been provided with training in Prader Willi syndrome and diabetes care in order to support the specific care needs of some residents.

Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Those who required support had access to behaviour support and had positive behaviour support plans in place. The person in charge advised that residents and staff had good support from the behaviour support therapist who visited the centre on a weekly basis.

The local management team continued to regularly review restrictive practices in use. The inspector found that restrictions in use were being managed in line with national policy and were subject to regular review by the provider's rights and restrictive practice committee.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and respected in the centre. Residents spoken with during the inspection demonstrated an awareness of their rights and confirmed that they were supported to make their own decisions. Residents were supported to plan their own daily routines, including activities, outings and how they choose to spend their time.

Residents were facilitated to participate in the community and had opportunities to partake in activities of their choosing. This included attending social outings and religious ceremonies. Residents were also registered to vote and could exercise their civil rights if they wished. Residents had access to information and communication resources in the centre. These included access to telephones, televisions, Wi-Fi, and computers which supported residents stay informed and stay in contact with family, friends and the wider community. There were good consultation practices in place. Regular opportunities were provided to residents to express their views. Weekly house and key worker meetings provided opportunities for residents to discuss their preferences, raise concerns and contribute to decisions about their care and the operation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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 9: Residents' rights	Compliant

Compliance Plan for Bridge Lands OSV-0005682

Inspection ID: MON-0049932

Date of inspection: 18/03/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The template for the fire safety competency has been updated to verify staff's understanding of the information displayed on the fire panel and their ability to accurately identify the location of a fire in the event that the fire panel is activated.]	

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(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	14/04/2026