



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

Issued by the Chief Inspector

Name of designated centre:	Felicity House
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0007723
Fieldwork ID:	MON-0046321

About the designated centre

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

Felicity House is a designated centre operated by GALRO Unlimited Company. The centre intends to provide full-time residential care for up to seven residents, both male and female, who are under the age of 18 years and who have an intellectual disability. The centre is comprised of a house, an apartment and an annex. The apartment and annex can provide accommodation for two residents and offers a kitchen/living area, bedroom and shower room. The house can accommodate five residents, where each have their own bedroom, some en-suite facilities, shared bathrooms and communal use of sitting rooms, play room, kitchen and dining area, and staff office. A well-maintained garden area surrounds both the house and apartment, and includes an enclosed play area for residents to use as they wish. Staff are on duty both day and night to support the residents who live here. There are separate laundry facilities on-site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 11 March 2025	09:00hrs to 16:00hrs	Aonghus Hourihane	Lead
Tuesday 11 March 2025	09:15hrs to 16:00hrs	Carmel Glynn	Support

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults and children with disabilities. As part of this inspection, the inspectors met with young people who lived in the centre and observed how they lived. The inspectors also met with the person in charge, a member of the compliance team, three staff members on duty, and viewed a range of documentation and processes.

The designated centre is large and caters for the needs of seven young people. The young people all have high support needs, the service is complex and often very busy. The inspectors noted many areas of good practice and these are outlined throughout the report. However, there were concerns about the premises, which were not compliant with the regulations, in particular the fact that the bath and shower facilities upstairs for three young people was severely curtained for over three months. Given the complex nature of the service, all young people required very high levels of support with many aspects of intimate personal care. The provider was not compliant with the requirements of Regulation 27, protection against infection.

The inspectors met three of the young people that lived in the designated centre. At the start of the inspection, one young person was still in their room preparing for the day with staff. The young person was later observed eating and doing some table top activities. Staff were observed to be gentle, kind and responsive to the young person's needs.

Inspectors met one young person who was in the sitting room watching a movie on the television, being supported by a staff member. The staff member reported that the young person attends school on reduced hours, and would be going after lunch. The young person was non-verbal but smiled and made eye contact with the inspectors, and appeared comfortable in staff's presence.

The inspectors met another young person in the afternoon, on their return from school. The young person was relaxing in the sitting room after coming home from school. They smiled at inspectors and gave a high five. They were also engaging in some dance routines as they watched a music video. Again, staff were observed to engage in a very gentle and kind manner. The young person was clearly comfortable in their company, they gently touched the staff member's face to acknowledge their words of kindness. Overall, there was a calm atmosphere even though it was clear that the house was getting busier throughout the afternoon.

The designated centre is located on the outskirts of a town in Co. Laois. It is a large building with ample space around the house that included an enclosed garden. There was outdoor furniture and facilities for play and recreation. The provider had made significant changes to the main house in the past year and there were now

only five young people in the main house with one young person moving to a newly developed annex and the remaining young person living in an apartment close to the main house. The changes benefited one young person in particular but the overall effect on the main house was positive, as there was now more communal space for all to enjoy. The changes also ensured there was better management and oversight of safeguarding the young people.

The young people living in the centre had complex presentations and the provider had invested in new specialist flooring throughout the centre to aid with cleaning and managing infection control. Inspectors were conscious that the needs of the young people impacted on the decoration and presentation of the rooms. The bedrooms in the centre apart from one room were very clinical in nature. Inspectors didn't get a sense of the young people's personalities, their likes or their interests from the rooms. Inspectors questioned the size of beds in use, the large open spaces in rooms and the use of perspex boxes in two rooms to house some personal belongings. Inspectors appreciated that the provider needed to balance the needs of young people with the practicalities of complex care but overall the provider needed to review its premises.

The person in charge spoke about plans for 2025 when two young people were due to take part in Gaisce, the President's award scheme. They were able to demonstrate the preparatory work that was completed and how this would be an important milestone for two of the young people in the service.

Young people were actively supported and encouraged to maintain connections with their friends and families. The person in charge reported that young people received regular visits from family members and were also supported to visit family members at home.

Staffing arrangements were in place to support the young people in line with their assessed and complex support needs. The staff team were familiar with the young people and were knowledgeable regarding their individual support needs, likes, dislikes and interests. Staff had received various training relevant to their role.

The residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as staffing information, menu options and daily routine schedules were made available to residents in picture format. Staff had established the young people's preferences through the personal planning process, weekly house meetings, and ongoing communication with the young people and their representatives.

From conversations with the person in charge and staff working in the centre, observations made by the inspectors and information reviewed during the inspection, it appeared that young people had a good quality of life in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre..

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management

affects the quality and safety of the service and quality of life of young people.

Capacity and capability

This unannounced inspection was carried out as part of ongoing regulatory monitoring of the centre, and was the first inspection following the provider's completed application to vary the registration conditions of the centre.

The provider had developed a clear organisational structure to govern the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge to manage the service. They were very familiar with the young people who lived in the centre and focused on ensuring that these young people would receive high quality of care and that their human rights were being supported. The provider had also appointed a house manager to strengthen governance and oversight of the service.

The provider was completing six monthly reviews of the quality and safety of care in the centre. The reports were comprehensive and did point to areas of improvement. The annual review for 2024 had also taken place and while again this was informative and comprehensive in nature, the classification by the provider of the very necessary works to the upstairs bathroom as 'improvements or refurbishment' failed to appreciate the impact that this was having on all young people involved and thus this matter was not treated with the urgency that it deserved. The provider had sought the views of families and professionals and there was positive feedback about the service.

There was evidence that there was a suite of audits taking place on a regular basis and in the two files viewed by inspectors in full, the provider had ensured that the information available was up to date and relevant, assessments were in place and there was a suite of plans and guidance to support the work of staff.

Training was provided to staff on an on-going basis. The person in charge kept clear and concise records for all the staff. Records indicated that all staff had completed mandatory training and further training was planned.

The inspectors spoke with a staff member who was relatively new to the service. They described a comprehensive induction process, where time was allowed to read files of young people and to really get to know them. They spoke about the support they had received from management and about a culture where they were encouraged to ask questions. They further confirmed their attendance at supervision and also at team meetings and that these fora were important for information sharing.

Regulation 14: Persons in charge

The provider had appointed a person in charge and this person met the requirements of the regulations. The inspectors formed the view that the person in charge knew the needs of the young people well and wanted to improve the service provision where possible for the young people.

The person in charge was also recently appointed to a second centre, and based on this inspection, inspectors were satisfied that this arrangement was appropriate to ensure effective governance and operational management of this centre. The person in charge reported that they typically spent four days a week in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there was adequate staff to meet the needs of children living in the centre. During the day, the majority of the young people living in the centre required 1:1 staffing, with one young person requiring 2:1 staffing, and there were four waking night staff during night time hours.

Inspectors reviewed the previous two month's rosters, with no gaps in staffing cover apparent. Rosters were maintained with changes in staffing cover as required. Staffing cover was maintained by a core staff team, with no use of agency staff. Staff were assigned responsibilities, such as medication lead, fire safety check, health and safety check, etc.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received the appropriate training required for their role. Training was provided to meet the assessed needs of residents, such as safety intervention, epilepsy management, and Feeding, Eating, Drinking and Swallowing (FEDS) training. The majority of staff were up to date with the required training. Where refresher training was required, this was scheduled accordingly.

Staff received appropriate supervision and support from their line manager. Formal staff supervision took place twice a year, as per the provider's policy. Additional operational supervision was completed at monthly team meetings, and individually

as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place in the centre. The provider had taken a decision to appoint a house manager to enhance governance and oversight within the centre. The provider's commitment to resourcing the centre was clear, with changes to the internal environment and upgrading of the house car fleet in 2024.

Regular team meetings were held with the staff team, once a month, and staff attendance was generally good. Young people's needs were discussed at each team meeting, as well as areas such as behaviour support, incidents, medication, restrictive practices, etc. Team meeting minutes viewed were comprehensive.

The provider was conducting 6-monthly visits to the centre and these were largely comprehensive in nature. There was an action plan developed of the areas that needed attention. There was a time frame given to centre management to address areas of concern and the compliance team further ensured that the tasks were completed and checked by the provider.

The annual review for 2024 was also completed and again this was comprehensive in nature. The annual review did recognise that there was an issue with the bathroom upstairs but it was reported on in the context of 'renovation works' as opposed to essential maintenance and as such, it did not recognise the significant impact that restricted use to the bath and showering facilities affected four young people residing in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The young people residing in the centre had done so for a considerable period of time. The inspectors reviewed at random two contracts of care and these were clear, transparent and there was an evidenced legal basis for the young people living in the centre. The admissions to the centre were in line with what the provider outlined in the statement of purpose. The agreements were signed by the appropriate persons in line with the status of the young people residing in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose to the Chief Inspector as part of an application to vary the conditions of registration in June 2024. The statement of purpose was accurate and contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

The inspectors were satisfied that the quality of care offered to the young people was largely in line with the regulations. The provider had ensured that the young people residing in the centre had received a comprehensive assessment of need and that this was a live document, updated on a regular basis and was actively used by staff to support young people in their daily lives.

Inspectors could see absence management plans, personal emergency evacuation plans, hospital passports, communications passports and education plans as examples of how the provider was managing the care and support needs of the young people. There was also clear written evidence that the provider had systems in place to review and update as necessary the plans they had in place. Inspectors noted that the majority of documents looked at were reviewed and updated as necessary in February 2025 and overall all plans had been reviewed within the past year.

The young people all had access to a range of allied health professionals and there was again clear evidence that their basic health needs such as access to GP's, regular hearings tests, eye tests and dentists were all a priority for the provider.

There was written evidence that key working sessions were taking place on a regular basis. On one file there was evidence that three sessions had taken place with a young person in January 2025. Areas covered included (1) private time, (2) showering process and (3) fire safety. The information in key working sessions and the information shared by management and staff showed a clear commitment to share information in an appropriate manner with young people and to involve them in all aspects of their care.

There were a significant number of restrictive practices in place in the centre, the provider was able to evidence that these were both warranted, proportionate and reviewed. The inspectors could see that the restrictions observed were in place for

the young people's protection and the environment did not feel overly restrictive.

The inspectors could see that the house was busy, there was always going to be a high level of wear and tear and it was going to be an on-going challenge for the provider to ensure that the house was suitable to the needs of the young people. However, the provider needed to address the issue of the upstairs shower and bath as a matter of urgency.

The inspectors viewed evidence that the provider had invested significantly in the area of infection prevention and there was ample policies and guidance in place, but inspectors remained concerned about how the application of intimate care practices needed to be seen as a high risk practice and the processes around this needed considerable review.

The provider had extensive systems in place for the regular review of risk in the designated centre. Identified risks as well as the results of audits were discussed with staff at team meetings.

The staff team had been involved in completing fire drills and regular fire drills had continued to take place. There was a schedule in place for regular servicing of the fire alarm and fire equipment but the provider needed to ensure that all fire doors were operating in accordance with their intended purpose.

Regulation 11: Visits

Young people were actively supported and encouraged to maintain connections with their community and families. There were no restrictions on visiting the centre. There was adequate space available for young people to meet with visitors in private if they wished. The young people had regular visits with family and one young person reviewed had the opportunity to spend overnights with their family.

Judgment: Compliant

Regulation 13: General welfare and development

The young people residing in the centre were all attending some form of education. The person in charge was clear that the educational opportunities for two young people needed to be increased. The provider was clearly aware of this and was appropriately and extensively advocating with the educational authorities for extended hours for these young people.

The staff clearly articulated the importance of the young people being apart of the community they lived. They spoke about the young people going on outings to a local swimming pool, Kildare farm foods and about plans for the young people to

attend St Patrick's Day celebrations locally.

The provider could evidence that they were working with young people on basic life skills and preparing them for adulthood. One young person assisted staff with the washing of their clothes in the laundry area.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not have an adequate number of shower facilities available on day of the inspection. The bath and shower in the upstairs bathroom which normally served the needs of three young people had largely been out of service since December 2024. The three young people were using the en-suite facilities of another young person downstairs. The provider stated that this issue would not be resolved until the end of March 2025.

The storage facilities for one young person were inadequate. The young persons' wardrobe was located in a room adjoining their en-suite. The room was unsuitable for its purpose and the room also contained personal items belonging to other young people.

The provider needed to review the size of beds in use for at least two young people. One bed for one young person located in the annex was significantly too small for the needs of the young person.

The provider needed to review the decoration of the bedrooms while acknowledging the specific needs of the young people. The rooms were largely bare and the purpose and use of perspex boxes for personal items in two rooms needed to be reviewed.

Judgment: Not compliant

Regulation 18: Food and nutrition

Some of the young people residing in the centre required specialist diets, and there was guidance for staff in relation to supporting these needs. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. Guidance for preparing food for a child with a specialised diet was displayed in the kitchen area for staff. The young people had nutrition and fluid intake plans, which outlined their nutritional needs and supports required. For example, for one of the young people whose low weight was of concern, their plan outlined that they receive a food supplement morning and evening. A meal planner was displayed in

the kitchen, with choices available.

Inspectors could see that the provider was recording food and nutritional intake for the young people on a daily basis.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy and utilised a risk matrix to oversee risk in the centre. Inspectors noted that the risks identified were comprehensively reviewed in December 2024. The provider had identified a health concern pertaining to a young person as their highest possible risk and it appeared the provider was taking appropriate and proportionate risk mitigation measures to ensure the safety of the young person. The provider ensured that the relevant state authorities were fully aware of their concerns and the actions they were taking to manage this risk. The provider could evidence that they were taking immediate actions such as ensuring that the young person was seen by an appropriate medical specialist and also that they were thinking of the how the risk could be managed into the future with plans in place for a new and more suitable placement.

The provider had an active emergency plan in place and there were clear on-call arrangements in place for responding to emergencies at all times.

Judgment: Compliant

Regulation 27: Protection against infection

There were areas of the designated centre that needed further attention in relation to cleaning. Two bedrooms upstairs had dust and visible dirt located in the corners of the room. One en-suite bathroom downstairs in use by multiple residents was visibly dirty. An area containing a young persons clothing was visibly dirty and there was a toilet brush on the floor area.

The process for disposal of contaminated waste needed to be further reviewed. The inspectors were concerned that there was some inconsistency in how all staff carried out the task. The inspectors were further concerned about contaminated waste going through the main food preparation area when other options were available.

The storage of personal care items for each young person needed significant review. Personal care items were stored in a chaotic nature in multiple locations. The very high levels of personal/intimate care within the centre needed to be understood as a high risk area for protection against infection.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had policies, procedures and contracts in place pertaining to the the management of fire containment. There was clear evidence that the provider was doing daily, weekly and monthly fire checks happening.

The young people in the centre all had personal evacuation plans in place and these were updated on a regular basis. The provider was carrying out fire drills both at daytime and night time and no significant issues were identified. The inspectors reviewed six fire drills.

The provider six monthly visit from July 2024 identified three fire doors that were not closing properly and needed adjustment. On the day of the inspection, two fire doors still needed adjustment.

On the day of the inspection it was noted that one bedroom door was wedged open with furniture.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed two of the young people's personal files. They had an assessment of need completed, which was reviewed yearly and included input from the young person, their representative and multidisciplinary supports. Their personal plan contained guidance for staff on how to support them.

The provider was ensuring that the young people had access to a range of multidisciplinary supports, who were involved in the review of the young people's assessed needs. Comprehensive personal plans to guide staff were in place and subject to regular review. For one young person who had epilepsy, there was a detailed epilepsy management plan in place to guide staff, which was reviewed regularly, and a seizure log was maintained.

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for each young person based on their assessed needs. Overall these were of good quality, were up to date and were informative. However, some improvement to communication guidance and to development and recording of young person's personal goals was required.

On one file, the goals for the young person were repetitive month after month in

2024, the goals at times were more akin to weekly activities instead of the young person having an overall goal and how the activities supported in reaching that overall goal.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The designated centre was a busy environment and the young people in the centre had high support needs. There were a number of restrictive practices in place but the provider was able to evidence that these were under review and appropriate to ensure the safety and well being of the young people.

The staff in the centre had received appropriate training and they informed inspectors that they felt supported in the work that they were doing and further to that felt that they could escalate any matter that concerned them either through supervision or their line manager.

All restrictive practices were being reported and reviewed in line with the regulations and the provider's own policies.

Judgment: Compliant

Regulation 9: Residents' rights

The changes that the provider had made to the designated in the past year had significantly contributed to the quality and rights of the young people residing in the centre. One young person had their own space away from the main home and this in turn had enhanced the space and facilities in the main home for the remaining young people.

The staff members that spoke to inspectors showed a keen commitment to respecting and enhancing the lived experience of residents. There was a commitment to providing advocacy services to young people should they need the service and the provider was planning for future living arrangements for one young person.

The person in charge was able to evidence that they were working on the young people receiving the disability allowance when they were entitled to it, with applications made and a commitment to follow up on any back payments should this be the case.

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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Felicity House OSV-0007723

Inspection ID: MON-0046321

Date of inspection: 11/03/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review has been amended to reflect that the renovation work required was essential maintenance.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Structural work has been completed in the bathroom to prevent leaks and property damage caused as a result of children splashing and spraying water, and engaging in behaviours that challenge. This included installing a floor gully, restructuring the floor joists to create a better fall for the water, removal of shower tray, glass panel and installation of two stud walls to surround the shower. We installed a wardrobe in one child's bedroom for additional storage. We have ordered two indestructable double sized beds to replace the single size indestructible beds. We decorated the childrens' bedrooms with pictures, prints and personal effects. The children broke them and removed them from their rooms. We referred the decoration of rooms to GALRO's clinical team for consultation and they have recommended easy-clean colored paint and wall stickers. The use of perspex boxes for personal items in two rooms is being reviewed by the Occupational Therapy team and necessary changes will be facilitated by the provider's maintenance team.	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A meeting took place with staff to emphasise the importance of daily cleaning tasks and management supervision around cleaning tasks has been increased. We increased the weekly hours that GALRO cleaning personnel work at Felicity. We increased the IPC management audits in the centre. The ensuite bathroom has been thoroughly cleaned and is now only in use for one child. The clothing storage has been cleaned and the appropriate storage of new cleaning equipment, including toilet brushes has been reviewed. We reviewed the protocol for the disposal of contaminated waste to ensure the waste never goes through the food preparation area. All staff have been briefed on the protocol and in-house checks on contaminated waste disposal are being completed with all staff to ensure a consistent approach and adherence to the protocol. Two designated areas for the storage of personal care items have been allocated in the centre. The environmental risk register has been updated to reflect the high levels of personal/intimate care needs within the centre and the corresponding high-risk areas for protection against infection.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The two fire doors have been adjusted to ensure they are closing correctly. To aid staff with tasks, supervision and safeguarding measures, we are installing an electronic hold opener (dorma door closer) on the door that was wedged open. Staff have been reminded at the team meeting that wedging a door open is prohibited.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The GALRO clinical team has worked with the staff to improve the development and recording of personal goals. Resident goals have been reviewed to ensure they are</p>	

specific, measurable, achievable, relevant and timely.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/03/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	21/03/2025
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	21/03/2025

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	12/03/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	11/04/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Substantially Compliant	Yellow	11/04/2025

	needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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