



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

## Issued by the Chief Inspector

Name of designated centre:	Finvola
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	31 March 2025
Centre ID:	OSV-0007767
Fieldwork ID:	MON-0046696

## About the designated centre

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

Finvola comprises of a large detached dormer dwelling with an additional 2-bed bungalow on the same site on the outskirts of a town. One building is designed for single occupancy and the other has capacity for six children with three bedrooms on the ground floor and three on the first floor. The main house which is currently the only one occupied, has three living rooms, and a playroom in addition to a kitchen dining room. There is a large car park to the front of the centre and to the rear is a patio and garden with children's play equipment. Children who live in this centre present with moderate or severe intellectual disability, autism or complex medical conditions. Children who live in Finvola may be in statutory care. This centre is open on a 24 hour a day, year round basis. When fully occupied there are eight staff on duty during core daytime hours and two waking night staff on duty at night along with sleep over staff. The children are supported by a team of social care workers and support workers and there is a centre manager full time who provides support to the person in charge.

**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
Monday 31 March 2025	09:00hrs to 15:30hrs	Ivan Cormican	Lead
Tuesday 1 April 2025	10:30hrs to 13:30hrs	Ivan Cormican	Lead
Monday 31 March 2025	09:00hrs to 13:30hrs	Aonghus Hourihane	Support

## What residents told us and what inspectors observed

This was an unannounced inspection conducted to review the provider's compliance with the regulations. The inspection was part of the ongoing monitoring of this centre and also based upon unsolicited information which was received by the Chief Inspector. As part of the inspection, inspectors met with three children and five staff members. The children acknowledged that inspectors were in the centre but they choose not to engage. The inspection was facilitated by the centre's service manager and person in charge. In addition, a senior area manager also attended the centre on the opening day of inspection and a quality manager over both days.

This centre supported six children and one young adult, but both will be referred to as children throughout this report. The inspection found that many areas of care such as social care and access to education were held to a good standard. However, significant issues were found on this inspection in relation to fire safety and an urgent action was issued to the provider in regards to the containment of fire on the first day of inspection. In addition, an increase in behaviours of concern for one child was impacting on the safety and safeguarding of other residents. The provider was well aware of this issue and the senior manager who attended the centre outlined plans to remedy this situation which required additional funding from an external organisation. Although requests for funding were under review, the safety and safeguarding issues remained in this centre and impacted on the quality of life for some of the children who used this service.

The centre was a large detached property which was purpose built and located in a town in the midlands. It comprised of a main two storey house and a separate single story bungalow, both of which were located on the same site. The main house was large and supported six children on a full time residential placement. Each child had their own bedroom, of which four were located on the ground floor and two on the first floor. There was also a number of shared bathrooms and toilets and children had two separate sitting rooms in which to relax. In addition, there was a moderate sized open plan kitchen/dining area. Photographs of the children enjoying events and activities were displayed throughout the centre and toys were freely available, which gave the centre a real sense of home. There were a number of maintenance issues such as cracked floor tiles and sealants around baths and sinks required attention, but the provider had a maintenance plan in place to address these issues. The garden area to the rear of the main house was also pleasant and the person in charge indicated that new outdoor play equipment would be purchased for the upcoming summer months.

The single story building was pleasant and cosy and supported one child. This child had the full use of their home which comprised a large open plan kitchen/dining area and a separate small sitting room. They also had their own bedroom and the use of a large bathroom. Although, this area was well maintained internally, the separate garden area for the sole use of this child required some upkeep which

detracted from the overall homeliness of this area of the centre.

The children who used this service were provided with a good level of social care. Records which were reviewed showed that children enjoyed seasonal events such as Halloween where they decorated the centre and also went trick or treating with other children. One child was a member of a local club where they met with other children on a Sunday morning for kick around and the person in charge stated how they looked forward to each week as they got to meet up with their friends. Some children had also attended Dublin Zoo to experience the Christmas lights on display and staff stated that they enjoyed this trip. As mentioned above, children enjoyed seasonal events and milestones such as birthdays and religious events like confirmation were also celebrated with parties and bouncy castles. The centre's person in charge indicated that the child's respective families would attend and these parties were generally enjoyed by all the children.

An inspector met with three children and observed another child enjoying the swing set in the garden when they returned home from school. The child who lived in the bungalow met with inspectors for a short time with the support of staff and they indicated that they were happy in the centre. They were having a morning tuition lesson on the first day of inspection and they appeared to enjoy this and also the company of staff. Another child was present in the centre throughout the inspection and they interacted with inspectors on their own terms. They were assisted by one staff who chatted to them in regards to activities and meal choice. They sat and had lunch together and overall the centre had a pleasant atmosphere.

It was clear to inspectors that provider promoted the wellbeing and welfare of children who used this service. Improvements were required in relation to meeting the collective needs of children, and although the provider was aware of this issue, it was having an impact on the overall provision of care.

## Capacity and capability

This inspection was facilitated by the centre's person in charge and service manager. Inspectors found that many areas of care were held to a good standard and there had also been a marked improvement in relation to medication practices since the last inspection of this centre. However, an urgent action was issued to the provider on the first day of inspection in relation to fire safety. In addition, this inspection also highlighted issues in relation to safeguarding which were having a negative impact on the provision of care.

Two staff members discussed the general care of children and it was clear that they had a good understanding of their social, personal and general support needs. They were found to have a good rapport with a child who they were supporting and they were observed to speak and interact with them in a warm and patient manner. Throughout the inspection, this child was relaxed in their company and prior to the

conclusion of the inspection both staff and the child sat and had lunch together.

The children who used this service were supported by a consistent team who staff who had received training which was based on their assessed needs. Records which were reviewed for four staff members showed that they actively participated in both mandatory and refresher training which assisted in ensuring that they were kept up to date with regards to developments in care practices. Recent team meeting minutes highlighted the provider's awareness of challenges the service was facing in terms of compatibility. A behavioural support specialist and occupational therapist had both attended which enhanced staff knowledge and promoted an open culture in regards to the provision of care.

The provider had completed all required audits and reviews which found that a good level of care and support was offered. There was also clear lines of responsibility and accountability in the day-to-day operation of the centre. The person in charge held responsibility for the overall delivery of care and they were supported in their role by centre's service manager. Both managers also completed scheduled weekly and monthly audits of care practices in areas such as safeguarding, restrictive practices, risks and medications which ensured that care was generally held to a good standard. There was also outside of normal working hours managerial cover provided to the centre which ensured that staff were supported in their roles at all hours of the day and night.

Overall, the inspector found that this centre had a person-centred approach to care and that the oversight arrangements ensured that the safety and quality of care was generally held to a consistently good standard

## Regulation 15: Staffing

The provider had ensured that the centre was adequately resourced in terms of staffing. Children were generally supported on a one-to-one basis, but two children required support from two staff each day. Three night duty staff were assigned to the centre and overall inspectors found that these arrangements promoted the quality of care which was provided.

The person in charge maintained a planned and actual rota which indicated that these staffing levels were consistently maintained. Management also indicated that there had been a lot of stability in the staff team with several staff working in the centre for a number of years. An inspector also spoke with two staff members at various times over the course of the inspection and found that they had a good rapport with the children, and they also had an in-depth knowledge of childrens' collective care needs.

An inspector reviewed four staff files and found that they met the requirements of the regulations. Each staff file contained a vetting disclosure, employment histories and references which promoted safeguarding in this centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a positive culture in this centre towards staff training and development. The provider had both a mandatory and refresher training programme in place and staff had completed training in areas such as safeguarding, childrens first, fire safety, behavioural support and also the safe administration of medications. Some children also had additional care needs and training based on these needs in relation to epilepsy and percutaneous endoscopic gastrostomy (PEG) care was also completed.

Staff members who met with an inspector also stated that they felt supported in their roles. They attended monthly staff meetings where topics such as learning from incidents, risks safeguarding were discussed. In addition staff also attended both personal supervision and group based operational supervision which aided learning and also gave staff a platform in which to raise concerns or issues.

Judgment: Compliant

### Regulation 23: Governance and management

In general, there was good oversight of care in this centre. The provider had ensured that the centre had a clear management structure with a service manager, person in charge and also a senior manager appointed to the centre.

The person in charge held overall responsibility for two designated centres. They were supported in this role by the centre's service manager who attended the centre throughout the working week and they managed the delivery of care when the person in charge was offsite. All three managers facilitated this inspection and they had a good understanding of children's individual care needs. The centre's senior manager spoke clearly about the recent challenges the centre had faced in relation to compatibility and considerable efforts were underway to secure additional funding to assist in rectifying this issue.

Although, the provider had completed all audits and internal reviews as set out in the regulations, outstanding issues in relation to the placement of one child was having a negative impact on the delivery of care.

Judgment: Substantially compliant

## Quality and safety

The inspectors generally saw that the quality of care offered to the young people was largely in line with the regulations. The provider had ensured that the children residing in the centre had received a comprehensive assessment of need, some of the children required intensive behaviours supports and these were made available by the provider. Although children were offered a good level of social care and their rights were promoted, issues in regards to compatibility were having a negative impact on the overall provision of care.

The provider had measures in place pertaining to the management of fire risks, fire safety systems such as emergency lighting, alarm panel and fire extinguishers were installed. A complete service schedule for this equipment was in place. Staff who met with an inspector had detailed understanding of children's individual evacuation needs and they told the inspector of the arrangements to evacuate the centre in the event of a fire occurring. The centre also had an assigned fire officer and staff had undertaken fire safety training. It was clear that fire safety was promoted; however, damage to fire doors which had been sustained over a period of time significantly compromised the fire containment measures in this centre. As a result an urgent action was issued to the provider to address this issue.

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.

The provider had good systems in place to identify, respond to and manage identified risks within the centre. The person in charge and staff spoken with were knowledgeable about the children's individual risks and these were discussed and responded to on a consistent basis. There was a recognition within the centre that some of the children carried higher levels of risks and the provider was engaging with state agencies to put better plans in place to manage the individual risks for these children.

The centre was busy and some of the children had high support needs. The behaviours of some children impacted both directly and indirectly on the safety and welfare of other children. The provider had fully recognised this, had in essence accepted that the needs of two children were best met outside of this centre and had detailed proposals to resolve the issues. The provider had through staffing levels and behavioural guidance ensured that no child had suffered any direct harm but the risks associated with safeguarding were still very high. The provider was recording in detail behaviour concerns and could clearly evidence that the needs of one child were best met in a different environment. The provider needed to focus on the impact of these behaviours on all other residents from a safeguarding perspective and put in place appropriate plans required.

Children were supported with a good level of social care and comprehensive care

planning outlined how best to support their care needs. Individualised person centred plans covered aspects of care such as nutritional supports, health assessments and childrens' needs in relation to personal and intimate care. In addition the person centred elements of the plan also focused and how each child like to spend their day and included both day and nighttime routines and activities which they looked forward to. Children also enjoyed being out and about in their local community and staff reported that children enjoyed activity centres, going to the cinema and also their favourite fast food restaurants.

Overall, inspectors found that for the most part, care was held to a good standard. Children were supported by a well informed and stable staff team who new their needs well. However, an increase in behaviours of concern was having a negative impact on the provision of care and the safeguarding of children.

### Regulation 13: General welfare and development

The general welfare and development of children who used this service was well promoted. Children attended local schools and one child had home tuition. There was also a focus on personal development and staff were exploring the use of music and bubbles to support a child with relaxing. In addition children's independence was also promoted with some children learning to use the laundry facilities and also to prepare light snacks and meals.

Children had good access to their community and they enjoyed going to the cinema, bowling and in general participating in activities which were in line with their age profile. As mentioned earlier, one child was a member of a local club and they enjoyed meeting up with the friends each Sunday to play football.

Judgment: Compliant

### Regulation 17: Premises

As stated in the opening section of this report, the provider was well aware of maintenance issues in the centre's main house and an action plan was in place to address these issues in the coming weeks and months.

However, a secondary garden which was located to the rear of the centre required attention in regards to maintenance and upkeep. Damaged outdoor equipment and old floor tiles were stored in this garden and this detracted from this area of the centre.

The buildings which made up the centre were pleasant and children displayed various art work and photographs of family and friends. Each child had their own bedroom, with some of these rooms having minimal items which was part of their

care needs. Other bedrooms were decorated with posters and toys and overall the centre was homely in nature.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had systems in place for the assessment, management and on-going review of risk. There was in place an on-call system to respond to emergencies out of hours. The inspectors could see clear evidence that this out of hours system worked where staff had utilised the arrangements in response to an emergency within the centre.

The management team operated a risk register that was updated on a regular basis. The register seen by an inspector was very much a live document. The register contained clear and identifiable risks individualised for the children residing in the centre. There was also a clear list of centre risks identified by management.

There was evidence that the provider had taken steps to address and mitigate against risks within the centre. The provider had reviewed in full a recent serious incident, the provider had taken steps immediately to learn from the incident and had further plans to mitigate against such incidents happening again.

Judgment: Compliant

### Regulation 28: Fire precautions

On the morning of inspection, inspectors identified that fire containment within the centre was seriously compromised due to damage which one fire door had sustained. This damage had greatly reduced the effectiveness of this door to contain both smoke and heat in the event of a fire occurring. In addition, this door was located on an evacuation corridor which had the potential to impact upon the safe evacuation of residents.

In addition, one resident had experienced an increase in behaviours of concern which resulted in them removing devices from fire doors which were required to promote the containment of fire. As a result the provider was unable to demonstrate that fire doors on the ground floor, including the kitchen and bedroom doors would close in the event of a fire occurring. In addition, the utility fire door was prevented from closing by an adjacent press.

Due to the risks this issues posed to both residents and staff, an urgent action was issued to the provider to review fire containment within the centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There was marked improvements in the management of medications since the last inspection of this centre. Revised storage facilities were in place and the oversight of medication practices had greatly improved.

An inspector reviewed two medication prescription sheets and found that the required information for the safe administration of medication was present. Associated administration records were also in place and indicated that medications were recorded as administered as prescribed.

Staff who met with the inspector, including the service manager had received training to administer medicinal products and they had a good understanding of medication practices in this centre.

Although there had been a marked improvement in this area of care, a localised practice in regards to the storage of a medication in an unlabelled container required review, to ensure that staff were administering all medications safely, at all times.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The children had comprehensive individualised personal plans in place which gave a clear outline of their care needs and the associated supports which were in place.

A sample of two personal plans were reviewed and the inspector found that these plans were relevant to care, reviewed on at least an annual basis and also to reflect any changes or developments with regards to care. Each plan was specific to each child's care but common themes such as the nutritional supports, communication, personal and intimate care, preferred routines and the requirements of education were included.

In addition, children were supported to identify and achieve personal goals. They were each assigned a keyworker manage this process and recent goals in relation visiting Dublin zoo and celebrating seasonal events had been achieved.

Judgment: Compliant

## Regulation 6: Health care

Children had good access to health care professionals and routine check ups with their general practitioner and dentist were facilitated by the staff team. The provider also maintained detailed records of all attended appointments with one child recently attending a children's hospital for a review of one of their care needs.

Nursing supports were also available if required, and a registered nurse had recently attended the centre to review PEG care for one resident. In addition, a detailed epilepsy care plan was also in place for a child who had complex care needs and this plan was found to be comprehensive and gave a clear guidance to staff in regards to responding to seizure activity.

Although the children's health was promoted, some adjustments were required in regards to skin care. A skin integrity care plan was in place for one child but key information in regards to cleaning and caring for this wound were absent. In addition, further clarity in regards to the recommended fluid and nutritional intake for the child with the PEG was also required to ensure that their recommended intake was met each day.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The children residing in the centre had complex needs, required high levels of support and staff needed particular guidance from professionals to ensure the care offered to them was of the highest quality.

An Inspector reviewed two behavioural supports plans. There was very clear knowledge of the nature and type of behaviours that the children could exhibit. There was clear guidance to staff about what could trigger certain behaviours, what staff should do to ameliorate such behaviours and also when and how to intervene to ensure the child was both safe and assisted to come back to baseline behaviour.

The two behavioural support plans were both reviewed within the last month and there was clear evidence from incident reports that staff followed the plans when addressing behaviours.

There were restrictive practices in place but these were clearly necessary, were appropriately implemented and reviewed. There was a restrictive practice committee outside of the centre management structure that reviewed and agreed such restrictions.

Judgment: Compliant

## Regulation 8: Protection

The provider needed to review and enhance all its procedures relating to the protection of children from all forms of abuse. The provider had in recent months reported an increased numbers of suspected abuse to the chief inspector. The provider had identified that the needs of two children currently residing in the centre were better met in a different environment and was proactively engaging with the relevant commissioner of services to resolve the issues. The provider recorded in detail all behavioural incidents no matter the gravity for one child. The behaviours such as physical aggression, property destruction and public exposure all had the potential to impact the safeguarding of all other children. An inspector reviewed a small sample of everyday incidents that had not been reported to the chief inspector and in these incidents there was clear evidence that the behaviours of the young person were directly impacting the lives of other children in a negative manner. One incident described how a child during a behaviour episode had entered another child's room early in the morning thus directly impacting that child.

Given the level and nature of the incidents occurring the provider did have high levels of staffing in place at all times but there was no formal safeguarding plans in place to protect children and to clearly guide staff on what exactly there were to do during these episodes.

Judgment: Not compliant

## Regulation 9: Residents' rights

The person in charge and the staff members that met the inspectors were respectful and conscious about the rights of children and actively promoted children's rights.

There was evidence that the children had freedom to exercise choice and control in their daily lives. On one file reviewed there was written evidence that key working sessions were taking place on a regular basis with four such sessions in March 2025. The sessions looked at goals for the year, activities and managing their self-care.

The issues identified in relation to the impact that some behaviours of one child was having on the privacy and dignity of other children are addressed under Regulation 8 ( Protection).

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Finvola OSV-0007767

Inspection ID: MON-0046696

Date of inspection: 01/04/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We convened a multidisciplinary meeting between management, safeguarding, compliance and clinical professionals and an action plan was devised to ensure the safety of all residents for the duration of time the challenges of one resident remain within the centre.</p> <p>We have secured a guarantee from HSE Disability Services that funding will be approved to provide a high support low occupancy placement for 2 of the residents in Finvola. We will continue to keep this plan a priority and it will be treated with urgency until such time as the residents are discharged from the centre and admitted to their new bespoke placement.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We mowed the grass, removed outdoor equipment and old tiles and installed a new trampoline to replace the old one.</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In October 2024, one resident with evolving support needs was deemed to no longer be compatible for the centre and awaits approval for an alternative high support, specially adapted, low occupancy living environment. This resident is known to engage in property damage and frequently targets fire doors within the centre.</p> <p>On the day of the inspection we replaced a cover on the junction box on the door of this resident's bedroom.</p> <p>As a result of habitual property damage to fire doors, the services of an external fire safety contractor are engaged. This external fire safety contractor provides ongoing support to centre management through facilitating any necessary repairs required to fire doors, and assists with identifying suitable alternative mechanisms to help negate the impact of property damage.</p> <p>In the event a lead time applies to the order, delivery or installation of required fire safety equipment or components, the external fire safety contractor engages with centre management to ensure that fire safety remains at the fore while awaiting any required materials.</p> <p>We devised and implemented a protocol with additional fire containment measures to be put in place any time fire doors are damaged and we await repair.</p> <p>The following additional measures are adhered to in the event of fire door property damage:</p> <ol style="list-style-type: none"><li>1. Immersion must be turned off from 8pm to 8am.</li><li>2. The tumble dryer must be turned off at night from 8pm and 8am.</li><li>3. Hot-press door must be locked at all times when not in use.</li><li>4. Bed linen and towels must be removed from the hot press and stored in the individual wardrobes where possible.</li><li>5. Utility door must be closed manually at all times without exception.</li><li>6. Check to ensure laundry/utility room is suitably ventilated.</li><li>7. Laundry baskets must never obstruct the exits</li><li>8. Visual checks made to ensure sockets, washing machine and tumble dryer are not over loaded.</li><li>9. Visual recorded checks made to ensure the lint is removed from the tumble dryer and the lint trap cleaned after each dryer cycle.</li><li>10. Kitchen door must be closed at all times and staff present when open.</li><li>11. All electrical equipment must be unplugged at night and when not in use during the day.</li><li>12. Damaged doors to be closed manually.</li><li>13. Follow night time checks as per protocol with unoccupied rooms added to the check.</li></ol> <p>This protocol will be implemented any time a fire door is in need of repair.</p> <p>On the day of inspection, GALRO maintenance installed a manual door closer on the kitchen door. An external company is scheduled to install the electronic closer on the kitchen door on 9/4/2025.</p>	

We have replaced the chain closers with heavy duty chain closers on the 3 maglock doors.

We have reduced the size of the adjacent press in the utility to allow the fire door open fully.

This building is designed with six fire escapes and L1 addressable fire alarm system, with nine staff on duty during day time hours and three waking night staff on duty during night time hours. The fire safety systems are fully serviced and operational, and all staff conduct regular fire drills and have up to date fire training. Fire doors can be a fetish for some children with moderate ID and despite best efforts it is not possible to prevent damage, hence repeated repairs, and the aforementioned back up safety measures in place to contra the impact in the event of fire.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

We met with the pharmacist and an arrangement is now in place for the pharmacist to split the medication at the time of dispensing and said medication is now labelled by the pharmacist.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Information on cleaning and caring for a wound was transferred from the PEG management folder into the skin integrity care plan.

We liaised with the dietician who is devising a fluid and nutritional intake plan.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

We convened a multidisciplinary meeting between management, safeguarding, compliance and clinical professionals and on 17/4/2025 an action plan was devised to ensure the safety of all residents for the duration of time the challenges of one resident remain within the centre.

We have devised safeguarding plans for each resident and they are all in place since 17/4/2025.

On 6/5/2025 HSE Disability Services gave funding approval to provide a high support low occupancy placement for 2 of the residents in Finvola. As a priority, plans are underway to source, secure, renovate and register a suitable property. We anticipate that the 2 residents will be discharged from Finvola and admitted to the new centre on 8/12/2025.

## 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.	Substantially Compliant	Yellow	02/05/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	17/04/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	10/04/2025

Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	07/04/2025
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	04/04/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	08/12/2025