



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

Issued by the Chief Inspector

Name of designated centre:	Downton
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	11 February 2025
Centre ID:	OSV-0008299
Fieldwork ID:	MON-0037611

About the designated centre

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

Downton is a designated centre operated by GALRO Unlimited Company. The centre can cater for the needs of up to five male and female adults, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large two storey house located in a village in Co. Laois and provides residents with their own bedroom, some en-suite facilities, shared bathrooms and communal use of a kitchen and dining area, sitting room, utility, games room, conservatory and there are external grounds for residents to also use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 February 2025	10:00hrs to 14:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform a registration renewal decision. The day was facilitated by the person in charge, and by a member of the compliance team. The inspector also got to meet with five staff members, and with four of the residents. Overall this was a very positive inspection, where many effective systems and practices were providing residents with a safe and good quality of service.

Five residents lived in this centre, and primarily required care and support with regards to their social care, communication, positive behavioural support, and assessed health care needs. Most of them had lived together for a long time, with one resident having recently been admitted two months prior to this inspection. They all got on well together, and the general way in which this centre operated daily, provided them with multiple opportunities to engage in social activities together, or independently with staff support, as they so wished.

Upon the inspector's arrival, there was a very pleasant and calm atmosphere in the house. One resident had already gone to their day service, one was having a lie on in bed, two were in the games room playing computer games together and briefly greeted the inspector, and another resident shortly returned after going out for a walk with staff. Upon their return, this resident freely roamed around the communal rooms, and took interest in what staff were baking in the kitchen. While they were being supported to have a snack, staff spoke for a brief while with the inspector about the specific care and support needs this particular resident had. The told of how this resident had assessed communication needs and was unable to verbally express their wishes. They regularly used visual aids to assist them with this, which was found to be very effective method of communication for them. They also spoke about the assessed nutritional care needs that this resident had, which required on-going staff supervision. Over the time spent with these staff members, staff were observed to maintain close observation of this resident when they were in the kitchen area, and gently re-directed them when necessary. Later on that morning, the inspector got to meet with another resident, but due to their assessed communication needs they did not engage verbally with the inspector. This resident was the most recent admission to the centre, and staff reported that their transition had gone well. They were watching a DVD in their bedroom, and staff were planning to bring them out to head to the airport to watch aeroplanes taking off. This was an activity that staff hadn't previously done with this resident, but based their time spent getting to know them, they wanted to trial this new activity to see if the resident would enjoy it. Staff were also bring the other two residents swimming later that morning, again an activity that staff reported that these two residents really enjoyed.

The centre comprised of one large two-storey house, which was located within a village in Co. Laois. Each resident had their own bedroom, some of which were en-suite, there was a kitchen and dining area, living room, sun room, utility, games room, bathrooms and a staff office/sleepover area. There was also a well-

maintained garden to the rear, which had a swing that one of the residents was reported to really enjoy spending time on. Overall, the centre was very clean, tastefully decorated and very well-maintained. In recent times, sensory lighting, furnishings, and floor mats had been placed in the sunroom, where residents could now use to spend some quiet time. Residents' bedrooms were visited by the inspector and these were found to provide residents with ample space and storage. For one resident, who had a keen interest in gaming and DVDs, their bedroom had recently been fitted with a desk area to allow them with additional work-top space to do this. Another resident had requested that their bedroom replicate the layout and design of a previous bedroom that they used to occupy. The person in charge told the inspector that this resident liked to have certain items in specific places, and responded very well to the familiarity of the layout of their bedroom. Photos of the residents and their families were proudly displayed, and many items of interest to the residents also forming a large part of the decoration of their personal spaces.

These residents had many social interests, and the provider had ensured sufficient staffing and transport was available to the centre to facilitate this. Staff spoke of how residents liked to go swimming, to the cinema, others liked to go to coffee shops, some liked shopping, going for walks and drives, and often had visits home to meet and stay with family. For those who had a particular interest in gaming, a games room with comfortable couches was available in the centre to these residents. Most of the time, these residents liked to head out on their own with staff, and were consulted with each day as to how they wanted to spend their time. Weekly planners were a large focus for these residents, with many of them displaying their plan for their week in their bedroom, so that they could easily refer to it. Monthly resident meetings were occurring, which gave residents a chance to give their thoughts on the service they received. Visual aids were routinely used as part of these meeting to support the residents with communication needs to be consulted. Prior to this inspection, all five residents with the support of staff and of their families, completed questionnaires for the inspector's review. Within these, residents gave very positive feedback about the service they received, stating they liked living there, were particularly happy about their bedroom storage, were complementary about the maintenance and up-keep of their home, were satisfied with the variety of social activities available to them, and about adequacy of the staff support that they received.

Consistently in staffing levels had been maintained by the provider, which resulted in many staff members having supported these residents for a number of years. Of those who met with the inspector, they were found to be very knowledgeable of the assessed needs of these residents, and of how they were required to support them. At the time of this inspection, they were spending time to get to know the most recently admitted resident, and were using new information to inform this resident's care and support arrangements. Over the course of the day, these staff were found to be courteous and respectful of residents, and were kind and gentle in their interactions with them. There was an evident culture of encouraging resident involvement, with staff being very creative in how they did this. For example, following each fire drill, staff awarded a certificate of completion to each resident to acknowledge their efforts. Other similar incentives were also found, where new care and support interventions were being introduced. For example, to encourage a

resident to wear their new glasses, staff had created an easy-to-read guideline for this resident, which the resident had signed and displayed in their bedroom. The person in charge told the inspector that this had resulted in the resident understanding the reason for why they needed to wear their glasses, and that it had been a very effective way for consulting with this particular resident about their own care and support needs.

Overall, the provider was found to be in compliance with the regulations they were inspected against, with many good practices found in relation to the centre's staffing arrangement, residents' care and support needs, risk management and governance arrangements. Some minor improvement was found in relation to medication management; however, it is important to note that this did not have any negative impact on the care and support that these residents received.

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

Capacity and capability

This was a well-run and well-managed service that ensured residents were receiving a safe and good quality of service. The provider had ensured suitable persons were appointed to manage the centre, that the centre was adequately resourced, and that there was prompt response to any issues impacting care and support arrangements.

The person in charge held the overall responsibility for this service, and was based full-time at the centre, which allowed them to have regular oversight of care and support practices. They held regular meetings with their staff team to discuss residents' care, and also had frequent contact with their line manager about operational matters. Where any risks or issues arose, they had an escalation pathway available to them to alert the provider. They maintained clear oversight of the centre's staffing arrangement, to make sure there was enough staff on duty each day and night to support all five residents. At the time of this inspection, four staff were on duty mid-week, with a fifth on duty at weekends to facilitate residents' social activities, and at night there was consistently two staff on duty. Both staff and the person in charge stated this was working well, and was subject to review should the care and support needs of residents change.

The provider regularly monitored various aspects of this service, through internal audits and reviews, along with their six monthly provider-led visit. Where improvements were found to be needed, these were addressed in a timely manner. The report from the most recent six monthly provider-led visit was reviewed by the inspector, which was found to extensively review a number of care and support arrangements. Those facilitating this inspection, stated that the continuation of this expansive way of monitoring was currently being reviewed by the provider, to ensure going forward, its overall suitability and effectiveness for monitoring quality

and safety for this particular centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and they were based at the centre. They had good knowledge of the residents' needs and of the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager in the running and management of this centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, which had ensured that a suitable number and skill-mix of staff were at all times on duty to support the residents. Where additional staffing resources were required, the provider had suitable arrangements in place for this. There was also a well-maintained staff roster, which clearly identified the names of staff, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of residents. There were clear communication systems in place, with regular staff and management team meetings happening, where residents' care and support needs were reviewed, along with operational matters discussed. There were also effective monitoring systems in place to oversee the quality and safety of care. The provider had ensured six monthly provider-led visits were occurring in line with the requirements of the regulations, and where improvements were identified, time-bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which detailed all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review, and response to all incidents that occurred. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, where residents were constantly consulted and all efforts were being made to ensure residents wishes and preferences were being accommodated.

Residents' needs were well-known and documented and there was evidence of

regular re-assessments and reviews of their personal plans. Key-workers were appointed as having the responsibility for this, and this was working well. Some residents did have assessed health care needs, where they required support with neurological care, and there was clear documentation in place to guide staff on this aspect of residents' care. There was also good involvement from multi-disciplinary teams, as and when required.

Medication management was an aspect of this service which was subject to on-going monitoring. There was a staff member appointed with the responsibility for overseeing medication management, and they were actively involved in the checking of medicines each week, and in engaging with the person in charge, if any issues were found. When medication errors were reported, there was prompt response to having these addressed, and subsequently discussed with staff. However, upon review of medicines and their supporting prescribing documentation by the inspector, it was found that some improvement was required to ensuring a better system was in place to support staff in being able to identify all medicines that were dispensed using a blister pack system.

Positive behavioural support was a fundamental aspect of the service delivered to these residents. Some did require behavioural support plans, and there was evidence that these were subject to on-going review. Staff who spoke with the inspector were very aware of the behaviours that some residents exhibited, and of the reactive and proactive strategies that they were to implement. There was a timely response to any behavioural related incidents, which had a positive impact on resident safety. For example, following an incident involving a restrictive practice while a resident was in transport, there was evidence that this was quickly reviewed by the multi-disciplinary teams, resulting in a change being made to this residents' restrictive practices. The provider also promoted a culture of reducing restrictive practices, with a door lock recently being removed, following a re-assessment of resident risk. At the time of this inspection, this reduction was working well and was being maintained under regular review to ensure it continued effectiveness.

Good practices were also observed in relation to risk management. Reported incidents were reviewed and responded to, and all staff were made aware of any new risk management measures that were to be implemented. Risk assessments were found to describe the specific control measures that had been implemented to mitigate against the identified risk, and these also were subject to on-going review. Good fire safety was also routinely practiced, with regular fire drills occurring giving assurances that these residents could be evacuated from the centre in a timely manner, should it be required.

Overall, there were many positive care and support practices in this centre, which were being closely monitored by the provider. This had resulted in positive outcomes for these residents, whereby, their needs were being reviewed on an on-going basis, with clear consultation processes in place to ensure they were happy and aware of any changes occurring to their care and support arrangements.

Regulation 17: Premises

The centre comprised of one large two-storey house, which was well-maintained, clean, spacious and provided residents with a comfortable living environment. Where maintenance and repair works were required, the provider had arrangements in place for these to be reported and rectified in a timely manner. The layout and design of the centre afforded residents with their own bedroom, and ample space was also provided for residents to gather together, and to also spend time independent of their peers, if they so wished.

Judgment: Compliant

Regulation 20: Information for residents

There was a Residents' Guide available at the centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective risk management systems in place, which ensured all risks were identified in a timely manner, and that measures were put in place to keep residents safe from harm. Where incidents occurred, these were reported and reviewed by management, to inform any additional risk management activities required. Risk assessments were regularly reviewed and updated, and any changes to control measures were communicated to staff. The person in charge maintained a risk register, which enabled them to oversee organisational related risks, and at the time of this inspection, they were in the process of further updating this document.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, to include, detection and containment arrangements, regular fire safety checks were carried out by staff, all staff had up-to-date training in fire safety, and there were multiple fire exits which were maintained clear at all times. Regular fire drills were also occurring, and records of these clearly demonstrated that staff were able to support these residents

to evacuate the centre in a timely manner. Each resident had a personal evacuation plan in place, which guided on the specific support they required to evacuate, and there was also a clear fire procedure outlining how staff were to respond, should a fire occur.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place to support safe medication practices in this centre, and this was an aspect of the service which was subject to on-going review. Medication prescription and administration records were found to be well-maintained and legible, and suitable storage arrangements for residents' medicines was provided. Where as-required medicines were administered, there was good oversight maintained by the person in charge of this. There were also regular checks and medication counts occurring, so as to inform of any discrepancies, and at times where some were found, this was addressed immediately.

Residents' medicines were dispensed using a blister pack system, and these were routinely checked by staff upon each delivery to the centre. The inspector along with the person in charge, reviewed a sample of these blister packs against residents' prescription records; however, they were both unable to identify all medicines that had been dispensed. Although a description for some medicines was available to staff, this system of identification required review by the provider to ensure each medicine dispensed in blister packs, could be clearly identified.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed on a very regular basis, and each resident was assigned a key-worker to support this arrangement. Personal plans were developed based on the information gathered as part of residents' assessment of need, and these were updated accordingly. Residents' goals were also developed in consultation with residents, and progress made to achieve these was maintained within residents' files.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had suitable arrangements in place to support this. The centre was supported by a team of allied health care professionals, as and when required. In addition to this, nursing support was also available to residents, should it be required. Clear risk assessments and protocols were maintained for residents who were prescribed emergency medicines, and the centre also maintained good contact with residents' medical teams around any changes or reviews that may be required to their health care interventions.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had effective arrangements in place to promote positive behavioural support in this centre, which they maintained under very regular review. The centre was supported by a behaviour support therapist who linked in regularly with staff and management about how residents were getting on. Behavioural support plans and guidelines were available to staff at the centre, again these were maintained under regular review. Where behavioural related incidents did occur, these were subject to review and were responded to in a prompt manner. Restrictive practices were in use in response to residents' assessed needs, and these were also subject to regular review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, report, respond to and monitor for any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding, and at the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted by staff, who knew the residents' well and engaged with them daily about how they wanted to spend the day. Staff used visual aids to support residents to communicate, and all efforts were made to put sufficient arrangements in place so that they could carry out residents' wishes.

Residents' meetings were occurring, and there was also good communication maintained with residents' families and representatives. Residents' preferences for how they wanted to decorate and layout their bedroom was respected, and staff were vigilant in ensuring residents' privacy was respected at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Downton OSV-0008299

Inspection ID: MON-0037611

Date of inspection: 11/02/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>As the pharmacy dispenses resident medication, and generates the Kardex and MARS, we met with the pharmacist to request that they include pictures and descriptions for all medicines dispensed in blister packs.</p> <p>The pharmacist advised that the inclusion of a picture of each medicine on the Kardex is no longer possible due to medicines shortage, regularly changing brands of medicines and the use of HPRA and HSE approved unlicensed medicines. The Pharmacist followed up with written confirmation of same (copy enclosed).</p> <p>The pharmacist verbally advised that they double check the medicines dispensed in the blister packs and take full responsibility for ensuring accurate dispensing in accordance with the prescription and Kardex. It is the centre's responsibility to administer medicines in line with the Kardex. Blister packs are considered to be among one of the safest methods for administering medicines as the pharmacist has prepared and double checked the medicine dosage, and each labelled compartment in a blister pack contains only those medications prescribed for a specific time of the day and / or day of the week.</p> <p>Despite the latter, and to ensure that each medicine can be clearly identified, upon receipt of medicines from the pharmacy we will check for a description of the medicines dispensed in the blister pack, and where a description is missing we will seek it from the pharmacist.</p>	

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 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	01/04/2025