Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Island House
Name of provider:	GALRO Unlimited Company
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 April 2026
Centre ID:	OSV-0004976
Fieldwork ID:	MON-0048801

About the designated centre

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

Island House is a residential centre which can facilitate up to six adults on a full time basis, both male and female and who present with Autism and/or intellectual disabilities. The house is a large two storey detached house with an adjacent self contained apartment. It is located in a small town in Co. Kildare. The house consists of two large sitting rooms with a quiet room, large open plan kitchen, separate utility room and store room. Each of the residents have their own bedroom. In the main house, there are three bedrooms downstairs, one of which has an en-suite. There is a ground floor wet room. Upstairs there are two bedrooms, a bathroom, a store room and a staff office. Outside there is a garden and patio area. The self contained apartment has its own enclosed patio and garden area. Residents are supported 24/7 by a staff team consisting of a person in charge, residential manager, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Wednesday 8 April 2026	08:30hrs to 16:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance. The findings of this inspection were positive in relation to residents' care and support with each regulation reviewed found complaint.

In Island House, residential care is provided for up to six adult residents. The centre comprises a two-storey house and an adjacent self-contained apartment in a large town in County Kildare. The houses and apartment are close to a good variety of local amenities such as shops and restaurants. There are four vehicles available in the centre to support residents to access their community. There were six residents living in the designated centre at the time of this inspection.

Over the course of the inspection, the inspector had an opportunity to meet and spend some time with five of the six residents using the service. One resident was in hospital at the time of this inspection. Some residents spoke with the inspector about their day-to-day lives and the inspector used observations, a review of documentation and discussions with staff to capture the lived experience of people living in this service. The inspector also had an opportunity to meet and speak with the nine staff on duty and the person in charge and residential manager for this designated centre. They also met and spoke with the provider's head of care and compliance manager.

Overall, the house appeared clean, very homely and comfortable during this unannounced inspection. The apartment was designed, laid out and furnished to meet the needs and preferences of the resident living there. The front of the premises appeared attractive with an Easter wreath on the front door and plant pots with colourful flowers and ornaments in them. The inspector observed a calm and relaxed atmosphere in both the house and the apartment. Residents were observed to move around the house and apartment and to spend time in their favorite parts of the home. Throughout the inspection, kind, caring and respectful interactions were observed between residents and staff.

Based on observations, discussions with staff and a review of documentation, residents were busy and engaging in activities and hobbies they enjoy regularly. They were being supported to set and achieve goals. Throughout the inspection, residents had opportunities to spend time with staff, with each other or alone. They were observed to choose when they left their home and what activities they wished to take part in. These areas will be discussed further under Regulation 13: General Welfare and Development.

Residents were observed independently completing tasks. Staff were observed to encourage this but to make themselves available should residents indicate they required support. For example, residents were also observed approaching staff when

they wanted them to prepare meals or snacks for, or with them. While spending time in the house and apartment, the inspector observed that residents had access to televisions, phones, tablet computers and radios. Over the course of they day they were observed both watching television and listening to music.

The opinions of residents and their representatives were being sought by the provider. The inspector reviewed the latest annual review by the provider which included feedback gathered in five family surveys and six resident surveys. The responses to questions in the surveys were 100% positive. These questions related to the quality of care and support, staff treating residents with dignity and respect, resident plans and goals, how their choices are supported and facilitated, their opportunities for learning and training, the premises, complaints and contact with family and friends. There was an opportunity to suggest any improvements and none were suggested in the surveys reviewed. Examples of comments in residents' representatives surveys included, "100% happy, keep up the great work", "extremely satisfied", "superb care and support", "exceptional staff, and "staff are so kind,, caring and helpful". Residents were supported to complete their surveys during meetings with their keyworkers. As part of this process staff used pictures, signs and words to gather residents experience and opinions. The method of communication residents used and how they responded were recorded on the survey.

The complaints and compliments log was reviewed. There were no recent or open complaints. There were a number of recent compliments. For example, a resident's family member had praised staff and management in relation to how happy, well supported and well looked after their relative is.

In summary, residents in this centre were being well supported by a staff team who knew them well. They were choosing when and what activities they wished to take part in. They were spending time with the important people in their lives on a regular basis. They were being supported to develop and achieve their goals. The house, apartment and garden areas were designed and laid out to meet their needs and preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

Capacity and capability

The findings of this unannounced inspection were that residents were in receipt of a good quality and safe service.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge and residential manager provided

supervision and support to the staff team. The person in charge received supervision and support from the director of care who is a person participating in the management of the designated centre (PPIM). There was a member of the management team available on-call for out-of-hours queries and supports.

The centre was fully staffed and this was having a positive impact on continuity of care and support for residents. Staff who spoke with the inspector were aware of their roles and responsibilities.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and also identified as person in charge of one other designated centre operated by the provider.

During the inspection, the inspector reviewed the systems they had for oversight and monitoring in this centre and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

Residents were observed to be very familiar with them and appeared very comfortable and content in their presence.

The inspector found that the person in charge was focused on implementing a human-rights based approach to care and support for residents. They were working with the staff team to ensure that each resident was happy and felt safe living in this centre.

Judgment: Compliant

Regulation 15: Staffing

Based on what the inspector observed, read and was told there were enough staff employed by the provider to meet the number and needs of residents living in this centre.

The centre was fully staffed to meet residents' needs in line with their assessed needs and the size and layout of the designated centre. A number of staff and members of the management team spoke with the inspector about the positive impact of being fully staffed in relation to continuity of care and support for residents.

Based on a review of a sample of rosters between January 2026 and the date of the inspection, all the required shifts were covered by regular staff. This included all shifts relating to planned and unplanned leave.

As previously mentioned throughout the inspection the inspector observed kind, caring and respectful interactions between residents and staff. Residents appeared very comfortable and content in the presence of staff. Staff were very familiar with residents' preferences and support needs. They were also observed to be very familiar with residents' communication styles and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

Based on discussions with staff and a review of records the inspector found that staff had access to training and supervision to support them to carry out their roles and responsibilities to the best of their abilities. Some of the supports in place included, induction, probation, supervision and training. They also had opportunities to discuss issues and share learning at team meetings.

The inspector reviewed the staff training matrix and a sample of four certificates of training for staff. The dates on training certificates corresponded with the dates recorded on the training matrix. Staff were completing training identified as mandatory by the provider in areas such as fire safety, safeguarding, manual handling, cardiac first response, infection prevention and control (IPC) and risk management. In addition, staff were completing additional training in line with residents' assessed needs and those to further develop their knowledge and skills around supporting residents to make choices and decisions in their own lives. For example, 100% of staff had completed four modules on applying a human-rights based approach to health and social care.

The inspector reviewed a sample of minutes from two recent staff meetings held in 2026. The agenda was varied and actions from the previous meeting were reviewed at each meeting. Staff were afforded the opportunity to attend in person or via video conference. The minutes reviewed demonstrated good attendance by staff. Agenda items were found to be resident focused and discussions were held around areas such as safeguarding, clinical input, restrictive practices, risk and incident management, fire safety, IPC, audits and actions, residents' goals, healthcare and staff training and handovers. At staff meetings operational group supervision was also being completed. Notes were maintained and demonstrated staff asking questions and sharing information. For example at a recent meeting discussions were held in relation the IPC colour coded systems in use in the centre and the IPC contingency plan specific to this centre. Other areas discussed included safeguarding, complaints, personal and intimate care, resident specific risks,

restrictive practices in the centre, residents' plans and goals, medicines management, behaviour support and incidents.

The inspector reviewed a sample of biannual supervision for three staff. Discussions were held in relation to the regulations, the provider's policies and procedures, staff knowledge and skills, their experience and training, communication, team work, record keeping and specific areas of responsibility held by the staff member. For example, discussions were held with one staff about the health and safety role within the centre. There was an action plan developed with a section to record discussion points and actions arising. The inspector found that there was a knowledge check aspect built into staff supervision meetings.

The specific roles and responsibilities of staff were also highlighted on rosters and in the minutes of staff meetings reviewed. These roles included areas such as being the lead staff for medication administration, car checks, IPC, stock checks, cleaning, meal planning and shopping with residents.

The inspector spoke with staff, the residential manager and person in charge. They each stated they were well supported and aware of how to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider was fully utilising their systems to ensure they had good for oversight and monitoring in this designated centre.

The management structure was found to be in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. The person in charge was present regularly and demonstrated good monitoring and oversight of the centre.

The provider was completing annual and six-monthly reviews in line with regulatory requirements. These were capturing areas of good practice and areas where improvements were required. Actions taken as a result of the findings of these reviews were leading to improvements in aspects of residents' care and support and their home. For example, the inspector was told by staff that the new systems for record keeping were being implemented. They said it was easy to use and proving effective at ensuring that the required documentation was available and easily retrieved by the entire team. Staff were observed using tablet computers to record daily records for residents. The annual review detailed plans to move residents' assessments and plans to digital care management system in the months after the inspection.

The inspector reviewed a number of area specific audits and checks completed by the staff team in areas such as daily records, medicines management, incidents, meal planning, finances and complaints and compliments. The inspector also reviewed one keyworking audit, three local audits and a bi-annual audit by a registered nurse relating to medicines management. In addition, three audits completed on a monthly basis by the local management team were reviewed and on the spot audits completed by the person in charge and compliance manager. These audits demonstrated that the team were self-identifying areas for improvement and completing the actions to bring about the required improvements.

In addition to area specific audits, the compliance manager was completing unannounced day and night checks during the year. The inspector reviewed records relating to two of these. Areas reviewed included resident welfare and safety, visiting arrangements, staff on duty matching the roster, what residents were doing at the time of the visit, the cleanliness and warmth of the house, the maintenance and upkeep of the house and fire safety. There was an action plan in place, should any concerns be raised.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector completed a review a sample of 2025 and 2026 incidents and found that the provider had ensured that the Chief Inspector was notified of each of the required incidents in this centre in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured there was a complaint policy and procedures in place.

There were no open complaints at the time of this inspection. There were complaints forms available and a complaints and compliments log was maintained.

The inspector reviewed the provider's complaints policy and found that it contained sufficient detail to guide staff practice. The area specific complaints process was available in an easy-read format with a picture of the complaints officer. The complaints process was also discussed regularly at the sample of resident meetings reviewed.

There was information available and on display for residents about how to access the confidential recipient and independent advocacy services.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the house and apartment were warm, clean and comfortable. Resdients were well supported by the staff team who they were familiar with. They were supported to develop and achieve their goals and to spend time with their family and friends.

Residents, staff and visitors were protected by the fire safety, safeguarding and risk management policies, procedures and practices in the centre.

Residents' rights were upheld in a number of areas are evidenced throughout this report and as detailed under Regulation 9 : Residents Rights.

Regulation 11: Visits

The provider had appropriate arrangements in place for residents to receive visitors in line with their wishes. These arrangements were detailed in the residents' guide and the statement of purpose for this centre. In addition, the provider had a visitor's policy which had been reviewed in line with the required timeframes.

Through a review of documentation and discussions with residents and staff, the inspector found that residents were visiting or being visited by their family and friends on a regular basis. For example, residents were spending time with their families and the weekend and going on holidays with them.

There were a number of communal and private spaces available for residents to receive visitors. Visiting was unrestricted unless a risk is posed or if the resident requests the restriction.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported by the staff team to connect with their family and friends and to contribute to and be part of their community.

Based on what the inspector read and was told by both residents and members of the staff team, they were busy, developing and achieving their goals and engaging in hobbies and activities they enjoy. Examples of these hobbies and activities included cycling, going to the gym, aerobics, meditation, snooker, cooking and baking and arts and crafts. The inspector observed a number of pieces of art completed by residents. There were lots of arts and craft supplies available in the house and areas for residents to complete their projects. One resident spoke with the inspector and staff about going to the gym, going to work, doing the food shopping, visiting their family every week and about their plans to go on a holiday abroad with their family during the summer. Another resident spoke about an Easter party and Easter egg hunt they had held in their home. They had invited a friend and spoke about how much they enjoyed it.

One resident was in paid employment and doing work experience in another local business. Another resident was a volunteer with local tidy towns and volunteering in a local stables. Staff spoke with the inspector about how one resident had a keen interest in recycling. Each resident had a wrap-around service and could choose to take part in skills classes or to spend time in a local day service. Some were choosing to attend for cookery, sensory sessions and gardening. For example, one resident went to day services on the afternoon of the inspection for a gardening session.

Over the course of the day residents were observed spending time in their bedrooms, engaging with staff, preparing snacks and drinks and taking part in the upkeep of their home. As previously mentioned, they were observed to choose when they left their home and what activities they wished to take part in. For example, two residents went with staff to get public transport to go to a local town for a hot drink. One resident went out with staff on one of the buses available to them for the centre. They went for a long hike which staff later reported they enjoyed very much.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the house, apartment and garden and found that they were designed and laid out to meet the number and needs of residents. The premises offers space for residents to enjoy communal areas or to spend time alone if they wish to.

The provider had ensured that both the indoor and outdoor areas of the premises was well maintained. The premises was centrally located with good access to local amenities and services.

Residents' bedrooms were decorated in line with their preferences. They had their favourite possessions and a number of photos and pictures on display of them engaging in activities they enjoy and of the important people in their lives. There

was attractive art work and words of affirmation on display throughout their home. There was a large garden with areas of grass, areas of seating and some equipment such as football nets and trampolines. The apartment was designed, laid out and decorated to meet the resident's assessed needs and preferences. They had access to an enclosed garden with a seated area, a large trampoline, a swing, a basketball net and areas of grass.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall the inspector found that residents', staff and visitors were protected by the provider's risk management policies procedures and practices.

The risk management policy was reviewed and found to meet regulatory requirements. There was a detailed emergency plan in place which was regularly reviewed.

The risk register, a sample of nine general risk assessments and 10 residents' individual risk assessments were reviewed. These were found to match presenting risks highlighted in residents' assessments and plans and in the sample of incidents reviewed during the inspection. Overall, the inspector found that they were regularly reviewed to ensure they were accurate, reflective of presenting risks and guiding staff practice.

There were systems in place to record incidents, accidents and near misses. A sample of incidents between October 2025 and March 2026 was reviewed. This demonstrated that they had been reviewed by a member of the management team and follow-ups were completed, as required. Incident trending was being completed regularly and leading to the review of risk assessments. Learning as a result of reviews were being shared in the sample of staff meeting minutes reviewed.

The inspector found that there were systems to respond to emergencies and to ensure the four vehicles in the centre was roadworthy, suitably equipped and regularly serviced.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were suitable fire precautions in place in this designated centre.

During the walk around of the house and apartment the inspector observed emergency lighting, smoke alarms, fire doors with swing closers, emergency exits, fire-fighting equipment and the alarm systems in place. The inspector reviewed records for 2025 and 2026 to date which demonstrated that quarterly service and maintenance were completed on the above named fire systems and equipment. The evacuation plans were on display in prominent areas. There was also an emergency day and night time plan available.

A sample of six drill records for the main house and two for the apartment were reviewed. These demonstrated that drills were occurring frequently during the day and during hours of darkness. These records demonstrated that the provider was ensuring residents in the house and apartment could evacuate in a safe and timely manner. Drills took into account residents' support needs, a range of scenarios and were completed with minimum staff levels.

A sample of personal emergency evacuation plans for three residents were reviewed. These were found to be sufficiently detailed to guide staff practice to support them to evacuate safely.

There were easy-read documents in place on fire safety and there were visuals about fire available near the exits. There was an emergency bag available and this was being reviewed and replenished on a regular basis.

Judgment: Compliant

Regulation 8: Protection

Based on a review of documentation and discussions with residents and staff, the inspector found that there were effective systems to safeguard residents in this centre.

The safeguarding policy clearly identified staff roles and responsibilities should there be an allegation or suspicion of abuse. From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. In addition, at a recent staff meeting the types of abuse, specific scenarios, details of the designated officer and what to do if there was an allegation or suspicion of abuse were discussed by the team. Each staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities related to safeguarding and protection.

There had been a three safeguarding concerns notified to the Chief Inspector since the last inspection. The inspector reviewed documentation relating to each of these which demonstrated that the provider's and national policy had been followed. For example, a preliminary screening was completed for each, this was submitted the Health Service Executive (HSE) safeguarding and protection team, and safeguarding plans were developed and reviewed as required.

The inspector reviewed the provider's systems for ensuring that residents' finances were safeguarded. This included a review of three residents' risk assessments relating to their vulnerabilities to financial abuse, their risk assessment for managing their finances and the control measures in place for both. These control measures included key coded safes for residents' monies, the provider's policy for residents' finances and personal possessions, residents' individual financial management plans, a monthly review of receipts for monies spent being reconciled against statements from financial institutions, residents' personal inventory of their possessions and regular finance audits. In addition, each resident had a finance folder with a social story with words and pictures about managing their finances.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the provider and staff team were focused on implementing a human-rights based approach to care and support for residents in this centre.

As previously mentioned, each staff had completed four training modules on applying a human-rights based approach in health and social care. The inspector observed staff treat residents with dignity and respect throughout the inspection. Staff spoke about supporting residents to explore and develop their goals and their roles in their community. They also spoke about residents' strengths, talents and goals. They used person-first language and were observed taking time to listen to residents and to support them to make choices and decisions using their preferred communication methods. For example, one resident was observed using sign language to communicate with two staff members about their plans for the day. Staff were observed to use sign language to respond to the resident. The resident appeared very happy and smiled throughout their interactions with staff.

The inspector reviewed a sample of three resident meetings between January and March 2026. Examples of agenda items included residents' rights, menu and social event planning, fire safety, safeguarding, complaints, IPC and upcoming celebrations and appointments.

Information was available for residents in formats to meet some their communication preferences. For example, there were pictures, posters and easy-read documents on display and available for residents. Topics covered included IPC, risk, safeguarding and indicators of abuse, rights and complaints. These included pictures of the complaints officer and designated safeguarding officer. There were also visuals available to support residents to choose activities, with menu planning and to show which staff were on duty by displaying their pictures.

Throughout the inspection, residents were observed moving freely around the house and apartment. They appeared very comfortable in the presence of staff. They were

observed to seek out staff support if they required it, and to spend time in shared areas of their home, or alone in their bedrooms.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant