



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

## Issued by the Chief Inspector

Name of designated centre:	Glenullen
Name of provider:	GALRO Unlimited Company
Address of centre:	Dublin 24
Type of inspection:	Announced
Date of inspection:	10 November 2025
Centre ID:	OSV-0005549
Fieldwork ID:	MON-0039600

## About the designated centre

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

Glenullen is a purposely renovated centre located in a village in Co. Dublin. The centre consists of the following, an activities/sitting room, bedrooms, kitchen, laundry area, and office. There is an enclosed exterior yard with soft surfacing to provide outdoor play. The centre is in walking distance to local amenities. The aim of Glenullen is to provide high support residential care and supervision for two children, either male or female, in a safe nurturing homely environment that meets the needs of children with intellectual disability and/or autism and/or basic medical needs and may present with behaviours of concern relating to their diagnosis. Glenullen will provide high support residential care for children who are aged between 9 and 17 years of age upon referral. Staffing levels will reflect the needs of the children availing of residential care, however at capacity there will be a minimum of three staff on duty during the core day time hours, with a minimum of two staff on at night time, both of which will be waking night staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 10 November 2025	09:35hrs to 15:30hrs	Lisa Walsh	Lead

## What residents told us and what inspectors observed

Overall, the inspection found full compliance with the regulations inspected, with a dedicated staff team in place who were very familiar with the residents' needs. Based on the inspector's observations, conversations with a resident and staff, and a review of documentation, it was evident that the two residents living in Glenuhlen were receiving good quality and safe care. There was only one resident in the centre on the day of inspection as the other resident was in school and then had a visit with their family.

The centre comprises one house located in the heart of the community in Dublin, which accommodated a maximum of two residents and had no vacancies on the day. The centre had been registered for children under the age of 18 years. The provider had applied to vary this to accommodate residents between the age of 16 and 21. This was to allow both residents to remain living together after one turned 18 years old.

The centre was in walking distance to local amenities and services, including shopping centres, cafés and restaurants and had easy access to public transport. There was also access to a vehicle for residents, which they frequently used to take trips and attend activities, for example, trips at the weekend to different parts of the country to go hiking. The centre consists of two bedrooms, two bathrooms, a kitchen-dining room, sitting room and a staff office. There were no restrictions within the centre and residents could move freely throughout. Residents also had access to a small enclosed back garden which had a trampoline for them to use.

The inspector found that the centre was bright, comfortable and in a good state of repair. There was a notice board which was filled with pictures of the residents completing different activities. It also had each residents' activity planner displayed which was individualised to their own interests, each residents own menu plan which they were supported to develop themselves and each residents own long term goals that they were working towards. There was also a separate notice board with visuals to help the residents identify how they are feeling using the visuals. Information on advocacy, how to make a complaint and who the complaints officer was were also clearly displayed throughout the centre.

Each resident had their own bedroom, which they decorated to their own preferences. Resident bedrooms were filled with personal memorabilia like toy cars, teddies, a keyboard, 3-D printer, arts and crafts made by residents and family photos.

On the day of inspection, both residents were in school. The inspector met with one resident when they returned to the centre after school was finished. The resident appeared very comfortable in the centre, placing clothes in the washing machine and searching through the fridge for what they wanted. Staff and the resident sat together to eat and it was evident that staff were very familiar with the resident's

wants and needs. Staff interactions were very kind and caring with the resident and it created a homely environment. The resident briefly spoke with the inspector to say staff were good to them and they liked living there. The resident clearly communicated their preferences for what they wanted to do that evening, which staff respected.

Staff reported that both residents got along very well together and enjoyed doing lots of activities together, while also enjoying doing activities on their own too. Recently, both residents had been on a trip to New Grange with staff, which staff reported that the residents thoroughly enjoyed. Staff also spoke of many different hikes the residents had taken over the summer, with one resident picking berries to eat along the way. Residents also enjoyed activities like going to the gym, woodwork, computer programming, making 3-D items to sell at local markets, horse riding, swimming, drawing and painting, each with their own preference for these activities. Both residents were working towards the Gaisce Presidential awards and were part of 'Tidy Towns' every Sunday in their local community. They had also been celebrated for making a difference in their local community through their volunteering and had recently been nominated for the community awards.

Residents' rights were respected in the centre and it was evident that they were consulted with in decisions regarding their care and the running of the centre. There were weekly residents meetings, which they both usually attended. The minutes of these meetings were completed in an easy-to-read format and covered topics like planning the menu for the week ahead, activities for the week coming, safeguarding and what the residents communication preferences were. Residents also reported in these meetings that they were happy. Residents also had the opportunity to input into their service through annual feedback forms. They both reported being happy with their home, daily life, care, choices available to them, and said they felt safe and listened to.

The inspector did not have the opportunity to speak with the residents' families/representatives when on inspection. However, on the most recent family surveys completed they reflected the residents feedback reporting they were also happy with the service provided, felt like their loved ones were being treated with dignity and respect and were very happy with the care and support provided.

The next two sections of the report outline the governance and management arrangements in the centre, and how the arrangements positively impacted on the quality and safety of care and support provided to residents in this centre.

## Capacity and capability

Overall, the inspector was assured that the service had effective governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. This inspection found that there was a clearly defined management structure in place. The centre has a

good history of compliance with the regulations and this was evident on the day of inspection. The inspector also observed that actions outlined in the compliance plan from the previous inspection were completed.

This was an announced inspection to assess the ongoing levels of compliance with the regulations. The inspection also informed the provider's application to renew registration of the centre, which was under review.

GALRO Unlimited Company is the registered provider for Glenullen designated centre. The person in charge facilitated the inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. They worked full-time and had overall responsibility for two designated centres and equally divided their time between both. There was a clear management structure that identified lines of authority and accountability within the centre. The person in charge reported to the head of care, who in turn reported to the director. The person in charge was supported in their role by a residential centre manager, and was responsible for the oversight of a team of support workers and social care workers.

The person in charge and the management team had oversight of the quality of care being delivered to residents. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and managing risks in the centre. The provider had completed an annual review for 2024 and unannounced visits on a six-monthly basis. The centre was well resourced and staff had access to the equipment and training required to ensure they could meet the needs of residents. The centre's management team met regularly to discuss all areas of governance, this ensured that the service provided was safe, consistent and effectively monitored and appropriate actions taken where necessary.

### Registration Regulation 5: Application for registration or renewal of registration

An application to renew registration of the designated centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulation 2013 had been made by the registered provider. This application was in the process of being reviewed at the time of inspection.

Judgment: Compliant

### Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge. They had the relevant experience and qualifications to undertake this role and they were

knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They also demonstrated a strong commitment to the provision of a safe and effective service.

While the person in charge had responsibility for one other centre, the inspector found that they had sufficient time and resources available to them to provide appropriate governance and management to this designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff spoken with were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality and safety of care had been completed for 2024, which consulted with residents, their families and staff. The inspector reviewed the reports from the last two six-monthly provider unannounced visits to the centre that had been completed. These had identified areas for improvement with actions plans to address these, which had led to an improvement in service delivery.

Regular management and staff meetings were held, and a record was kept of the discussions and required actions.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents had been provided with information on how to make a complaint and accessible information was prominently displayed on notice boards in the house, along with pictures of the complaints officer who residents could bring their complaints to. The topic of complaints and advocacy were standing agenda items on residents' meetings and also discussed in staff meetings. Independent advocacy information was also displayed on notice boards, with visuals of who their local independent advocate was.

The registered provider held a complaints log and it was evident that all complaints were promptly investigated with the complainant being informed of the outcome of their complaint. Measures were also put in place for improvement in response to a

complaint.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high quality care to residents. The resident spoken with told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with the resident in a kind and respectful manner, and to know their needs very well.

Both residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. Residents had been comprehensively assessed and had access to a wide range of multi-disciplinary supports, such as, a general practitioner, social workers, psychologist, behaviour support, psychiatrist, occupational therapy and a special needs assistant in school. A range of personal support plans were in place, which reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices. On a review of documentation it was clear what goals the residents were working towards, which were also set out in an accessible personal plan for the residents.

The registered provider had taken measures to protect residents from abuse. Staff were knowledgeable about abuse and how to report suspected abuse in the centre. The registered provider had a local policy and was investigating allegations as required.

Residents had ample opportunity to choose from a range of activities within the house and out in the community. They were also given the freedom to choose to take time to rest and have time alone while in the house if they chose. The registered provider also ensured that they were assisted and supported to communicate freely in accordance with their needs and wishes.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the residents. It was suitably decorated and provided a homely relaxed atmosphere in an age appropriate manner.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Staff were focused on ensuring that they communicated appropriately with residents and regularly checked what the residents' communication preferences were. During the inspection, the

inspector observed staff communicating with the resident in line with their individual communication supports required. There were also a variety of visual aids used throughout the house to support the residents' communication. Both residents had a communication passport outlining their communication support needs.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with both residents attending school and working towards achievements like the Gaisce Presidential awards.

The inspector observed supports in place to ensure that residents could continue to maintain and develop personal relationships with both residents regularly visiting their families. Residents had developed strong links with the wider community and both volunteered every Sunday for Tidy Towns. The inspector found that the activities residents attended were person-centred and tailored to meet their needs and aspirations. For example, one resident wanted to learn to drive and was being supported by staff to prepare for the theory test.

The activities planned were meaningful for each resident and staff ensured that residents were consulted about how they wanted to spend their free time. The provider had ensured sufficient staff were on duty each day to bring residents out and about, and had also ensured adequate transport arrangements had been made available for them to do so.

Residents had age-appropriate opportunities to be alone and they had opportunities to develop life skills and help prepare for adulthood. For example, residents were supported to access aftercare supports and learn new skills to support them work towards living more independently. They were also planning for future employment opportunities they had an interest in.

From conversations with staff, as well as information and photographs reviewed during the inspection, it was evident that residents lived meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

### Regulation 17: Premises

The premises is suitably designed and furnished to support residents' existing needs and overall well-being, as well as their long-term requirements. The provider had

ensured that the internal and external premises were in a good state of repair. All areas of the centre were clean and well-maintained while being suitably decorated to provide a homely atmosphere for residents.

All equipment and facilities that were required were available to residents and maintained in good working order. Where the premises required any repair or maintenance works, there was a system in place for staff to report this to be rectified.

The premises is located centrally in the community with access to local amenities, services and public transport that promoted the residents engagement and connection with the community.

The provider had also ensured that the premises offered space for residents to spend time alone if they wished, to promote their privacy and dignity.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were consulted with and encouraged to lead on menu planning and could choose to participate in the preparation, cooking and serving of their meals. Staff reported that residents enjoyed the preparation of food and enjoyed the sensory experience of this task. One resident had a more limited diet by their choice, however, there was a plan in place to expand their food experiences and build it into other long term goals they were working towards for their health and fitness.

The timing of meals and snacks throughout the day were planned to fit around the activities, needs and preferences of the residents. Residents were supported to have plenty of time to eat and drink. The inspector's observations were that meals were not rushed and a pleasant social experience with staff sitting with residents and eating with them.

Ample wholesome and nutritious food and drinks were available for residents to choose from at meal times, with cupboards and fridges full of different food choices. At the time of this inspection, no resident required a modified diet nor required assistance with eating or drinking.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

An assessment of residents' health, personal and social care needs was completed and personal plans were in place to support the residents. The inspector reviewed

plans for communication, finances, education and food and nutrition for each resident. These reflected the residents assessed needs in a person-centred approach and clearly outlined the supports required to maximise each residents' personal development. It was evident that the residents had been involved in developing their personal goals with individualised ambitions they wanted to achieve. The personal plans reviewed were developed in a way that included a positive approach to risk-taking, which considered risks and focused on the individuals strengths.

All of the residents' personal plans and goals were detailed in an easy-to-read format, which were appropriate for the residents. Visuals of residents' long-term goals were also displayed on a notice board demonstrating that they were part of their daily lives.

Residents has access to a multi-disciplinary team for review of their personal plans and support to implement their plans. The effectiveness of the plans were assessed and changed to reflect any changing needs or circumstances of the residents and continually improved upon.

Judgment: Compliant

## Regulation 8: Protection

The provider had established systems in place to safeguard residents from harm and abuse. These included an up-to-date safeguarding policy that reflected current national guidance and provided directions to staff on how to identify, report, and respond to safeguarding concerns. Each resident had an individual intimate care plan in place, which outlined the supports required to ensure personal care was delivered safely and with dignity.

At the time of inspection, there were no active safeguarding concerns. Previous safeguarding concerns that had been reported were reviewed by the inspector and had been suitably investigated and responded to. Staff spoken with demonstrated a clear understanding of safeguarding procedures, including their responsibility to report any allegation or suspicion of abuse. Staff had also completed safeguarding training and were Garda vetted prior to commencing their role in the centre.

In relation to the management of residents' finances, the inspector found that residents were supported in a manner that promoted both independence and protection. Each resident had a financial plan in place that outlined the level of support required to manage their finances. The person in charge conducted regular audits of residents' finances to ensure transparency, accountability, and compliance with the provider's financial policy.

Safeguarding was a standing agenda item for team meetings, while also being discussed weekly with residents at their meetings, in addition to complaints and their rights. Safeguarding was also an item discuss at management meetings to

ensure oversight and monitor systems in place.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant