



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

Issued by the Chief Inspector

Name of designated centre:	Garden Lodge
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 December 2025
Centre ID:	OSV-0005652
Fieldwork ID:	MON-0048576

About the designated centre

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

The service provided was described in the provider's statement of purpose, dated April 2020. The centre provides residential care for up to seven residents over the age of 18 years with a diagnosis of autism and or an intellectual disability and behaviours that challenge. The centre consists of a two-storey detached bungalow and a purpose built annex located in a residential suburb of a medium sized town in county Westmeath. There is a large garden to the front and rear of the centre for use by residents. Each of the residents has their own en-suite bedroom which has been personalised to their own taste and there are large comfortable communal living areas for residents to use.

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 1 December 2025	08:40hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was conducted without prior notice and focused on assessing the quality of care and support provided to residents. The process identified that, at the time of the inspection, the residents were well cared for and were receiving a good service. Of the 11 regulations reviewed, all were found to be compliant with the regulations.

There were seven residents living in the service: 6 in the main building and 1 in their own apartment on the grounds. During the inspection, the inspector met with 4 of the 7 residents. In the early stages of the inspection, some residents were observed sitting in the dining area with staff members, others were watching TV in one of the living rooms, and another resident was relaxing while watching TV in a separate relaxation room.

The residents appeared comfortable in their home and in their interactions with staff members. Later in the day, the inspector chatted with residents and staff members in the kitchen. Some residents had attended a drama class in the morning, and there was also a plan in place to support residents to go Christmas shopping in the evening.

The residents communicated using a mix of verbal and non-verbal forms of communication. Their communication strengths and needs had been assessed by a speech and language therapist (SALT). The inspector observed that visual planners were being used for a number of residents. Some of these were displayed on a large notice board in the dining area, while others were in residents' rooms as per SALT guidance. The inspector was informed that communication aids had also been introduced for some residents.

When reviewing information, the inspector found that weekly resident meetings were being held, as well as monthly advocate meetings. A review of a sample of these meetings identified that residents were being supported, as much as possible, to identify and engage in activities they enjoyed. For example, residents were engaging in educational programmes and hobby-based activities such as drama, swimming, and drumming lessons.

The inspector also found, when reviewing the advocate meetings, that residents were receiving information on a range of topics, including safeguarding and their individual rights.

The inspector reviewed samples of information regarding the care and support residents were receiving. The residents living in the service presented with complex needs and were being supported by members of the provider's multidisciplinary team. Care and support plans had been developed, including behaviour support plans, to promote positive outcomes for the residents.

The provider had identified that six of the residents required 1:1 staffing support, and one resident required 2:1 staffing support during the day. At night-time, two live-night staff were rostered, and one sleepover staff member was on duty. The high staffing levels were recognised as being an important risk control measure, and the review of adverse incidents found that while incidents were occurring, they were being appropriately managed.

In summary, on the day of the inspection, the residents appeared happy in their home and in their interactions with staff members. The review of a large volume of information found that the residents were receiving a good service which was adapting to residents' changing needs.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training and the complaints procedure. The review of these areas found that they complied with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

Following a review of the staffing arrangements, the inspector was satisfied that the provider had ensured the service was appropriately resourced in relation to staffing. The inspector examined the current roster and, as referenced earlier in the report, noted that a significant number of staff were scheduled each day. To assess continuity of care and that the provider was ensuring staffing numbers were being maintained, the inspector compared rosters from late July with those from the first week of October. This review confirmed that safe staffing levels were consistently maintained and that a stable staff team was in place.

The inspector further noted that continuity of staff was particularly important for the

residents, and the provider had taken measures to uphold this requirement. Observations during the inspection indicated that staff interacted with residents in an appropriate and respectful manner, and residents appeared to enjoy the company of the staff team.

The high staffing levels were identified as a key risk control measure, ensuring that all residents received a minimum of one-to-one support throughout the day. This practice was considered an important component of the provider's risk management strategy and the inspector found when reviewing adverse incidents that staff members were managing incidents in an effective and prompt manner.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and confirmed that training needs were regularly assessed and that staff had access to and completed training relevant to their roles and the needs of the residents.

Training completed by staff included:

- fire safety
- specific fire evacuation training
- safeguarding vulnerable adults
- Dysphagia
- Infection Prevention and Control (IPC)
- Epilepsy
- Autism training
- Cardiac first responder
- Autism
- human rights
- Children First
- manual handling
- managing behaviour that is challenging
- safe administration of medication
- Lamh.

The review of records demonstrated that staff had received appropriate training, which was guiding the care and support being delivered to residents.

The inspector requested to review a sample of three staff members supervision records. It was found that the staff team were receiving supervision on a regular basis and that there were steps in place to performance manage staff members.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found them to be effective in ensuring that the service delivered to residents was appropriate, safe, and responsive to individual needs.

The management team, led by the person in charge, was actively engaged in completing audits in collaboration with the provider's compliance team. These audits and reviews were conducted on a weekly, monthly, and six-monthly basis.

Audit topics included:

- residents' finances
- adverse incidents
- medication management
- fire safety precautions.

A sample of these audits was examined, and the inspector confirmed that areas requiring improvement were identified and addressed promptly. The provider was also meeting their obligations regarding statutory reports and required visits. The inspector reviewed the two most recent unannounced audits completed in February and August of this year, which focused on the quality of care and support provided to residents.

The February audit identified a significant number of areas requiring improvement. An action plan was developed, and all actions were recorded as complete. The inspector verified during the inspection that these actions had indeed been implemented. The August audit identified fewer areas for improvement, demonstrating progress. Many actions across both audits related to updating information, and the inspector confirmed these improvements had been addressed.

The inspector also reviewed the most recent three team meeting records and found clear communication between management and staff. Residents' presentation, progress, and support needs were discussed, ensuring the team remained informed and responsive to changing needs. Adverse incidents were also reviewed, with learning outcomes discussed to reduce recurrence.

In summary, the review of the provider's governance and management systems confirmed that they were appropriate and effective, ensuring residents received a high standard of service.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the provider's complaints management arrangements and found them to be effective. Residents had been provided with clear information on how to raise complaints, both through advocacy meetings and via displayed materials outlining the complaints procedure within the service.

The inspector examined the complaints log and confirmed that complaints had been raised during the year. A review of these cases demonstrated that the person in charge, together with members of the provider's senior management team, conducted detailed investigations into each complaint. This process included meeting with complainants and following up to ensure they were satisfied with the outcomes and the measures implemented to address the issues raised.

In summary, the provider demonstrated an effective approach to complaints management, ensuring timely responses and implementing improvements to enhance the quality of service delivered to residents.

Judgment: Compliant

Quality and safety

The inspection concluded that residents were receiving a good standard of care and support. Comprehensive assessments of residents' needs had been completed which informed care and support plans which had been developed for the residents. The inspector reviewed samples of these and found them to be well-written and to reflect the changing needs of the residents.

Key areas, including protection, risk management, residents' rights, and behaviour support, were studied and found to be compliant with regulatory requirements.

In summary, the residents appeared happy in their home and the review of information identified that they were engaging in activities that they enjoyed.

Regulation 10: Communication

The inspector found that residents were being supported to communicate in ways that suited their individual needs. A review of a sample of residents' information confirmed that their communication strengths and areas requiring support had been assessed by a speech and language therapist.

The inspector examined two residents' communication plans in detail. Both residents primarily communicated through non-verbal means. They were supported through the use of visual aids, daily planners, communication boards, and, in some cases,

communication devices.

One resident's plan included concise guidance on the meaning of their physical gestures and prompts, how staff should respond, and the actions staff should take to promote effective communication.

In summary the inspector found that efforts had been made to support the residents to express their needs and preferences. The use of tailored communication supports was leading to more engagement from residents in areas such as resident meetings and making decisions regarding their daily routine which was positive for residents.

Judgment: Compliant

Regulation 12: Personal possessions

When reviewing residents' information, the inspector found that adequate systems were in place to support residents with managing their finances. Appropriate steps had also been taken to protect residents from financial abuse.

The inspector reviewed two residents' financial management plans, which contained information on residents' understanding of managing their finances and the guidance or support they required.

The inspector also reviewed the systems in place to safeguard residents from financial abuse. Residents maintained money in their home, which was stored securely in the service's office.

Staff members checked the amount of money held and any spending daily, ensuring transparency and accountability. The inspector reviewed the spending records of two residents and checked a sample of entries against stored receipts, finding that they matched.

In addition, residents had been supported to open bank accounts and savings accounts, promoting independence. The inspector found that statements for these accounts were being reviewed regularly by the service's management team to ensure that withdrawals were accounted for and that residents were safeguarded from potential financial abuse.

In summary, the inspector was satisfied that the provider had robust systems in place to support residents with financial management and to protect them from financial abuse.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that appropriate risk management arrangements were in place within the service. This conclusion was based on a review of individual resident risk assessments, records of adverse incidents over the previous three months, and the systems established to support learning from such incidents.

Individual risk assessments were reviewed for three residents and were found to be clearly linked to their behaviour support plans. High staffing levels during the day were identified as a key control measure for managing behaviours, alongside staff training and the implementation of positive behaviour support plans. These control measures were considered proportionate to the level of risk and were not overly restrictive.

As noted earlier in the report, adverse incidents had occurred within the service. A review of a sample of records showed that one resident had experienced a difficult period with an increase in behaviours of concern. To support the resident, the provider took steps to understand their needs and, following input from the multidisciplinary team, made changes to how the resident was being supported. Alongside changes to their medication, this resulted in a reduction in incidents.

When reviewing the incidents the inspector found that they were being effectively managed with staff demonstrating the ability to maintain the safety of both the resident and others in the environment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

When reviewing a sample of two residents' information the inspector found that the provider had ensured that residents' needs had been appropriately assessed and that care and support plans had been developed to guide staff on how to best support the residents ensuring that their needs were being met.

The inspector found that some residents' needs had changed in recent months. For one resident, this had led to an increase in behaviours of concern which were negatively impacting them and those they lived with. The resident received support from the provider's multidisciplinary team, and changes were made to how they were being supported to meet their changing needs. These measures led to a reduction in incidents and more positive outcomes for the resident.

The inspector reviewed a number of care and support guidance documents and found that they were updated when required, were well written and gave the reader the appropriate information to care and support the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Following the review of a sample of residents' information, the inspector found that they were receiving appropriate positive behavioural support from members of the provider's multidisciplinary team.

The inspector reviewed two of the residents' behaviour support plans and both were found to be person-centred and comprehensive. The plans provided insight into each resident's behaviours, what those behaviours may be communicating, how staff should respond, and strategies to reduce the occurrence of challenging behaviours while promoting positive outcomes.

Both residents presented with complex behavioural needs. The inspector found that the behaviour support plans effectively equipped staff with the necessary guidance to respond in a manner that was respectful, minimally restrictive, and aligned with the residents' rights.

As part of the review of the response to challenging incidents, the inspector reviewed adverse incidents which had occurred in the service over the previous three months. When incidents occurred, the inspector found that the staff team were adequately equipped to manage them in a manner that reflected the residents' behaviour support plans and maintained residents' and staff members' safety.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the service's management team and the provider had responded appropriately to safeguarding concerns. They carried out investigations when required and notified the relevant bodies in line with good practice.

When reviewing adverse incidents and notifications submitted by the provider during preparation for the inspection, the inspector noted that there had been occasions where residents negatively impacted one another. The provider addressed these concerns by supporting each resident and ensuring that assessments of their changing needs were conducted to reduce the negative impact.

The inspector reviewed safeguarding plans which had been developed and a lengthy safeguarding investigation conducted by the provider following concerns being raised. The investigation found no grounds for concern, but it demonstrated that the provider took the appropriate steps to investigate the concerns.

The inspector also found that residents were provided with information about safeguarding and maintaining their safety as part of their advocacy meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The review of a large volume of information and observations on the day of inspection identified that the rights of the residents were being promoted and upheld by those supporting them.

As discussed in earlier sections, there was evidence of residents being supported to be the decision makers in their daily routines. Residents were identifying things they wanted to do and were being supported to engage in them. Records stated that some residents were utilising a communication aid called a dynavox to express their wishes, which demonstrated that steps had been taken to ensure that the residents' voice was being heard.

The inspector found that the residents' meetings, which were held on a weekly basis, were used as an opportunity for residents to express their views and wishes and also to be kept up to date with information such as the complaints procedure and information regarding the running of the service.

The inspector also found that the residents were involved in monthly advocacy meetings where they received information on a range of topics including safeguarding and protection, their rights, and support about the right to vote in recent elections. There was also a meeting where the provider's safeguarding designated officer met with the residents.

In summary, the inspector found that the residents were receiving a person-centred service and that efforts were being made to ensure that the residents were living as self-determined lives as possible.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant