



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

Issued by the Chief Inspector

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| Name of designated centre: | Idella Bower |
| Name of provider: | GALRO Unlimited Company |
| Address of centre: | Offaly |
| Type of inspection: | Announced |
| Date of inspection: | 06 January 2026 |
| Centre ID: | OSV-0007768 |
| Fieldwork ID: | MON-0040203 |

About the designated centre

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

Idella Bower is designated centre operated by GALRO Unlimited Company and is located a few kilometres from a village in Co. Offaly. The centre can provide residential care for up to three male and female residents, who are under the age of 18 years and who have a disability. The centre comprises of one bungalow dwelling and a separate standalone apartment, which was adjacent to a staff office and laundry room. There is a secure garden area to the front and rear of the premises containing play and recreational areas, and is available to residents to 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.

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| Number of residents on the date of inspection: | 3 |
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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 |
|------------------------|----------------------|------------------|------|
| Tuesday 6 January 2026 | 10:00hrs to 14:30hrs | Anne Marie Byrne | Lead |

What residents told us and what inspectors observed

This was an announced inspection that was carried out to assess the provider's compliance with the regulations, so as to inform a registration renewal decision. The day was facilitated by the person in charge and the residential services manager. The inspector also met with two members of staff from the quality team, the person participating in management for the centre, four staff members, and briefly with one of the residents. Overall, this was a very positive inspection which found many examples of where care and support was being delivered to a high standard.

The centre comprised of a bungalow house and standalone apartment which were situated on the same grounds, rurally located a few kilometres from a town in Co. Offaly. Separate to these premises, was a staff office, storage area, laundry room and bathroom. The centre was home to three male residents who were all under the age of 18 years. They all had lived together for a number of years, and generally liked to spend their time independent of one another. Two of them lived in the bungalow and had their own bedroom, shared bathroom, sitting room, kitchen and dining area, and there was also a staff office and sleepover room. The apartment was home to one resident, who had their own en-suite bedroom, living area, kitchen, utility, and staff area. Both areas were well-maintained, clean and had homely aspects to them that were appropriate to the adolescent age profile of these residents. To the rear of the centre, was a garden area that contained a swing and trampoline, which residents liked to use in good weather.

The assessed care and support that these three residents required was generally in relation to their social care, some needed support with aspects of health care, two of them were non-verbal and had varying levels of sensory needs, they required support with their intimate and personal care, and some had identified risks that required on-going monitoring and staff supervision. Some of them presented with complex behaviours that also required daily positive intervention by staff, so as to support residents to remain, or return, to baseline. Two of them were school goers, and since the last inspection 10 hours home tuition had been secured for the third resident. They all required two-to-one staff support during waking hours, which was consistently provided. One of them responded better to a male staff team, which the provider had ensured was always in place. They got on well together as a peer group, with no negative interaction or active safeguard planning required.

Upon the inspector's arrival to the centre, they were greeted by members of the quality and local management team. One of the residents had gone out with staff for a drive and later returned to have a nap. One of the other residents also returned back to the centre in the afternoon after school, but due to their assessed communication needs, they were unable to directly speak with the inspector about the care and support they received. They did however greet the inspector with a fist pump, and were relaxing in the company of staff in the dining area. Staff told the inspector that this resident responded well to sensory environments, with various

fairy and LED lighting hung up in the dining area, kitchen, and in their bedroom. They also responded well to music and more often than not, spent most of their time listening to music on their headphones. Due to previous on-going incidents of self-injurious behaviours displayed by this particular resident, protective padding was installed to the wall of their bedroom since the last inspection, which had reduced the likelihood of this resident sustaining an injury. Within their bedroom, they also had a swing, which staff said this resident often used to self-soothe themselves back to baseline. Within the dining area of this bungalow, staff had developed visual daily activity and meal planners, which the residents often used to refer to. The apartment area was also visited by the inspector, which had been made more homely in the last few months. This resident also responded well to sensory based items, and had a new sensory wall installed in their living area. Due to the onset of property damage that this resident often engaged in, a fake door was also available in their living area. This was installed in an effort to deter this resident from causing damage to existing internal doors, which had been some what effective in doing so. Staff had also identified this resident's love for music and they had recently received a gift of a keyboard which was kept in their living area for them to use as they wished. In response to the safety needs of these residents, there were some environmental restrictions in place in both premises, such as, locked doors and window restrictions. The presence of which were not negatively impacting these residents, and were maintained under regular review by the provider.

These residents lived very active lifestyles and were facilitated to do so, through the adequacy of this centre's staffing and transport arrangements. One resident had a keen interest in medieval times, and staff often brought them to visit various castles and old buildings in the area. They had attended Halloween and Christmas parties hosted in a nearby service, had family visits over the Christmas period, and liked to get out for walks in various different spots. Due to the keen interest in films and games that some of these residents had, they often chose to spend alot of their recreational time in the centre doing so, with a sitting room available to them that was set up for this.

Consistency in this centre's overall staffing compliment fundamental to ensuring these residents received the care and support that they required. Local management were well-aware of the importance of sustaining this, and had successfully managed to resource this centre with all of their own full-time and part-time staff. Over the course of the inspection, the inspector got to meet with a few of the staff on duty, who were found to be competent in how to carry out their role in caring for these residents. Interactions between residents and these staff members were observed to be friendly and pleasant.

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

Capacity and capability

Since the last inspection in April 2025, the provider had addressed the areas of improvement identified upon the that inspection, resulting in them being found to be in full-compliance with all regulations inspected against on this inspection.

The person in charge held a full-time role, and was supported in the running and management of this centre by a residential services manager, their line manager, and staff team. They were present frequently each week at the centre to meet with the residents and with their staff team, and were very aware of each resident's assessed needs and of the operational needs of the service delivered to them. In between their visits to the centre, they maintained daily contact with the residential services manager about residents' care and support arrangements, and also met frequently with their line manager to discuss operational issues. There was a good internal communication system maintained, with scheduled staff team meetings occurring to review any issues arising. Any changes to how the centre operated and around residents' care needs were quickly disseminated among all staff members, with senior management also kept to date on these, as and when required.

A full staff compliment was in place, with it very rarely occurred that additional staffing resources were required. However, should it be needed, the provider did have arrangements in place for this. The staff team working in this centre had done so for a long time, and were very familiar to the residents, and it was clear in their conversations with the inspector, that the residents' assessed needs were well-known to them. Good oversight was maintained of staff training needs, which had ensured that all staff had received the training they required to take care of these particular three residents.

Many internal audits were being carried out regularly by local management, which had a positive impact on ensuring that a number aspects of this service were subject to on-going review. Six monthly provider-led visits were also occurring, and where improvements were identified, these had been addressed. The oversight and monitoring of care in this centre was regularly reviewed and discussed between the local management team, and there was prompt attention where any deficits in care delivery were found.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, 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 was regularly present at the centre to meet with residents and their staff team. They had good knowledge of the residents' assessed needs, and of the operational needs of the service delivered to them. They were supported in their role by their staff team, line manager, and residential services manager. They did have responsibility for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, which ensured that there was at all times a suitable number and skill-mix of staff to meet the assessed needs of residents. Although the requirement for additional staffing resources was rare, the provider did have arrangements in place for this. There was a planned and actual roster available at the centre, which clearly named all staff and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was maintained under regular review, with all staff having up-to-date training in the areas they required, at the time of this inspection. 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 that suitable persons had been appointed to manage and oversee the running of this centre. There were clear lines of accountability and responsibility in place for local management, which ensured robust oversight was maintained of the quality and safety of care delivered. There was good internal communication systems in place, to include, regular staff and management team

meetings, ensuring that all were maintained up-date about residents' care and support arrangements, along with any operational changes occurring. The monitoring of the quality and safety of care was largely attributed to the regular presence of management at the centre, along with the completion of many internal audits. Six monthly provider-led visits were also occurring, and where improvements were identified, time bound action plans were put in place to address these, with regular reviews conducted to ensure these were completed within agreed time frames.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which contained 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 of all incidents, and had ensured notification of these 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, that was cognisant of the age profile of the residents, of their assessed developmental needs, and of their personal preferences. Meetings were often held with these residents to discuss the various aspects of how their home was ran, and where residents attending these meetings had assessed communication needs, the provider had ensured suitable aids were provided to allow them to be actively involved in discussion.

Following on from the outcome of last inspection, the provider undertook a number of improvements to their service. This inspection found that better systems were in place to allow staff to clearly identify medicines within blister packs, with all other aspects of medication management found to have been sustained to a high

standard. There was evidence also that various measures had been put in place to improve the quality of information provided within incident reports, which had enabled the provider to better assure themselves that staff had implemented behavioural support interventions, as outlined within behaviour plans. Improvements were also noted to risk assessments, with some of these planned for further review subsequent to this inspection.

The nature in which some of these residents' assessed behaviours presented, meant that frequent maintenance work was required in this centre in response to incidents of property damage. The system that the provider had in place for this was effective and working well, which resulted in any repair works being quickly attended to. This regularly occurred in relation to fire doors, where these often required review by maintenance staff to ensure their function wasn't compromised, following such incidents. Overall, both premises were well-maintained, and it was obvious to the inspector upon her walk-around of the apartment area, that efforts had been made since the last inspection to make the living space more homely for the resident that lived there.

Residents' needs were frequently re-assessed, and personal plans were updated accordingly with any changes. There was good involvement of from the relevant allied health care professionals involved in these residents' care, and residents were at all times supported to attend scheduled medical appointments.

Fire safety was taken seriously by all staff, and there were regular fire drills occurring with all residents being supported to evacuate the centre in a timely manner. Effective systems were also found in relation to risk management, with the provider responding promptly to all incidents that had occurred. Where new risks were identified in relation to particular residents, staff were made aware of any new controls required to maintain their safety, and local management kept regular oversight to ensure these were being consistently implemented.

Regulation 13: General welfare and development

Residents enjoyed a variety of activities in this centre, and staff were conscious to ensure that each resident had the opportunity to engage in activities that were meaningful to them. Two residents were of school going-age, and since the last inspection, additional home tuition hours had been secured for the third resident, who was reported to be responding well to this new arrangement. All three residents were of adolescent age, and were provided with the type of social engagement that they developmentally would benefit from. Some residents had a keen interest in music and film, and such activity options were available to them both outside and within the centre. Staff were very cognisant of the age profile of these residents, and endeavoured to explore and trial new activities, so as to broaden their scope and choice of social care.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two separate buildings both located on the same grounds. One of these was a bungalow dwelling which was home to two residents. This house was well-maintained, clean and spacious enough to allow the residents to spend time together, or independent of each other. Since the last inspection, in response to the behavioural support needs of one resident, additional safety padding was installed in their bedroom, which had a positive impact on maintaining them safe. The second premises comprised of an apartment that was home to one resident. This apartment was equally well-maintained, and furnished in line with the resident's assessed needs in mind.

Due to incidents that had occurred in this centre, the maintenance and up-keep of both premises required very regular oversight by local management. The system in place for the reporting of maintenance issues was working very effectively in this service, resulting in any works required being quickly attended to.

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

Risk in this centre was quickly identified through the incident reporting process, daily staff handover, regular presence of management, and through the various meetings that were occurring. The provider did respond to any new risk in a timely manner, and ensured all staff were updated where new control measures were required to be implemented. This process had resulted in good risk management practices in this centre, which had positive outcomes for residents' safety.

Following on from the last inspection, a number of revisions of various risk assessments had been completed. A number of these were reviewed by the inspector, where it was identified that some of these would benefit from additional review, so as to simplify the risk assessment process around the specific resident

risks that did require on-going monitoring. This was also observed in relation to the centre specific risk register, which equally would benefit from a similar review, so as to better support local management in their on-going monitoring of specific risks relating to this centre. Although this finding had no negative impact to the care received by residents, this was brought to the attention of those facilitating this inspection, who were putting immediate plans to carry out a further review of these subsequent to this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire precautions in place, to include, fire detection systems, all staff had up-to-date training in fire safety, there was a centre specific fire procedure in place, all fire exits were maintained clear, and daily fire safety checks were being carried out by staff. Fire drills were regularly carried out, with the records of these demonstrating that staff could support all three residents to evacuate the centre in a timely manner.

Due to the residents' behavioural support needs, some often engaged in property damage, which sometimes required an immediate maintenance review, to ensure the purpose and function of some fire doors was not compromised. Although regular checks were being carried out of these specific fire doors, the residential service manager did observe during a walk-around of the centre with the inspector, that two of these doors required further attention by maintenance, who immediately attended the centre to review. By close of the inspection, the person in charge was putting further measures in place to review the frequency of the routine checks of these doors.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection, the provider reviewed the system in place for the identification of medicines dispensed within blister packs, which now had clear identifiable information available for staff to refer to, when administering medicines from this system.

Medication management was also an aspect of this service that was maintained under very regular review. Two prescription and administration records were reviewed by the inspector, which were each found to be well-maintained and legible. Where as-required medicines were required to be administered from time to time, protocols around the administration of these were available to staff. There was

also safe and secure storage arrangements in place for all medicines. Due to the assessed needs of these residents, none were taking responsibility for the administration of their own medicines at the time of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were regularly re-assessed with clear evidence that personal plans were updated accordingly. There was good input by the relevant allied health professionals when re-assessments occurred, with any changes to residents' care and support arrangements quickly communicated to all staff. Personal goal setting was carried out with each resident, with some being supported to increase their exercise and fitness, while others had goals they wanted to work towards in relation to their oral health. A key worker system was in place for all assessment, personal planning and goal setting, which was working well and maintained under regular review by local management.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had suitable arrangements in place to support these residents. There was good involvement of multi-disciplinary professionals in the review of residents' health care, with clear risk assessments and personal plans in place to guide staff around this aspect of residents' care and support. Residents were at all times supported by staff to attend any medical appointments, as and when scheduled.

Judgment: Compliant

Regulation 7: Positive behavioural support

Following on from the last inspection, the provider reviewed a number of behavioural related incidents, conducted debriefs with staff around the management of these, and conducted a full review of behaviour support plans. This action resulted in better arrangements being found upon this inspection, whereby, the provider was able to clearly demonstrate, and assure themselves, that clearer

guidelines were in place to guide staff practice, and that staff were consistently adhering to these.

This centre did encounter a number of behavioural related incidents, and a sample of these were reviewed by the inspector. The context of these incidents were sometimes quite challenging for staff to respond to, and the records reviewed evidenced that by implementing the recommended reactive strategies, staff were able to effectively respond to these incidents and safely support residents back to baseline. Although chemical restraints were prescribed for some residents as a last resort measure should it be required, the effective implementation of reactive strategies by staff had resulted in no requirement for chemical intervention to be considered or administered.

There were a number of environmental restrictions in use in this centre so as to ensure residents safety. These were well-known and well-documented, and were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

There were procedures in place to guide staff on how to identify, report, respond to, and monitor any concerns relating to the safety and welfare of these residents. All staff had received up-to-date training in safeguarding, and there was a designated safeguarding officer assigned to this centre to review any safeguarding related incidents. At the time of this inspection, there were no active safeguarding concerns in this centre.

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 13: General welfare and development | Compliant |
| 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 | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |