



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

Issued by the Chief Inspector

Name of designated centre:	Breffni Beag
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	28 August 2025
Centre ID:	OSV-0007893
Fieldwork ID:	MON-0042826

About the designated centre

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

Breffni Beag is a designated centre run by GALRO Unlimited Company. The centre can provide respite for up to seven residents, who are under the age of 18 years and who have an intellectual disability. The centre is centrally located in a town in Co. Laois, close to all amenities, and comprises of one two-storey building, with an adjacent two bedroom annex. During their stay, residents have their own bedroom, access to en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining room, utility and staff offices. There is also the facility of an enclosed garden and external sensory room, with multiple play areas to use as residents wish. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 28 August 2025	09:00hrs to 13:30hrs	Aonghus Hourihane	Lead
Friday 29 August 2025	09:15hrs to 12:00hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to monitor compliance with the regulations and to follow-up on concerns to be addressed following the last inspection. The inspection was facilitated by the person in charge and the residential manager. A senior quality manager was also present for the first day of the inspection. The inspector also met with three staff members and met four children who were availing of respite in the centre. The inspector observed that the children appeared to have a good rapport with staff and were content in the centre.

In summary, the inspector observed that children were treated with dignity, kindness and respect by the staff team. There was continuity of care from a consistent staff team who knew the children and their needs well. Throughout the inspection, the inspector saw staff members actively engaging with children, helping and assisting them as well as supporting their preferences. It was clear from observations in the centre and conversations with staff, as well as from information reviewed during the inspection including questionnaires completed by family members, that the children broadly enjoyed their respite. Comments from families included "very happy with the care from Breffni, the carers cater to his needs and they always ensure he is happy and enjoys his time.....good at accommodating days as needed...". "Child loves going to the centre..... we'd be lost without it". "They operate an amazing system of communication which is a huge relief when ... is on respite, the attention to detail and care is outstanding".

The issues identified at the last inspection primarily related to two children who were availing of extended respite for a prolonged period. These two children were supported to move to more appropriate accommodation and the provider spoke about how they had introduced new systems with their commissioner to ensure the service was used exclusively for respite. The issues from the last inspection were therefore largely satisfactorily resolved. However, the provider was required to ensure that its assessment and planning processes captured meaningful goals for children to be achieved during respite stays and that there was evidence that children were offered activities that matched their accessed needs and identified goals. This was particularly important for children who availed of respite on a regular basis.

Breffni Beag is a children's respite centre solely and is no longer looking after children on a longer term basis. The service can accommodate seven children at a time but more often than not there are five or six children on respite to accommodate specific needs and ensure compatibility amongst the group availing of respite. The service is located in a large rural town and well serviced by access to amenities that children would typically enjoy.

The centre comprises of a main house that can accommodate up to five children and an attached annex that can accommodate two children. This arrangement allows the provider to manage issues of compatibility and safeguarding in a

structured manner. The centre also has access to a sensory room separate to the centre and a good sized garden. The person in charge outlined how with the assistance of some of the children they were in the process of installing an art installation in the garden. The centre presented as clean and tidy but there was work to be completed to ensure the premises was kept in a good state of repair and also to ensure that the entirety of the centre presented as welcoming and in a child friendly manner.

The staff and management team had started some innovative projects to help the children who attended on respite. One of the projects was called 'Breffni Barbers' where two of staff offered barbering services to children with the agreement of their carers/parents. This service was invaluable to some children who found the process of getting a haircut a significant challenge. The staff built up a relationship with the children to gain their trust and this made the process often very successful.

The inspector met with five children over the two days of the inspection. The children didn't directly engage with the inspector but they were observed to be content and happy. One child was playing with his bricks and gave the inspector a high five, another child was playing a computer game and didn't want to engage. There was an older child that was having their breakfast and seemed very happy, they had their bags packed as they were returning home after an extended respite stay.

The respite service was currently offered to 48 different children. It is a large complex service and requires a huge level of organisation from the provider's perspective. There was evidence that the provider was regularly linking in with the commissioner and the provider had strong systems of governance in place to monitor this complex service.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the children's lives.

Capacity and capability

The provider ensured that the service was well resourced and effectively managed. There was a clearly defined management system in place and the findings from this inspection indicated that the centre was being well managed and overseen. The local management team were committed to promoting the best interests of children and meeting their needs during respite stays. Evidence of good practice was observed across many areas; however, the provider needed to further review the purpose and function of respite from the child's perspective, particularly for children availing of the service regularly and during holiday periods.

The provider had appointed a full-time person in charge, who was responsible solely for this designated centre. The person in charge had a regular presence in the

centre. The person in charge was supported in their role by a staff team and a residential manager. Robust management arrangements were also in place for out-of-hours oversight, with clear on-call systems available. Given the numbers of children availing of the service, a high level of organisation and management was required and this was evident on inspection.

The staffing levels and skill mix were appropriate to the assessed needs of the children, and aligned with the statement of purpose, size and complexity of the centre. The inspector noted that there were adequate staff on duty to support children on the day of inspection. The inspector reviewed rosters for the period July 2025.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific support needs of the children. The provider had a clear and concise system in place to monitor staff training needs.

The provider had established effective systems for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The most recent provider-led audit had been completed in July 2025 and actions arising were in the process of being completed. A follow up visit was scheduled for September 2025. The annual review of the service was completed for 2024.

The management team also maintained oversight of key governance areas including staffing, training, health and safety, risk management, infection prevention and control, safeguarding and fire safety. There were regular staff team meetings taking place and minutes of these were available.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. They had a regular presence in the centre and were well known to children and staff. They were knowledgeable regarding their statutory responsibilities and the support needs of the children.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured there was adequate staff on duty in the designated centre. The number and qualifications of staff on duty was dictated by the needs of the children attending respite. The inspector examined the planned and actual rosters for four weeks through the period of July 2025. There was generally a consistent staff team in place and the provider did not use agency staff. All children were

staffed on a 1:1 basis but a small number of children required higher levels of support and this was facilitated by the provider.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that all staff working in the centre had access to a suite of training including refresher training. The provider operated a training matrix to ensure that any issues with staff training was picked up at the earliest possible point and solutions put in place. The provider had identified that the staff team had access to 48 different types of training in the centre including fire safety and safeguarding. The provider also provided training to staff in line with specific needs of the children attending the service in areas such as epilepsy and pica.

There was a schedule of supervision for all staff and evidence that staff had received supervision twice per year, in line with the provider's policy. Staff had also received an appraisal at the start of the year and the provider also carried out yearly competency tests in areas such as medications and infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that this was a designated centre that was well managed and consistently and effectively overseen. The provider itself was largely identifying issues that impacted on the quality and safety of the service and was responding appropriately to these matters so as to ensure the standard of support and care provided to each child. The provider had taken seriously the findings of the previous inspection and had addressed these in full.

There was clarity on roles, responsibilities and accountability for the service provided to residents. The person in charge was based in the centre and was supported by a residential manager. There was evidence of regular staff meetings and staff were supported in their professional development. The inspector reviewed a suite of audits that the management team completed in July 2025 to include risk, restrictive practices and fire safety.

The annual review and the six-monthly provider-led reviews were occurring in line with the requirements of the regulations. The provider ensured that children's representatives were consulted with as part of these reviews. There was an extensive report from the most recent six-monthly audit and the provider representative was due back in September 2025 to review the actions from this

audit.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The inspector saw that the children and their representatives had been provided with a contract for the provision of services. The contract detailed the facilities and services that would be provided to the children while on respite. The four contracts reviewed were signed by the parents of the children availing of the service.
Judgment: Compliant
Regulation 3: Statement of purpose
The inspector read the statement of purpose that was available in the centre. The statement of purpose accurately described the designated centre such as the type of service offered, the staffing levels and arrangements, procedures such as how to make a complaint and the arrangements for receiving visitors. The inspector saw that a copy of the statement of purpose was readily available in the centre.
Judgment: Compliant
Quality and safety
<p>This inspection findings clearly evidence that since the provider decided to concentrate their service exclusively on respite care for children, there had been a significant improvement in compliance levels.</p> <p>The main area of concern highlighted during this inspection was the provider's recognition of the purpose and value of respite from the child perspective. It was noted that assessments of need did not identify the key goals that children wished to achieve during their respite stays.</p> <p>The person in charge had taken measures to safeguard children from all forms of abuse. All staff had received specific training in the protection of vulnerable children. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding issues were regularly discussed with staff at meetings. The contact details of the designated officer were clearly available.</p>

The person in charge had systems in place for the regular review of risk in the centre. All children attending the service had individual risk assessments in line with the regulations.

The provider promoted a restraint free environment and the restrictive practices in use at the time of inspection were appropriately prescribed, implemented and reviewed.

The premises were clean and tidy, there was ample space available for the children to enjoy both time together or alone according to their preferences. The provider needed to review certain aspects of the centre to ensure the spaces available to children were not only functional but also welcoming. There were also some repairs to be completed which the provider had identified.

The files of four children availing of respite reviewed had assessments of need completed. There was work needed to enhance personal planning for all the children reviewed and this is addressed under Regulation 13.

Regulation 13: General welfare and development

The children attending the service availed of various amounts of respite during the year. It was clear that the purpose of respite was to support the children's primary care givers.

The inspector reviewed in detail the files of four children. The range of activities offered to the children appeared limited and primarily consisted of 'social drives'. There was no written evidence on file that the children were given opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The inspector reviewed the four most recent respite stays for four children and files did not evidence any variety of activities and staff spoken with confirmed that formal goals were not set for children.

There was no purposeful goals set for respite for the children and this was especially evident when the children availed of longer respite stays during breaks from formal education. There was no connection between the assessment of need process and how the outcome of this process linked to a plan for what respite meant for the children.

Judgment: Not compliant

Regulation 17: Premises

The house was spacious and laid out to meet the needs of the children availing of respite. The centre was found to be generally well-maintained and visibly clean

throughout. There was a variety of communal spaces available which allowed each child to have their own space which was important to them. A sensory room that contained a swing, as well as a variety of sensory lighting and light projectors provided a low-arousal sensory environment.

There were areas that the provider needed to improve such as flooring in two bedrooms, free standing wardrobes needed to be replaced due to damage, tiling in one bathroom and fire doors that were showing signs of wear and tear. The provider also needed to review the decor in all bedrooms and the entrance hall to ensure the spaces were child friendly and welcoming.

The provider informed the inspector that they had plans to make some improvements in September 2025.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. There were centre specific risks and each child had an individual risk assessment that were appropriate to their needs and presentation. All children had a personal emergency evacuation plan in place and a plan should they go missing from the centre.

There were systems in place to review incidents, medication management, restrictive practices as well as infection prevention and control. The recommendations from reviews were discussed as a management team and with staff to ensure learning and improvement to practice was shared and disseminated across the team.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider ensured that all children had an assessment in place prior to them starting in respite. There was evidence that these assessments were reviewed on a regular basis.

The personal planning process needed to be reviewed to ensure that where children availed of higher levels of respite that this plan identified specific goals and what was hoped to be achieved for the child during respite visits. The provider needed to ensure that children and their families were given maximum opportunity to decide

on what they wanted to achieve while on respite.
Judgment: Substantially compliant
Regulation 7: Positive behavioural support
<p>The inspector reviewed the restrictive practices used in the centre to keep children safe. In general, the provider operated a restriction free environment and the restrictions in place were deemed essential to ensure the children were safe at all times.</p> <p>The restrictions in place primarily related to environmental restrictions and safety equipment for travel purposes. The provider logged all restrictions, they were reviewed by a restrictive practice committee and management team carried out reviews and audits of restrictions on a very regular basis.</p>
Judgment: Compliant
Regulation 8: Protection
<p>The provider had arrangements for safeguarding children from abuse. Staff had completed training in safeguarding children from abuse. The training was completed on-line and in-person. The details of the designated safeguarding officer were available.</p> <p>The provider invoked its safeguarding policy and procedures as needed, there was input from the Designated Safeguarding Officer as required. The person in charge understood their role in safeguarding children from abuse at all times as the children attending the service were vulnerable due to their age and nature of their disability. Given the number of children availing of respite, the provider needed and had in place strong arrangements in relation to managing compatibility issues. These arrangements included the provision of high staffing ratios and the layout of the centre which assisted greatly to manage safeguarding.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>Overall, the rights of children were protected and promoted. The staff that met with the inspector knew the children well and spoke positively about them. There was evidence that children where possible were taking part in the running of the centre</p>

and provider had weekly meetings with children to promote choice in the centre.

The files of four children reviewed showed that they had intimate care plans in place and the dignity and privacy of children was promoted in these documents.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Breffni Beag OSV-0007893

Inspection ID: MON-0042826

Date of inspection: 29/08/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>We conducted a formal meeting between Breffni management, GALRO compliance, clinical and the EPIC Care department to formalise a process for identifying, structuring and recording goals that are appropriate to the child's developmental needs. We identified a criteria for establishing and implementing relevant goals for children who avail of long respite stays. Prior to respite admission we will communicate with parents, schools and relevant others to collectively select the goals, to ensure the goals selected are what the child wants to achieve and to ensure the selected goals are in line with the child's needs and capabilities. Goal-related activities will be documented throughout each child's admission. The documentation will record the specific goals, whether they were achieved, along with the timeframe for goal achievement. Activity refusals will be documented. The child's assessment of need and personal plan documents will reflect the child's goals during their respite stay.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>New flooring will be laid in two bedrooms. The bathroom tiles will be replaced with marmoleum. The wardrobes will be replaced with heavy duty integrated shelving. An external cabinet making company will manufacture and install the integrated units. GALRO maintenance are replacing fire doors which are showing signs of wear and tear.</p> <p>Colourful wall decorations for the entrance area and throughout the centre have been selected, the decorations have arrived and the work is scheduled to be completed</p>	

through GALRO maintenance.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

We conducted a formal meeting between Breffni management, GALRO compliance, clinical and EPIC Care department to formalise a process for identifying, structuring and recording goals that are appropriate to the child's developmental needs. We identified a criteria for establishing and implementing relevant goals for children who avail of long respite stays. The child's assessment of need and personal plan documents will reflect the child's goals during their respite stay. We reviewed the pre-admission form to include a section for identifying developmental goals for the children, which we will endeavour to facilitate during the children's respite stays.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	26/09/2025
Regulation 13(3)(c)	The registered provider shall ensure that, where children are accommodated in the designated centre, each child has opportunities to develop life skills and help preparing for adulthood.	Not Compliant	Orange	26/09/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	16/10/2025

	kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	16/10/2025
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	26/09/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	26/09/2025