



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Andarta
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	04 June 2025
Centre ID:	OSV-0008363
Fieldwork ID:	MON-0038463

About the designated centre

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

Andarta is a full-time residential service. It can support the needs of up to five adults. The building is a two-storey detached house located on the outskirts of a large town in Co. Westmeath. Residents can access a wide range of amenities. The residents' home is spacious, and each resident has their own room. The service is social care-led, and residents receive care and support twenty-four hours daily.

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
Wednesday 4 June 2025	10:30hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was announced, and the findings were positive. The review of information and observations during the day demonstrated that the residents were receiving a good standard of care and that the service was being appropriately managed.

The inspector found that the residents' home was well-presented, clean, and homely. There was ample communal space for residents to socialise or relax, which the inspector observed them doing in the evening. The inspector had the opportunity to meet with four of the five residents, the residential manager, the person in charge, and a member of the provider's management team.

Observations and information reviewed on the day showed that the residents were very active. On the day of inspection, residents were participating in day service programs, attending educational classes, going out for lunch, and attending personal appointments.

The inspector met with three of the residents in the morning and one in the afternoon. During the last inspection, the inspector had met three of these residents, and they were eager to update the inspector on their progress.

One resident spoke about their hobbies and sports interests. They were engaged in educational programs and expressed happiness living in the service.

The second resident was eager to compliment the staff team, including the management. They discussed the support they received and spoke about some of the classes they attended. This resident informed the inspector that their long-term goal was to live independently in the community, a topic they had also discussed during the previous inspection. Evidence was provided that steps were being taken to support the resident in transitioning to a setting that better suited their needs.

The inspector met with the third resident, supported by the residential manager. This resident spoke briefly, expressing contentment with their living situation and sharing some of their hobbies.

The fourth resident was at their day service placement until the evening and met with the inspector upon returning. They had made a poster welcoming the inspector back to the service. This resident reported being well and enjoying their day service program. They also mentioned getting along well with the other residents and liking their home.

The review of information and discussions with the residents demonstrated that they were very active in their local community. Residents identified activities they wanted to pursue or achieve during regular key working sessions.

The inspector reviewed a sample of two residents' key working sessions and found a focus on supporting residents in maintaining or developing their independence. Throughout the review, the inspector noted that communication with residents was tailored to suit their individual needs. There were examples of staff providing information to residents, who then made informed decisions about their lives.

Communication assessments had been completed for some residents, and the inspector found that communication passports had been developed for the group. These passports provided guidance on how best to support each resident's communication skills. The inspector observed residents communicating openly with the staff team, who responded to their needs. In the evening, some residents relaxed together while watching television, and one resident began playing music in their room. Staff members were observed sitting and chatting with residents, as well as checking in on the resident playing music, when the resident asked for support.

As part of the inspection process, residents were offered the opportunity to complete questionnaires about their living experience. Four residents returned these questionnaires. The inspector found the feedback to be positive, with some residents stating that they liked their home, the courses they were taking, and the staff team.

In summary, the inspection identified that the residents were receiving a good service that was built around their needs.

Capacity and capability

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

Additionally, the inspector assessed the provider's arrangements regarding staffing, staff training, admissions, notification of incidents and the statement of purpose. This review confirmed compliance with the regulations in these areas.

The inspector reviewed a sample of staff rosters and concluded that the provider maintained safe staffing levels. The person in charge ensured that the staff team had access to and completed the necessary training programs to care for the residents.

In summary, the review indicated that the provider had systems in place to ensure that the service delivered to residents was person-centred and safe.

Regulation 15: Staffing

As part of the inspection, the inspector sought to ensure that the staffing arrangements were appropriate to meet the needs of the residents. The inspector began by reviewing the current roster and rosters from January of this year. The comparison of the two rosters revealed a consistent staff team with minimal changes, indicating that residents received good continuity of care.

The review of the rosters also showed that the provider was ensuring that safe staffing levels were being maintained. There was enough staff on shift each day to ensure that the residents could participate in the activities they enjoyed. The team's skill mix was also found to be appropriate in meeting the residents' needs.

The inspector reviewed the information of two members of the staff team and found that the provider and the person in charge had gathered the relevant information listed under Schedule 2 of the regulations, ensuring, for example, that the staff members had the relevant experience, appropriate references, qualifications, and were Garda vetted.

The inspector reviewed a large volume of information during the inspection, including adverse incidents and how the provider and staff team managed potential and actual risks. The appraisal revealed that there were regular occasions when residents experienced difficult episodes, sometimes directed at their peers or more frequently towards those supporting them. The inspector found that, the staff team had the appropriate knowledge to help the residents. As mentioned earlier, the residents spoke highly of the staff team that supported them.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. Upon reviewing the training records for the staff members, the inspector found evidence that staff training needs were regularly assessed and that staff attended training sessions as required.

Staff members had completed training in the following areas:

- Fire safety
- Safeguarding vulnerable adults
- Infection prevention and control

- Human rights-based approach
- First aid
- Children first
- Manual handling
- Effective communication
- Medication management
- Positive behavior support
- Prader-Willi syndrome
- Assisted decision-making
- Epilepsy
- Dementia care
- Self-harm

In summary, the inspector concluded that the staff team had received training necessary to ensure they possessed the knowledge required to best support each resident. Training was identified and provided in response to the changing needs of the residents, demonstrating good practice.

Judgment: Compliant

Regulation 23: Governance and management

A review of the provider's governance and management arrangements found that the service provided to residents was appropriate, ensuring safety, personalised care, consistency, and effective monitoring. The management structure was clearly defined, with leadership provided by the person in charge, supported by a residential manager and the staff team.

Management was present in the service five days a week, and there was on-call management support available on weekends if needed. This arrangement led to effective oversight of the service. The local management team, consisting of the person in charge and the residential manager, demonstrated a strong understanding of the service offered to the residents throughout the inspection.

The inspector identified robust monitoring practices in place, including weekly, monthly, and six-monthly audits or reviews conducted by the local management

team. The provider also ensured that unannounced reviews of care and support were conducted per the regulations. The inspector reviewed the two most recent audits, which were carried out over multiple days and were found that the audits were thorough. Areas for improvement were noted when necessary, and action plans were developed based on these audits and reviews. The inspector examined a sample of these plans and observed that the local management team promptly implemented the necessary actions. These effective monitoring practices and timely responses to identified issues contributed to a high-quality service for the residents.

Additionally, the inspector reviewed the two most recent staff meeting minutes and found that systems were in place to keep the staff team informed about best practices, ensuring that all staff provided consistent support to residents.

The inspector also found through the examination of key working sessions that residents were informed of changes being made in the house and regularly consulted about its operations.

In summary, the inspector concluded that the governance and management arrangements for the service were appropriate. The local management team was actively involved in overseeing and managing the service, and the residents were receiving a quality service tailored to their needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A resident transitioned into the service in September 2024. The inspector sought to review the measures taken to support the resident in moving to their new home. A transition plan was provided to the inspector, which indicated that the resident had been well-prepared for the move. They visited the service several times, had the opportunity to meet the other residents and staff members, and received assistance in purchasing items to decorate their room before moving in. When speaking with the inspector, this resident also expressed that they were happy in the service.

The inspector then checked whether a contract of care had been agreed upon, with the resident or their representative, in accordance with regulations. The inspector found that a contract had been signed by both the resident and the provider, and it included all the required information. Additionally, the inspector reviewed the information for another resident and confirmed that a contract of care had also been established.

In summary, the inspector concluded that the resident had been effectively supported in moving into their new home, and the outcome thus far had been positive. The provider had also ensured that the residents had been provided with contracts of care as per regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector

Judgment: Compliant

Quality and safety

The review of information and observations revealed that residents received personalised services tailored to their specific needs, delivered in a manner that respected their rights. The provider ensured that each resident's needs were assessed, and support plans were developed accordingly. The inspection also noted the creation of guidance documents to assist staff in delivering the best possible support to residents.

The inspector evaluated several aspects, including risk management, overall welfare and development, positive behavioral support, personal possessions, and safeguarding. The review found that all of these areas complied with regulations.

In conclusion, the provider, the person in charge, and the staff team were effectively delivering safe, high-quality services to the residents.

Regulation 12: Personal possessions

The inspector found that residents had been supported in opening their own bank accounts, and some had established separate savings accounts. Residents were supported in managing their finances by staff members, who helped them withdraw funds every week, which were then stored in the office.

A system was in place where a member of the staff team was designated as the finance officer for the house. Part of their role was to complete weekly checks regarding the residents' finances and request monthly receipts for residents' banking and savings accounts to ensure that spending from the accounts matches the receipts.

Additionally, the staff team check the resident's money stored in the house twice per day, and the local management team also conducts weekly checks of the resident's finances.

The inspector reviewed two of the resident's financial records and found that the records were accurate and that, overall, there were appropriate systems in place to safeguard the residents from potential financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

During interactions with the residents and the review of information, the inspector was assured that the residents were receiving a service that promoted and respected each resident's rights.

The residents, as much as possible, were the decision-makers regarding their daily routines and also identified things they would like to do or achieve. The residents, as noted in the opening section of the report, were attending training programmes and were also engaging in everyday activities in their community.

The residents, when meeting with the inspector, expressed that they were happy living in the service and also with the support that they were receiving.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide had been developed. The inspector reviewed this and found that the document contained the information per the regulations and was readily available for residents to review.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had effective systems in place to identify and respond to risks. Individual risk assessments had been created for each resident, and upon reviewing two of these assessments, the inspector noted that they included specific information about each resident. The assessments described reasons why residents might engage in risky behaviors or put themselves at risk due to their vulnerabilities. They also outlined the measures staff could take to manage these risks and ensure the residents' safety.

The inspector examined adverse incidents that occurred from February to April and found that residents regularly engaged in risk behaviors. However, staff members were following established guidelines and employing strategies to keep the residents safe. Behavior support plans were in place to help staff reduce incidents, and these plans were regularly reviewed to ensure they met the changing needs of the residents.

Risk assessments and control measures were evaluated on a monthly basis, demonstrating good oversight. The local management team reviewed adverse incidents, and senior management was involved if necessary.

Overall, the assessment of risk management measures indicated that the provider and the staff supporting the residents were effectively managing risks. They did this in a way that respected the residents' rights while ensuring their safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management practices with the residential manager, focusing on the information of two residents. Together, they examined the residents' kardexes and checked the medication stored in the cabinets, ensuring that the prescribed PRN (as needed) medications were readily available. The review confirmed that the medications were accessible and that non-blister pack medications were appropriately labeled, including creams and liquids.

Additionally, there was a system in place for conducting stock checks of both regular and PRN medications. Appropriate measures were followed regarding the storage and return of discontinued or expired medications.

The inspector also reviewed a sample of the two residents' PRN medication guidance documents and found that they provided sufficient information on when, how, and why the medications should be administered.

In summary, the inspector was satisfied that the provider had appropriate medication management practices in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the provider had ensured that the strengths and areas requiring support for the residents had been captured through detailed assessments. Following the assessments, care and support plans were devised specific to each resident. This meant that staff members working with the residents had been provided with information on how to support each resident best. The review of information showed that the staff team were responding to the residents in a manner that reflected the care and support plans, which reflected good practice.

The inspector reviewed two of the resident's care and support plans and found that they were regularly reviewed and updated when required, in some cases, to track the changing needs of the residents and identify areas where they now required support. The person in charge informed the inspector that a resident had received a recent diagnosis and that support was being sought for the resident. Additionally, the staff team had also been provided with training in the area, meaning that the provider was ensuring the staff team could suitably care for and support the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector's review of information, including positive behaviour support plans and adverse incidents, indicated that the provider had adequate systems in place to meet residents' needs.

The inspector examined two of the residents' positive behavior support plans. This review revealed that members of the provider's multidisciplinary team were actively involved in the care and support provided to the residents. The support plans were regularly reviewed and offered valuable insights on how to promote positive

outcomes for residents. Additionally, the documents included information on what residents might be communicating when engaging in challenging behaviours, as well as the potential reasons behind these behaviours. The plans provided a step-by-step approach for responding to escalating behaviours and caring for residents after incidents occur.

The inspector noted that the plans were specific to each resident and were linked to other care plans and risk assessments, demonstrating a consistent approach to resident care. Furthermore, when reviewing adverse incidents, the inspector found that staff members were following the guidance outlined in the behaviour support plans and maintaining the safety of residents during these incidents.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider and staff team actively informed residents about safeguarding and staying safe. This was accomplished during resident meetings and key working sessions.

There were instances where residents put themselves at potential risk through interactions with others. The staff team supported the residents in understanding these risks and provided them with information and tools to help maintain their safety.

Additionally, the inspector reviewed training records and found that staff members had received appropriate training on safeguarding. The examination of key working sessions and resident meetings demonstrated that the staff acted to ensure the safety of the residents.

The inspector also noted that when safeguarding concerns were raised, the local management team responded appropriately by conducting investigations, notifying the relevant authorities, and ensuring the safety of the residents.

In summary, the inspector concluded that appropriate safeguarding practices were 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
Capacity and capability	
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
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant