



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

Issued by the Chief Inspector

Name of designated centre:	Lisrath
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	18 February 2026
Centre ID:	OSV-0001517
Fieldwork ID:	MON-0049518

About the designated centre

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

Lisrath provides full-time residential care and support for up to five adults (both male and female) with an acquired brain injury. The house is a large detached bungalow situated close to the nearest town. It consists of a large, well-equipped kitchen and dining room with a TV viewing area, a large separate sitting room, communal bathrooms, a laundry facility, a sunroom, a staff office, and well-maintained gardens to the rear and front of the premises. Each resident has their own bedroom, two of which are en suite, which are personalised to their style and preference. The house is staffed full time by a team who support the residents in meeting their assessed rehabilitative, social, and healthcare needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 18 February 2026	09:45hrs to 16:45hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

The inspector found that this was a well run centre where safe and good quality care was being delivered to the residents by a professional, knowledgeable and competent staff team. All regulations reviewed were found to be compliant on the day of inspection.

The designated centre comprises a detached bungalow located outside a town in Co. Louth. The designated centre was decorated in a homely manner. Each resident had access to their own bedroom which was decorated according to their personal tastes.

On the day of the inspection, five residents were supported within the centre. The inspector spoke with all residents on the day of the inspection. Each resident reported to and appeared content and comfortable in the centre. Engagements between staff and residents was seen to be respectful and engaging.

Residents were supported in a kind and gentle manner in line with their assessed needs. Residents were observed completing their morning routines, completing physio programmes in the sitting room and relaxing in their bedrooms. One resident had already left the centre to attend a rally car session while another resident was just leaving to attend a cross fit session. The inspector had the opportunity to meet with both residents on their return and spend some time speaking with them. Residents appeared relaxed and content. From documentation review it was evident that residents were supported to enjoy activities in line with their wishes and preferences. Person-centred planning was evident with the needs and wishes of the residents respected at all times.

There was evidence of effective oversight of the centre. There was a full-time person in charge who was supported by a team leader. The person in charge was also responsible for another designated. The staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector.

In summary the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge and team leader were regularly present in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed rosters for January and February 2026. There was an appropriate number and skill mix of staff present in this centre. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents.

The staffing ratio's and rosters in the centre were reviewed and found to be meeting residents needs. At times there was agency usage in the centre, however this was kept to a minimum. The centre had local arrangements to ensure appropriate supervision and verification of agency staff in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability.

A regional manager, person in charge, and team leader were in place to supervise and manage this designated centre. Good levels of professional oversight were demonstrated. For example, audits, reviews, management meetings, team meetings, consultative engagement with residents and families were reviewed.

The inspector found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of residents' personal plans, risk documentation and fire safety documentation. The inspector found good evidence of residents being well supported in the areas of care and support.

The inspector reviewed residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these were well maintained.

There were effective systems in place for the safeguarding of residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

Regulation 10: Communication

Residents were supported to communicate in accordance with their individual needs and preferences. Preferred methods of communication were clearly documented within residents' personal care plans. Communication assessments were scheduled to take place later in February.

Residents had access to a range of communication resources including telephones, televisions and media devices.

Staff had regular meetings and or check-ins with the residents where they could communicate, discuss and address any issues they may have in the centre.

Staff were observed to demonstrate awareness of, and respect, for each residents preferred communication methods.

The person in charge and staff members spoken with were able to clearly discuss and describe residents care plans and associated protocols with the inspector.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were found to be very well supported to have active and meaningful lives.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. Some residents chose not to attend a day service however, staff ensured that a number of recreational and social activities were made available to them.

Residents also liked activities such as:

- rally car driving
- day service
- archery
- cross fit
- special Olympics.

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedroom which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean. The person in charge discussed identified works which required completion such as replacement of windows, replacement of a ramp and the adaptation of a garage to the rear of the property. The adaptation was intended to increase recreational space for the residents

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre. Staff and residents were completing regular fire safety evacuation drills.

Records demonstrated that residents could be evacuated from the centre in the event of a fire in an efficient manner. Staff were completing daily checks on fire safety systems and equipment was regularly checked and service by a fire specialist.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant