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:	Tralee Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	08 April 2026
Centre ID:	OSV-0003426
Fieldwork ID:	MON-0048745

About the designated centre

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

Tralee Residential Services is made up of three houses; one is a detached two-storey house, while the other two houses are detached bungalows. This designated centre provides a residential service for a maximum of 11 residents of both genders, over the age of 18 with intellectual disabilities. Each resident in the centre has their own bedroom and other rooms throughout the centre include sitting rooms, dining rooms, bathrooms and staff rooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 8 April 2026	16:30hrs to 20:40hrs	Lisa Redmond	Lead
Thursday 9 April 2026	09:00hrs to 14:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an unannounced risk based inspection completed in the designated centre Tralee Residential Services. This designated centre comprised of three houses which provided full-time residential services to a maximum of 11 residents. At the time of the inspection, ten residents were living in the designated centre.

This focused risk-based inspection was completed to identify if the centre had increased compliance following an inspection of the centre in July 2025. The July 2025 inspection identified a high-level of non-compliance with the regulations relating to one of the centre's houses. This resulted in the designated centre entering a period of escalated regulatory review. In October 2025, the three residents living in this house transitioned to a new home. However, at this time it was identified that works were required in each of the three houses to come into compliance with regulation 28, fire precautions. The Chief Inspector of Social Services applied a non-standard condition to the designated centre to ensure these works would be completed no later than 12 July 2027.

Overall, this inspection found that the registered provider had demonstrated an increased level of compliance with the regulations that were deemed not compliant in July 2025. Although further fire works were required to meet regulatory compliance, progress was being made with respect to the works outlined in the non-standard condition attached to the designated centre.

The premises of the designated centre consisted of three houses, two that were located in Tralee and one that one located near Listowel in Co. Kerry. As previously referenced, three residents had moved to a new home approximately 35 kilometres away from their previous home since the July 2025 inspection. This planned move was noted by the registered provider as a temporary relocation, as the provider continued to try to source a permanent home for residents in their local community, in line with the residents' wishes and assessed needs.

The inspector met with six of the ten residents living in Tralee Residential Services. This inspection was completed over two days with the inspector meeting the four residents living in one house after their return from day services and a meal out. They met with two residents living in a second house the following morning. One of these residents attended a day service and met with the inspector prior to being collected to go there. The other resident was supported to stay at home and complete activities throughout the day with a staff member. The residents who lived in the third house were not present at the time of the inspectors visit.

The inspector met and spoke with the three residents who had moved to a new home since the July 2025 inspection. At the time of their move, staff had developed scrapbooks with residents to explain that they were moving as their previous home was no longer suitable. One of the residents showed the inspector this book which

they kept in their bedroom. Residents spoken with told the inspector that they liked their new home. The move provided residents with a level-access home in line with their assessed needs. One resident had previously required the use of a stair lift and staff supervision to navigate their home. Throughout the inspection this resident was observed independently accessing their bedroom and communal areas of their home using their walking frame.

There were plans to renovate one of the centre's houses so that a resident with changing needs could be supported in a downstairs bedroom in their home. The provider was engaging with a builder to agree plans for this renovation. The resident had temporarily transitioned to another of the centre's houses until these works were completed. As part of this transition, familiar staff continued to support this resident in their new home. This resident was observed having a snack in their room as they watched television. Although the resident did not verbally communicate with the inspector, they were observed smiling as the inspector and staff chatted to them.

At all times, residents were observed to be comfortable and relaxed in the presence of staff members. Supports provided by staff were observed to be respectful in nature. For example, staff members were heard asking residents if they would like their bedroom doors being left open or closed, and if they wanted privacy to make phonecalls. Staff spoken with did note that agency staff was required regularly to support residents however, familiar staff were always provided when agency staff were on duty to ensure consistency to residents.

It was evident from meeting with residents and staff members and reviewing documentation that residents appeared to happy living in Tralee Residential Services. When asked by the inspector if they liked living in their home, one resident replied 'yes' while a second resident told the inspector that it was 'good' living in their home. Consultation with residents had taken place as part of the centre's annual review of the service provided to residents. It was noted that one resident had told the provider that they got a new bedroom which they loved noting that their previous bedroom had been 'too small'.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

An annual review of the quality of care and support provided to residents in Tralee Residential Services had been completed for the year 2025. This noted significant changes for the residents living here. This included three residents moving from the home and community that they had shared for approximately 50 years. It was noted in the annual review that the provider continued to attempt to locate a permanent,

suitable home for these residents in the community they had lived in for most of their lives. A new vehicle had been sourced for the residents living there which ensured that they could continue to access their day service and explore their new community.

The registered provider had developed an 'action tracker' to document the progression of actions related to the non-standard condition of registration attached to the designated centre. This tracker monitored the fire works and improvements required to meet regulatory compliance, and it was noted that a number of actions had been taken to mitigate the risk to residents. This included the provision of site specific fire training which was scheduled to take place on 30 April 2026.

A full-time person in charge had been appointed in the designated centre. A deputy manager supported the person in charge in the management and oversight of the designated centre. The person in charge was off-duty at the time of this inspection however managerial oversight had been appointed to the deputy manager for the duration of their leave. This person facilitated the inspection and it was evident that they maintained effective oversight of the designated centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 23: Governance and management

Improvements to the management systems in place in the designated centre ensured that residents were provided with a safe service that met their assessed needs. A number of actions had been taken by the registered provider in response to the findings of the inspection completed in July 2025.

- Weekly safety meetings had taken place in the designated centre until three residents had transitioned from their previous home which had been deemed unsuitable. In addition, monthly reports to the organisation's board of directors had taken place as noted in the provider's compliance plan response. It was evident from a review of these records that this included an update on the previous inspection findings and the actions required to meet regulatory compliance. This ensured effective oversight of the designated centre from a senior management level.
- A tracker of works to come into compliance with the centre's non-standard condition of registration had been developed to identify actions taken, and those required to meet regulatory compliance.
- An escalation pathway for high level risks had been included in the update of the organisation's risk management policy. This policy had been updated in September 2025. It noted that high level strategic and corporate risks were reviewed through quarterly governance, audit and risk committee reports.

Staff spoken with throughout the inspection told the inspector that they felt well supported by the management team. Staff meetings were held each month. Records of these meetings included updates to the staff team about the maintenance of residents' homes and service-wide updates from senior management.

Judgment: Compliant

Quality and safety

The registered provider had ensured that residents living in Tralee Residential Services were provided with a safe home. Although fire related works were required in each of the three house, these were progressing to ensure the recommendations of a fire competent person were addressed in line with the centre's non-standard condition of registration.

It was also evident throughout the inspection that residents had a good quality of life. One resident told the inspector they had a keen interest in model figurines. The resident showed the inspector a model of the titanic that they had made over the course of a number of weeks. Staff noted that the provider planned to purchase new furniture for the sitting room when the planned renovations in this resident's home took place. It was planned that the new furniture would include a cabinet to store and display this and other model kits made by the resident.

A resident also showed the inspector a book of their favourite things which included pictures of trains. This resident lived nearby the local train station and staff noted that they regularly went on train journeys to visit other areas. They also showed the inspector photographs of them and those they lived with going to museums.

Residents living in Tralee Residential Services had lived together for a long time. Photographs of residents together with previous staff and friends were on display throughout their homes. Staff also noted that efforts were made to continue residents' friendships. As noted, some residents had moved from their local community to another town. Residents they knew from the other houses continued to visit each others' homes for tea and a catch-up.

Regulation 17: Premises

Each resident had their own private bedroom in their home. The three residents who had moved to a new home now had access to a safe kitchen where they could cook meals and prepare food. This was not provided at the time of the July 2025

inspection of their previous home in the designated centre. This had a positive impact for these residents and increased the safety of their home.

Further improvements had been made to the three houses in Tralee Residential Services in 2025. Concrete ramps had been installed in one of the centre's houses to promote accessibility for residents, while a new front door had been installed in another which was wider and allowed for easier access for residents.

Some premises works were still required in the centre. However, these did not pose a risk to the safety of residents. This included;

- The frame of an old shed was located in the garden of one of the centre's houses. Although this looked unsightly at the time of the inspection, staff noted that they were hoping to make this into a greenhouse or a seating area for the residents to enjoy.
- Painting was required in areas of the residents' homes.
- Staining to some flooring was observed.
- Some high-level dusting was required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

After the inspection in July 2025, the registered provider had sought the expertise of a fire competent person to carry out an assessment of fire management systems in Tralee Residential Services. This included a review of the home that residents had moved to in October 2025. This identified a number of works to be carried out in the residents' current homes. These works included;

- Upgrading fire alarm systems
- Ensuring attics were fitted with fire detection
- Ensuring access hatches had effective containment
- Replacement of missing fire seals
- Fire stopping in areas where the ceiling and walls had been compromised by works such as pipes and electrical fixings

It is noted that the transition of three residents from their previous home had significantly reduced the risk to residents in the event of a fire in their home. Although the works stated did need to be carried out, these works were included in the non-standard condition attached to the centre's registration. As such, the Chief Inspector had agreed to the time frame for these works to be completed as no later than 12 July 2027.

Regular fire evacuation drills were completed in the designated centre. There was also evidence of weekly checks of the centre's fire alarm systems and fire exits. Fire-fighting equipment was serviced annually and available in high risk areas of the residents' home. An 'emergency pack' had also been introduced as a practice in

each of the centre's three houses. This folder included emergency contact numbers and guidance on the management of adverse events that may occur such as a fire.

The registered provider's compliance plan response stated that the site specific safety statement for the centre had been reviewed and updated. However, it was noted the site specific safety statement in place in the residents' new home still referenced their previous residence and the incorrect number of persons that could live there. Therefore it was not evidenced that this action had been completed as stated.

Judgment: Not compliant

Regulation 9: Residents' rights

The development of scrapbooks with residents about the transition from their previous home ensured that residents were consulted with and participated in decisions about their care and support. They contained pictures of the residents' new home and pictures of things residents would like to have in their new bedroom. One resident had requested that a collage of family photographs was brought to their new home. This request was completed and it was noted from the photograph that the photo collage was put on the resident's bedroom wall in the same order it had been in their previous home. Residents had also been supported to visit their home before moving there. There were photographs of residents visiting and having tea and biscuits when they came to visit.

Although three residents had moved from Tralee, they had requested to continue to access their day service in Tralee. This had been facilitated with new transport being sourced to facilitate this for residents.

Weekly residents' meetings were held in each of the centre's houses. It was also noted that residents were supported to attend advocacy meetings that took place in the organisation's day service.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tralee Residential Services OSV-0003426

Inspection ID: MON-0048745

Date of inspection: 09/04/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Grants and funding options are being explored in order to utilize the frame of the old shed. Staff would hope to create a greenhouse/wellness or multi-purpose space to benefit the residence. The project will be addressed in the long term – expected completion date 2027. Deep cleaning including high dusting is scheduled quarterly in all residences, through an external contractor. High cleaning to be highlighted as an area of priority in the next scheduled cleaning. Deep cleaning of the flooring to remove the staining in one residence has been requested. Maintenance requests have been submitted in relation to painting door saddles and some areas that required further painting. Remedial works to be completed by 31.12.2026	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Fire Safety Framework is being established and will be in place by 30th June 2026. This will provide direct and ongoing oversight and governance across the three houses within the designated centre and across KPFA's Residential and Respite properties. KPFA has engaged SAFETY MATTERS (an external Health and Safety Provider) to provide governance and oversight in relation to fire safety as part of its contract of service. This will support the review and revision/updating of all Site Specific Safety Statements across designated centres. The SSS Statement for the house in Listowel (Cois na Feile) was in place, reviewed on the 15.11.2025 and further updated on the 14.4.2026, however, it could not be located for the inspector on the day. It will also be prioritized for further	

revision and update by Safety Matters by 30th June 2026.

KPFA continues to engage with the funding body to ensure planned works related to Fire Compliance (as outlined in the report under Reg 28) will be completed by the agreed date of 12th July 2027. A meeting between KPFA and the funding body is scheduled for Thursday 21st May and this item is on the agenda for discussion/action. The DOS has put in a follow up request to the funding body representative on the 7.5.2026 to make contact with the relevant person in HSE Estates to address the action plan for fire remedial works.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	12/07/2027
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	12/07/2027