



**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:	Tory Residential Services Tramore
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	18 July 2025
Centre ID:	OSV-0005113
Fieldwork ID:	MON-0038841

## About the designated centre

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

Tory Residential Services Tramore consists of two detached bungalows, one located in a town and the other located outside the same town a short driving distance away. The centre provides residential care for a maximum of nine male residents with intellectual disabilities. Each resident has their own bedroom and other facilities in the two bungalows include kitchens, sitting rooms, bathrooms and garden areas. Staff support is provided by social care workers/leaders and care assistants with support available from a services manager and a residential team leader.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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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
Friday 18 July 2025	08:30hrs to 17:10hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what residents told them and what the inspector observed, it was evident that residents were in receipt of a good quality of care and support in this centre. This announced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. For the most part, this inspection had positive findings; however, improvements were required to staffing and residents assessments and these areas will be discussed in the report.

In Tory Residential Services Tramore, residential care is provided for up to nine adults with an intellectual disability. The designated centre comprises two premises a short drive from each other. One was in a coastal town in County Waterford and the other was close by in the countryside with extensive views of the coastline.

Both premises was decorated differently in line with residents' preferences. There were a number of photographs of residents enjoying activities and of the important people in their lives. A number of residents showed the inspector around their homes. They spoke about their involvement in the upkeep of their homes such as cleaning and doing the gardening. One resident spoke about moving to a different bedroom and showed the inspector some of their favourite things about their room including their walk in wardrobe.

In each house residents have their own bedroom and there are a number of communal spaces. For example, in one of the houses there was a dart board in the second sitting room, and in the other house there was a pool table in the conservatory. Both houses were found to be clean, homely and well maintained during the inspection.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting each of the nine residents living in the centre, three staff and the person in charge. Documentation was also reviewed throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitoring in this centre.

Residents spoke about where they were from, the important people in their lives and how they liked to spend their time. They were attending day services, volunteering, and taking part in education. For example, on the morning of the inspection two residents spoke with the inspector about a graphic design course they were attending later in the day, one resident spoke about a two year course they were doing in a local college, two residents spoke about a computer course they were doing, one resident spoke about a barista course they had completed and another resident spoke about a horticulture course they had completed and enjoyed.

One resident spoke about being retired. They had attended a local retirement group and said they were considering attending it again.

Residents spoke about activities and holidays they had enjoyed. One resident spoke about a recent foreign holiday with their family and another resident spoke about going down the country to visit their family member. Two residents spoke about taking part in a television show which was shown on national television two nights before the inspection. They said they enjoyed taking part in the programme and with one person saying they loved taking part in it and the other person saying they were not at all nervous when it was being recorded. One resident spoke about trips they had taken abroad and in Ireland. They spoke about going to mass locally and to a prayer group weekly. Residents spoke about their plans to go to a theme park and to a local museum later in the summer and going.

Residents spoke about some of their talents and showed the inspector some of their art, some of the furniture they had made and the mural they had painted on one of the external walls of their home. One resident played a musical instrument and spoke about all the places across the country they had played in. One resident spoke about two pieces of art they had on display in a local business. Three residents spoke about how important it was to them to volunteer in their local community. They volunteered with the local tidy towns and spoke about how important it was to them that people enjoyed a nice clean beach. They also spoke about how much they enjoyed volunteering at the local park run and with meals on wheels.

Over the course of the inspection, residents were very complimentary towards care and support in the centre. They spoke fondly of the staff and person in charge and said they would speak to them if they were unhappy or worried about any aspect of their lives or homes. They spoke about the importance of developing and maintaining their independence and making decisions in their day-to-day lives. One resident spoke about how staff supported and educated them on how to maintain a healthy lifestyle while supporting them make their own choices. Throughout the inspection, staff were observed to be aware of residents communication preferences and warm and caring interactions were observed between residents and staff. Staff were observed to be very busy with residents seeking them out for support or just to chat throughout the inspection. Both houses were single staffed and identified as "low support houses" and this will be discussed further under Regulation 15: Staffing.

Residents and their representatives' opinions on the quality of care and support in the centre were sought by the provider in a number of ways. These were captured in the provider's annual and six-monthly reviews and in the person in charge audits in the centre. The feedback was overwhelmingly positive about the house, residents' access to activities, residents' rights, the complaints process, and staff supports. For example, from the five families views reviewed, examples of comments included "very satisfied with care", "staff are very helpful and respectful", staff are "very caring, always keeping in touch" and "... is very happy in the house". One area for improvement was identified where a family member would like to see their family member get out more on their own. Nine resident surveys which were completed as

part of the provider's annual review were also reviewed with residents indicating they were happy with the house, their choices and access to activities and learning new things and new skills.

The inspector also reviewed nine questionnaires which had been sent out prior to the inspection taking place. Feedback in these questionnaires was mostly positive with residents indicating they were happy with the house, their access to activities, their safety and security, visiting arrangements, the complaints process and the staff supporting them. Examples of comments in the questionnaires included, "I love my bedroom. I spend time in it when i want, my space", "I am happy living here", "I am happy with staff and their help" and "I make my own decisions in his life so don't need support with this".

In summary, residents were being supported to engage in a variety of activities they found meaningful at home and in their local community. They lived in warm, clean and comfortable homes. The inspector found that staffing numbers were not based on up-to-date assessments and this will be discussed later in the report.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

## Capacity and capability

This announced inspection found that the provider's systems for oversight and monitoring were identifying areas of good practice and areas where improvements were required. They were implementing the required actions to bring about these improvements. However, these reviews had not recognised that staffing numbers were not based on up-to-date residents' assessments.

The centre was fully staffed in line with the statement of purpose but based on a review of documentation and discussions with residents and staff the inspector was not assured that there were sufficient numbers of staff to meet residents' needs, at times. This will be discussed further under Regulation 15: Staffing.

The inspector found that staff were supported to carry out their roles and responsibilities through probation, supervision, training, and opportunities to discuss issues and share learning at team meetings. There were clear lines of accountability and responsibility for all members of the team.

## Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application to renew the registration of the centre. They had submitted all of the required information in line with the required timeframes.

Judgment: Compliant

### Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge in advance of the inspection and found that they had the required qualifications and experience to meet the requirements for this regulation. They were also identified as person in charge of two other designated centres operated by the provider. This was a large remit and the sustainability of this arrangement required close monitoring by the provider, particularly in line with residents' changing and evolving needs and the hidden supports provided to them in this centre and this will be discussed further under Regulation 23: Governance and Management. Despite this, during the inspection, the inspector found that they were present in both houses regularly and had systems to ensure oversight and monitoring in this centre.

It was evident from their interactions with residents on the day of the inspection that residents knew them well and were comfortable in their presence. Through discussions with residents and a review of documentation, it was clear that they were communicating with each resident on a regular basis to capture their experience of care and support in the centre.

Judgment: Compliant

### Regulation 15: Staffing

The centre was fully staffed in line with the statement of purpose at the time of the inspection. However, based on discussions with residents and staff and a review of documentation, the inspector was not assured that staffing levels were meeting residents' needs, at times. For example, in their questionnaires, one resident indicated they did not always get on with their peer, two residents stated they had filled in an "I'm not happy card" in relation to negative interactions with their peer. The inspector reviewed two active safeguarding plans and the control measures included were additional staffing supports. For one resident, additional supports were in place once a week as detailed in the safeguarding plan. However, this had not been included in the whole time equivalent numbers for the centre. In addition, additional staffing supports had been in place in one of the houses, at times, in 2024 and 2025. However, this was not consistently implemented. It varied from zero hours weekly to eight hours weekly and had not been in place since May 2025.



The inspector found that a number of residents' were presenting with changing and evolving needs and staffing numbers were not based on up-to-date assessments. This will be discussed further under Regulation 5: Individualised Assessment and Personal Plan.

Judgment: Not compliant

## Regulation 22: Insurance

The contract of insurance was available and reviewed in the centre. A copy was also submitted and reviewed as part of the provider's application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the provider had governance and management arrangements in place to monitor and oversee residents' care and support. There was a clear management structure in place which outlined roles and responsibilities and lines of reporting. The person in charge reported to and received supervision and support from a person participating in the management of the designated centre (PPIM). There was an on-call roster in place to ensure that support was available for residents and staff out-of-hours.

The provider's systems to monitor the quality and safety of service provided for residents included, and annual review, unannounced six-monthly provider visits and area specific audits. The inspector reviewed the last six-monthly review, the latest annual review, and 10 area-specific audits completed by the local management team. These included medication audits, person in charge audits and health and safety audits. Through a review of this documentation and discussions with residents and staff, the inspector found that overall the provider's systems to monitor the quality and safety of care and support were being utilised and proving effective at the time of the inspection. However, they did not identify that up-to-date assessments were not available for residents or that staffing numbers required review. In addition, as described under Regulation 14, the sustainability of the person in charge remit required ongoing review by the provider in line with residents' changing and evolving needs.

Judgment: Substantially compliant

<b>Regulation 3: Statement of purpose</b>
<p>The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information and had been updated in line with the time frame identified in the regulations.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector was notified of the required incidents in the centre in line with regulatory requirements.</p>
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
<p>The provider had a complaints policy which was reviewed and updated regularly. It clearly outlined staff roles and responsibilities, the stages of the complaints process and the appeals process. Pictures of the complaints officers were on display in the houses. There was an easy-to-read version of the complaints procedure on display and available for residents. There was a DVD available to support residents to understand the process and it was discussed regularly at residents' meetings.</p> <p>A number of residents spoke with the inspector about their experience of using the complaints process. They spoke about filling out "I'm not happy cards" and then meeting with a social worker to discuss them. They also spoke about feeling comfortable raising any worries or concerns they may have with members of the staff team and the person in charge.</p>
Judgment: Compliant
<b>Quality and safety</b>

Overall, the inspector found that residents were supported to enjoy a good quality of life in this centre. They were regularly taking part in activities they enjoyed and supported to make decisions about their care and support. As previously mentioned, improvements were required to ensure that each resident had an up-to-date assessment of need and that this was used to inform staffing numbers and supports available to them.

The inspector reviewed a sample of residents' personal plans. These documents were found to positively describe their likes, dislikes and preferences. They had goals in place and were working towards achieving them.

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure the vehicles were serviced and maintained. For the most part residents were protected by the fire safety arrangements in place. However, some improvements were required in relation to equipment and this will be discussed under Regulation 28: Fire Precautions.

### Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. They also spoke with residents and staff. Based on what they read and were told, residents were supported to maintain relationships with their family and friends. They were visiting and spending time with their family and friends on a regular basis.

Judgment: Compliant

### Regulation 17: Premises

The inspector completed a walk around both of the premises and found that they were clean, warm and designed and laid out to specifically meet the needs of residents living there.

As previously mentioned a number of residents showed the inspector around their homes and said they were very happy living in the centre. They spoke about enjoying spending time in their home.

The provider had systems to ensure that the premises was well-maintained. Maintenance and repair requests were submitted and tracked.

Judgment: Compliant

## Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it was also available and reviewed in the centre. It had been recently reviewed and contained all of the information required by the regulations including information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider's risk management policy was found to meet regulatory requirements. The risk register and three residents' individual risk assessments were reviewed. These were found to be reflective of the presenting risks and incidents occurring in the centre. They were also up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed a sample incident reports for 2025 and found that each incident had been reviewed and followed up on by the local management team. Trending of incidents was completed by the local management team, and learning as a result of reviewing incidents was used to update the required risk assessments. It was also shared with the staff team in the sample of staff meeting minutes reviewed.

There were systems to respond to emergencies and to ensure the two vehicles were roadworthy and suitably equipped.

Judgment: Compliant

## Regulation 28: Fire precautions

During the walk around of the premises the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors and swing closers, as deemed necessary. A fire door in one of the houses was not closing properly and the person in charge arranged for this to be reviewed following the inspection. In addition, two fire exit doors contained keys and this required review by the provider as to whether break key boxes or thumb locks were required.

The inspector reviewed records for 2025 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment. The evacuation plan was on display in each of the houses.

A sample of eleven fire drill records across the two houses for 2025 were reviewed. These demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. Three residents showed the inspector the different evacuation routes they would use in the event of an emergency in their home.

Personal emergency evacuation plans for two residents' were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that residents did not have up-to-date assessment of need in place. As a result, the inspector was not assured that residents' needs were appropriately assessed or informing the required staffing supports.

Through discussions with residents and staff and a review of documentation, the inspector found that a number of residents were presenting with changing and evolving needs. For example, one resident was experiencing and increase in falls, one resident was being assessed for dementia, one resident was being reassessed for dementia, one resident was presenting with increased levels of anxiety and it was reported they were experiencing difficulties sharing their living environment, one resident was recently referred for review with a speech and language in relation to communication supports and one resident was experiencing a number of changing needs in relation to their healthcare needs and supports. The inspector found that the relevant referrals had been made and that residents were being supported to access health and social care professionals in line with their changing needs; however, their assessments and plans required review.

Judgment: Not 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant

# Compliance Plan for Tory Residential Services Tramore OSV-0005113

Inspection ID: MON-0038841

Date of inspection: 18/07/2025

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• The Person in Charge along with the Multi-disciplinary team will complete up to date assessments for each resident of the center and ensure staffing is in line with the assessed need.</li><li>• Hours which have been detailed in the safeguarding plan will continue to be provided in line with the plan in order to prevent any possible risk while the plan is active.</li><li>• If following the completion of assessment of needs it is established that additional staffing is required a DSAMT will be submitted to the HSE for the required resources</li><li>• The provider will ensure that all hours provided at the centre are reflected accurately in the statement of purpose.</li></ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• The Person in Charge along with the Multi-disciplinary team will complete up to date assessments for each resident of the center and ensure staffing is in line with the assessed need.</li><li>• If following the completion of assessment of needs it is established that additional staffing is required a DSAMT will be submitted to the HSE for the required resources</li></ul>	



- The remit of the Person in Charge will be kept under review should any change in needs which may impact it be identified.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire door that was not closing on day of inspection was serviced on 21.07.2025 and is closing now
- Thumb lock fitted to two fire door exits on 28.07.2025.

Regulation 5: Individual assessment and personal plan

Not Compliant

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

- The Person in Charge along with the Multi-disciplinary team will complete up to date assessments for each resident of the center and ensure staffing is in line with the assessed need.
- Going forward these assessments will be reviewed on at least an annual basis

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(3)(a)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/07/2025

	arrangements for detecting, containing and extinguishing fires.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/12/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2025
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2025