



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

Issued by the Chief Inspector

Name of designated centre:	Watermans Lodge
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	26 February 2026
Centre ID:	OSV-0008775
Fieldwork ID:	MON-0048415

About the designated centre

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

Watermans Lodge is a designated centre operated by Peter Bradley Foundation CLG trading as Acquired Brian Injury Ireland. It provides a community residential service to a maximum of four adults with an acquired brain injury. The designated centre consists of one large detached premises on its own grounds located in a village in County Tipperary close to local amenities. The house consists of kitchen/dining room, art room, rehab room, laundry, two living rooms, four individual resident bedrooms, staff office and a number of shared bathrooms. There was a large garden to the rear of the premises. The staff team consists of team leader and residential rehabilitation assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 February 2026	10:00hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was a short term announced inspection conducted to monitor on-going compliance with the regulations. The centre opened in September 2025 and this was the first inspection of the centre. At the time of the inspection three adults had been admitted to the service. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet with the three residents living in the centre over the course of this inspection. The residents used both verbal and alternative methods of communication, such as vocalisations, facial expressions and gestures to communicate their needs.

On arrival, the inspector met with the Person in Charge and the National Service Manager and completed a walk around of this house. The house was a large detached bungalow which comprised of kitchen/dining room, art room, rehab room, laundry, two living rooms, four individual resident bedrooms, staff office and a number of shared bathrooms. Overall, the inspector found that the centre was decorated in a homely manner. To the rear of the centre there was a large garden with wildflower area. The person in charge noted funding was in place to install an accessible patio area when the weather improved.

However, some areas of the premises required continued attention. For example, on arrival a call bell at the designated centre's entrance was activated to alert staff when a resident needs support. However, it was very loud which may negatively impact on dignity of resident and required review. While a large portion of the flooring had been recently installed, there were parts of old flooring which were worn and required review. The bathrooms also required review as they were decorated in a clinical manner with large white glossy panels. The inspector observed a number of internal cameras in the designated centre. While they were not operational they required review as they negatively impacted on the homeliness of the centre.

In addition, to the side of the designated centre there was a large meeting room which could be accessed internally from the centre. While it was not part of the designated centre, the inspector found that this required review as on the day of the inspection a number of staff were observed completing training and could access and see into the designated centre through the window on the door.

The inspector met with one resident briefly in the dining room as they left the centre to attend their day services. The resident smiled at the inspector and appeared happy and content in the centre and the presence of staff. The inspector had a cup of tea with a second resident in the dining room. The resident communicated that they were happy in the centre and had positive feedback about the care and support provided by the staff team. The resident informed the inspector about a planned

woodwork project of refurbishing wooden drawers for their bedroom and their interest in soccer and the team they follow. In the afternoon, they left to attend an appointment. The inspector met with the third resident in the art room. This was an important room for the resident and the walls of the room were decorated with the residents artwork. The resident told the inspector about their paintings. The resident also showed the inspector their bedroom which was decorated with their own art and in line with their preferences. The resident shared their story with the inspector and spoke highly of the care and support received in the centre.

Overall, the inspector observed a well managed centre which provided quality care and support to residents. The residents appeared content and comfortable in their home. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, areas of the premises required continued work.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents needs. The staffing arrangements in place were appropriate to the needs of the residents and the size and layout of the centre.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the provider unannounced six-monthly visits as required by the regulations. The audit identified areas for improvement and action plans were developed in response.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place which ensured continuity of care and support. From a review of training records, it was evident that the staff team in the centre had up-to-date training.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge who was suitably qualified and experienced for the role. The person in charge was responsible for this

designated centre alone. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster for January 2026 and February 2026, there was an established staff team in place. The inspector was informed that the centre was operating with 0.5 whole time equivalent vacancy which the provider was actively recruiting for. This was covered by the staff team, regular relief staff or regular agency. In addition, there was evidence that nursing support for specific needs was provided by a regular agency staff. This ensured continuity of care and support provided to residents.

The three residents were supported by four staff during the day, three staff in the evening and two sleepover staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including fire safety, patient and manual handling, de-escalation and intervention techniques. safe administration of medication and safeguarding. This meant that the staff team had up-to date skills and knowledge to support the residents with their identified support needs.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a National Services Manager, who in turn reports to the Head of Service Operations. The person in charge was responsible for this designated centre alone and was supported in their role by a team leader.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included a six-monthly provider visit completed in November 2025. The audit identified a number of areas for improvement and a quality improvement plan was in place to address these areas.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre in the period September 2025 to February 2026. It demonstrated that accidents and incidents were managed appropriately and the inspector found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, improvement was required in the premises.

The inspector reviewed the three residents' personal files which comprised of an comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were in place and guided the staff team.

There were appropriate systems in place to keep the residents safe. For example there was suitable fire safety equipment in place and fire drills had been carried out. In addition, a review incidents and accidents demonstrated that they were appropriately managed and responded to. The residents communicated with the inspector that they liked living in the designated centre.

The inspector found that the premises was clean, generally well maintained and presented in a homely manner. However, some aspects of the premises required attention as outlined below in Regulation 17: Premises.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of residents. The centre is a large detached bungalow located in County Tipperary. There was a large garden to the rear of the premises. The inspector completed a walk around the premises and found that it was well maintained. It was found to be warm, clean, comfortable and homely. The centre was decorated to reflect residents' needs, preferences and interests.

However, some aspects of the premises required attention or review, including:

- worn flooring in parts of the centre,
- bathrooms decorated in a clinical manner with large white glossy panels,
- the call bell at the designated centre's entrance to alert staff when a resident needs support was loud and may negatively impact on dignity of residents and,
- internal cameras (while not operational they negatively impacted on the homeliness of the centre).

In addition, to the side of the designated centre there was a large meeting room. While it was not part of the designated centre, it could be accessed from the designated centre through an internal door. This arrangement required review as on the day of the inspection a number of staff were completing training and could access and see into the designated centre through the window on the door.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre which demonstrated that all persons could evacuate the centre to a safe location in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans which guided staff practice. The inspector reviewed the

three residents' personal files and found that they appropriately identified the residents needs and guided the staff team on how to support the residents.

From speaking with residents and reviewing their plans, it was evident that residents had choice and control over how they spent their day. For example, one resident recently admitted to the centre planned to explore day service options. Another resident was in control of their health care appointments and was facilitated by the staff to attend same.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff spoken with were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults. The residents were observed to appear relaxed and content in their home. The three residents communicated with the inspector that they liked their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Watermans Lodge OSV-0008775

Inspection ID: MON-0048415

Date of inspection: 26/02/2026

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Worn Flooring in Parts of the Centre</p> <ul style="list-style-type: none"> The provider will liaise with the landlord of the premises to explore the replacement of worn flooring in relevant areas of the designated centre. Subject to landlord approval and the allocation of required funding, the flooring will be replaced. This work will be completed by 31st December 2026. <p>Bathrooms Decorated in a Clinical Manner with Large White Glossy Panels</p> <ul style="list-style-type: none"> The provider will review the paneling in the communal bathrooms and will engage with the landlord to explore options for replacing the existing panels with alternatives that better support a homely and comfortable environment for residents. <p>Call Bell at the Entrance to the Designated Centre</p> <ul style="list-style-type: none"> The call bell panel located in the entrance area of the designated centre was disconnected on 19th March 2026 to ensure that residents' privacy and dignity are maintained. A more suitable wireless call bell system was introduced on the same date. <p>Internal Cameras</p> <ul style="list-style-type: none"> All cameras currently present within the designated centre were removed on 19th March 2026 to support the maintenance of residents' privacy and to further promote a homely environment within the centre. <p>Meeting Room Adjacent to the Designated Centre</p> <ul style="list-style-type: none"> The window in the door between the meeting room and the designated centre was fitted with frosted glass film on 20th March 2026 to prevent visibility into the designated centre from the meeting room. On 13th March 2026, signage was placed on the meeting room door (on the meeting room side) advising users that access to the designated centre is not permitted. A new lock will be fitted by 30th March 2026 which can be opened from the side of the 	

designated centre via a thumb lock but requires a key on the meeting room side. This key will be stored in a 'break glass in case of emergency box.'

- When requests to use the meeting room are approved, a note is now included in the response confirming that access to the designated centre is not permitted. Bathroom facilities and a kitchen area, separate from the designated centre, are available when the meeting room is in use.

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/03/2026
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