

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Roseville Nursing Home
Name of provider:	Roseville Nursing Home Limited
Address of centre:	49 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	03 September 2025
Centre ID:	OSV-0000089
Fieldwork ID:	MON-0048007

About the designated centre

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

Roseville Nursing Home is a 29 bed centre conveniently located in a residential area between the seafront and Bray town centre with easy access to local amenities including shops, bank, church, local transport and the promenade. Accommodation includes single and twin bedrooms spread over two main floors which are accessed by stairs, a stair lift and a platform lift. The building is a Georgian house which has been renovated and extended over time and still contains some of its original features. Residents have access to a secure garden to the side and rear of the centre which contains a covered and heated smoking area. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with dementia, or who have physical, neurological and sensory impairments and end of life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. Roseville Nursing Home is a family owned and operated centre which employs approximately 31 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 3 September 2025	08:45hrs to 16:10hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents told the inspector that Roseville was a lovely place to live and they felt well cared for. Roseville Nursing Home is a Georgian House that has been extended over time. Accommodation is spread over two floors, with access to the floors via a platform lift and stairs. On arrival, the inspector walked around the centre and saw that the premises were well-maintained and attractively decorated. There was a living room and dining room which can be interconnected at the front of the house. Both rooms were clean and tidy but there were no call-bells in either room. A visitor's room was provided and while this was clean and welcoming, it also did not have a call-bell. A second interconnected living and dining area was located to the back of the premises. The dining area was attractively decorated, clean and bright. The living area had chairs placed around the perimeter of the room with no space between them. Bed tables were also in use in this room, which further reduced the space in the room for residents to move around, or for staff to assist residents. These issues will be discussed later in the report.

The inspector saw breakfast being served, and saw that residents had a choice to eat in their bedrooms or in the communal areas at the back of the centre. One resident was sitting at the dining table, while other residents had their breakfast in the living room with the use of a bed table. The inspector saw bed tables placed in such a way that it was difficult for residents to reach all of their breakfast items. For the duration of breakfast time, there was no staff allocated to supervise and assist the residents. The nurse who was administering medications assisted residents as required, as did other staff who were assisting residents from their bedrooms into the living area. Some residents had eaten very little, or none, of their breakfast before their tray was removed by kitchen staff, unnoticed by care staff. Other residents had their breakfast in front of them for an extended length of time, resulting in hot food and drinks becoming cold. This was brought to the attention of staff and the person in charge. At lunch time, the inspector saw many residents using both dining rooms, as well as both living areas, and there was appropriate supervision and assistance provided for the residents. At both mealtimes, residents' meals were interrupted to receive medication. This will be discussed later in the report.

All areas of the centre were seen to be clean and tidy, and cleaning staff spoken with were knowledgeable of appropriate cleaning methods and equipment. There was a secure courtyard for use by residents and this was seen to have garden furniture and good pathways so that residents could safely enjoy the outdoors. Residents' bedrooms seen by the inspector were clean and had been personalised with items such as photos and cushions. Due to the layout in a number of the twin rooms, the TV was not visible to both residents when privacy screenings were drawn. This was brought to the attention of the registered provider representative, who said these rooms are under review, with a plan to purchase extra TV's.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan from the previous inspection on 20th August 2024, and statutory notifications submitted to the Chief Inspector of Social Services.

Roseville Nursing Home Limited is the registered provider of Roseville Nursing Home. The registered provider's representative is on-site five days a week and on call if needed, and there was a clearly defined management structure in place. The person in charge was a registered nurse who worked full-time in the centre, and they were supported in their management of the centre by the registered provider representative and an assistant director of nursing. There was also a team of nurses and health care assistants, along with kitchen, cleaning, laundry, maintenance and administration staff to support the running of the centre. The inspector saw minutes of staff, management and residents meetings which showed good two way communication, and timely action on issues identified. There was a system of audits in place with corresponding action plans. However, maintenance checks and audits failed to identify missing call-bells in the visitors room, and in the dining and living areas at the front of the building. An annual review had been conducted, but the inspector did not see that residents had been consulted in the development of this review, and no corresponding quality improvement plan was available. The compliance plan from the inspection in August 2024 had been completed, except for hot water supply in Room 20. These will be discussed under Regulation 23: Governance and management.

The registered provider had a statement of purpose for the centre, and policies and procedures as per Schedule 5 were in date and available to the inspector on the day.

Regulation 22: Insurance

The registered provider had a valid contract of insurance.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were not in place to ensure the service was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- Maintenance checks and audits had not identified:
 - Missing call-bells in the front living and dining areas, and in the visitors room.
 - A broken call-bell in the shower room beside room 6. This posed a risk that residents using these rooms could not call for assistance if needed.
 - There was no hot water supply in the en-suite of Room 20. This was a repeat finding from the previous inspection.
- There was no evidence that the annual review was prepared in consultation with residents and their families, and no corresponding quality improvement plan.
- Oversight systems had not identified that the layout of the living room was restrictive for residents and limited their ability to move freely.

The registered provider had not ensured there was sufficient resources to ensure the effective delivery of care to residents:

- The registered provider had not ensured sufficient resources available at breakfast as there was an inadequate number of staff to assist residents with their meals at this time.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing all the information set out in Schedule 1.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and made available valid policies and procedures as set out in Schedule 5.

Judgment: Compliant

Quality and safety

Residents living in Roseville Nursing Home received a high quality of care from staff who were attentive and knowledgeable of their needs and preferences. However, improvements were required in end-of-life care planning, and the dining experience at breakfast.

The inspector reviewed six care plans with a focus on end-of-life care, and communication difficulties. The requirements for those residents with communication difficulties were clearly detailed and personal to the resident. Use of communication aids were implemented where necessary, and staff spoken with were familiar with their use.

The registered provider had conducted audits around resuscitation status, and had developed a quality improvement plan to ensure residents and their families were consulted and a decision documented. A number of staff had attended training in end-of-life care. Five of the six care plans reviewed by the inspector had a resuscitation status documented. Two care plans had documented the residents' specific wishes for end-of-life care, while three were seen to have generic information. One care plan had documented that the resident's son had been consulted, but end-of-life care had not been discussed beyond resuscitation status. This will be discussed further under Regulation 13: End of life care.

On the morning of the inspection, the inspector observed breakfast being served. Some residents dined in their bedrooms, while a large number had their breakfast in the living room at the back of the centre. Only one resident was sitting at a table in the adjoining dining area. When this was queried with staff, they reported that it was residents' wishes to sit in the living area. However, the inspector did not observe that residents were given a choice of where to sit, and some of the residents spoken with could not clearly communicate their needs and wishes. The residents in the living area used bed tables, and the placement of these meant that a number of residents were unable to reach all of their breakfast items, or to feed themselves with comfort. There was no staff supervising the residents, and kitchen staff were busy serving breakfast and clearing up afterwards. As a result of residents being unsupervised, the inspector saw a number of the residents' breakfasts removed with little or no food eaten. Care staff spoken with were unable to confirm what a resident had eaten without first checking with the kitchen staff. Some residents had breakfast in front of them for periods of up to one hour, with no staff to encourage or assist them. Staff were coming and going from the living area, and a nurse was administering medication from the drug trolley in this area. During both breakfast and lunch, residents were seen having their meals interrupted to receive medication. These practices do not support a rights-based approach to meal times, and do not make for a safe, relaxed dining environment. They will be discussed further under Regulation 18: Food and nutrition. Residents spoken with were mostly happy with the choice and quality of food offered, with residents saying the food was tasty and varied. There was a choice of meals offered, and the menu

was on display. The meals served at lunchtime appeared hot, nutritious and plentiful.

Residents were provided with lockable storage in their bedrooms, and those sharing bedrooms had their storage and belongings clearly identified. The inspector spoke with laundry staff and they displayed a good knowledge of the appropriate segregation and washing of laundry. Residents and visitors spoken with were happy with the laundry arrangements, and had no concerns about the safety of their belongings.

The registered provider had a robust system for ordering and returning medicinal stock with a local pharmacy. Medication was administered within recommended time frames, and those requiring crushed or liquid medication had it clearly documented in their prescription. Medication was stored safely in a locked drug trolley or in a locked treatment room, and there were comprehensive checks to ensure these areas were at the correct temperature.

Regulation 10: Communication difficulties

Residents with specialist communication requirements were facilitated to communicate freely in accordance with their needs and abilities and had their needs recorded in their care plans.

Judgment: Compliant

Regulation 12: Personal possessions

Residents clothes were laundered and returned to them, and residents had adequate space to store their belongings.

Judgment: Compliant

Regulation 13: End of life

The systems in place to ascertain and document residents' needs and wishes at end-of-life stage did not ensure that all residents had a comprehensive, personalised care plan to correctly direct staff.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The dining experience for residents did not ensure that residents were safe and received adequate nutrition. This was evidenced by:

- Residents were unsupervised during breakfast time, with no encouragement or assistance to take adequate amounts of food or drink. This also resulted in residents breakfast getting cold.
- Residents were eating their breakfast from bed tables that did not support safe, adequate or comfortable dining.
- Care staff were unaware of residents who had not eaten, or eaten poorly.
- Residents were interrupted during meals to receive medication.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication was stored, administered and disposed of in a safe manner.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Roseville Nursing Home OSV-0000089

Inspection ID: MON-0048007

Date of inspection: 03/09/2025

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We are in the process of introducing a new call bell system to take the areas that were identified to not have a call bell in the home. Completion Date: 31st October 2025 The issue in room 20 was rectified immediately as the top of the tap colour did not correspond correctly to the hot or cold tap i.e. (Blue = Cold and Red = Hot). This was changed the following day. Completion Date: 4th September 2025. The outcome of the consultations carried out for the annual review for the year 2024 have been reflected in the quality improvement plan. Completion Date: 4th September 2025. The layout of the living room has been adjusted to create a more spacious environment, a number of tables have been changed to more streamlined modern furniture effectively creating more room for the residents. Tables that are not in use can now be folded and stored safely and used when required. Completion Date: 8th September 2025. All residents who prefer to have their breakfast in the day room are now seated at the dining table to ensure safe, adequate and comfortable dining for them. A member of staff has been allocated to supervise the residents in this room during their breakfast time. The allocated staff member supervising the breakfast meals will monitor and report the food and fluid intake. The nurses have been informed to give their medication either before or after meal times, but not during meals as this will disturb the residents.	

Completion Date: 4th September 2025.	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: The three care plans that contained generic information has now been reviewed with each resident and their needs and wishes documented in each care plan. Completion Date: 7th September 2025.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: All residents who prefer to have their breakfast in the day room are now seated at the dining table to ensure safe, adequate and comfortable dining for them. A member of staff has been allocated to supervise the residents in this room during their breakfast time. The allocated staff member supervising the breakfast meals will monitor and report the food and fluid intake. The nurses have been informed to give their medication either before or after meal times, but not during meals as this will disturb the residents. Completion Date: 4th September 2025.	

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 13(1)(b)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the religious and cultural needs of the resident concerned are, in so far as is reasonably practicable, met.	Substantially Compliant	Yellow	07/09/2025
Regulation 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	07/09/2025

Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	04/09/2025
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Orange	04/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Orange	31/10/2025
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	04/09/2025
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e).	Substantially Compliant	Yellow	04/09/2025

