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:	Rosenheim
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	05 May 2026
Centre ID:	OSV-0005330
Fieldwork ID:	MON-0043213

About the designated centre

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

The designated centre is run by the Health Service Executive (HSE) and is located outside a town in Co. Sligo. The centre consists of two adjacent residential houses in a housing estate. The centre provides residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate male and female residents, from the age of 18 upwards. Each of the two houses provide accommodation for four residents. Both houses are two-storey dwellings and have a communal kitchen and dining area, sitting-room, bathroom facilities and all residents have their own bedrooms. Transport arrangements are in place to access community-based activities and include shared transport between the houses, public buses and taxis. The houses are staffed with a mix of nursing staff and health care assistants, with night duty cover arrangements in the two houses to support residents with their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Tuesday 5 May 2026	08:30hrs to 14:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The residents living in this centre had a good quality of life, they kept in contact with friends, had good involvement with the local community, and they were supported to take part in their preferred activities.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes. On arrival the inspector was advised that residents were enjoying a day off from their day services as planned and were observed getting up at various times on the day of the inspection.

The inspector was told by residents that they had good relationships with staff. They knew that they could raise any complaints or concerns with staff and were confident that it would be taken seriously. Residents knew who was in charge in the centre, and they said that they trusted the staff.

Staff who spoke with the inspector were very knowledgeable of each resident's care and support needs and discussed residents preferences and interests, and how their specific support needs were being met. Throughout the inspection, the inspector could see that residents' wishes were respected and that individualised care was being provided to each resident.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre consisted of two houses in a residential area. It was situated on the outskirts of a large town. Both houses were spacious, well-equipped, and comfortably decorated with photographs and art work displayed. Each resident had their own bedroom and these rooms were personalised and decorated in line with each resident's interests and wishes. The inspector saw, for example, that rooms were decorated with family photos and personal belongings. There was adequate storage for residents' clothing and belongings in each bedroom.

On the inspector's arrival at the centre, it was found that residents started the day at their own pace and got up at times that suited them as they were enjoying an extended short break from their day services. Some residents were already up, one was getting ready in their room, and one resident preferred to wait on in bed and got up later on. Residents were happy for the inspector to look around their home with staff. Transport was available so that residents could go for leisure activities and attend local amenities.

Throughout the inspection it was clear that staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, consulting with them at all times, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the community. In addition, residents were observed to be at ease and comfortable in the company of staff, and appeared to be relaxed and happy in the centre.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

Based on these inspection findings, this centre was effectively managed and governed. There was a clearly defined management structure in place that operated as intended by the provider. The centre was adequately resourced. One minor action was noted in relation to training, which is discussed later in the report.

The provider had implemented management systems to monitor the quality and safety of the service. The provider was aware of the requirement to carry out unannounced audits of the service at least once every six months , and the first of these had already taken place. The person in charge also carried out a range of audits each month. These included review of incidents, audits of medicines management practices, and frequent health and safety checks including checks of fire safety equipment. Furthermore, the inspector noted that actions from the last inspection in October 2023 were addressed satisfactorily.

The inspector reviewed these audits on the day of the inspection. These reviews found a high level of compliance and where an area for improvement was identified the person in charge was observed to respond promptly. For example, the audit had identified improvement was required in relation to an aspect of documentation management and the person in charge had taken steps to address this.

The day-to-day management and oversight of the service was the responsibility of the person in charge. The person in charge was a full time role with responsibility for this designated centre only. The person in charge was supported in their role by a person participating in management and they told the inspector they have formal and informal support from their line manager. For example, documentation reviewed by the inspector demonstrated the person in charge was supported by their line manager.

Regulation 16: Training and staff development

The inspector noted that actions from the previous inspection were addressed as required and the provider showed that an accurate training record was in place, however minor improvement was required in relation to specific training needs in the centre.

Training records were monitored and reviewed by the person in charge. Plans were in place for refreshers where required, and a training needs analysis was completed for the centre. Minor improvement was required as the inspector found that the management team had highlighted the need for further training in a manual sign system used by adults with intellectual disabilities with communication needs for a resident since March this year. At the time of the inspection, there was no time-bound plan in place to respond to this gap identified in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

There was a range of policies and procedures in place to provide guidance and outline the procedures for safe care and support. These included policies and procedures as required under the regulations. These were readily available in the centre.

The centre was resourced to support residents. During the inspection, the inspector observed that these resources included the provision of comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate levels of suitably trained staff to support residents' preferences and assessed needs.

The provider also had effective auditing systems in place to ensure that a good quality and safe service was being provided to residents. The inspector read some of these audits, including the annual review, and the last two unannounced audits by the provider and audits. The inspector also saw that a range of checks were carried out by staff, such as ongoing checks of fire safety equipment and arrangements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place in the centre as required by the regulations, which provided guidance to staff on the complaints management in the centre.

There was a log of complaints maintained in the centre, with actions evident of the response to the complainant as required by the regulations. The inspector found that there was no active complaints on the day of the inspection. The provider had information displayed should a resident or relative become unhappy with the outcome of the complaint, showing the appeals process available and other support persons available if needed.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, the provider had good measures in place to ensure that the wellbeing and health of residents was promoted and that residents were kept safe during respite breaks. There was evidence that a good quality and safe service was being provided to residents.

As the centre was staffed throughout the day, residents had choices around how they would spend their days. Residents could take part in their preferred activities in their home, in the community or at day services. Some residents preferred to go to day service activities on weekdays and on the day of inspection, residents were enjoying an extended break after a bank holiday. During the inspection, the inspector found that residents' needs were well supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, day service activities, meeting with family and friends and going out for something to eat.

The provider had measures in place to safeguard young people from risks including risks associated with fire. These included availability of missing person profiles and intimate care plans, and maintaining a safe environment. Fire safety measures included staff training, servicing of fire safety equipment and provision of fire doors throughout the building to limit the spread of fire. Fire evacuation drills were carried out in a timely manner. Furthermore, personal evacuation plans provided a comprehensive guidance of how evacuation would be achieved, particular at night when minimum staffing levels were in place.

Overall, residents living in this centre received a personalised and person centred care and there was a high level of compliance with the regulations relating to health and social care, and safety in the centre.

Regulation 10: Communication

The provider had systems in place to support and assist residents to communicate as required.The inspector noted that training on Lamh for staff remained an action on the service quality improvement plan and this is actioned under the regulation 16.

The inspector saw that there were systems in place to enhance communication with other residents as required. While reviewing residents' care planning processes, the inspector saw that information was provided in easy-to-read formats that suited residents' capacity. This included information about the complaints process and guidance on a morning routine. There was also an up-to-date communication policy to guide staff practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in their local community.

Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Activities took place in day services, home-based activities and in their local community. Residents were enabled to lead an active and where required an individualised and appropriate activities in the centre.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents.

The centre comprised one house in a residential estate in a rural area. The centre was also close to a busy city. During a walk around the centre, the inspector saw that the centre was spacious, that all parts were well maintained, clean and comfortably decorated, and that all residents had their own bedrooms. There were gardens to the front and rear of the centre. Each resident had their own bedroom, and they had access to laundry facilities. A refuse collection service was provided by a private company.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported in the designated centre.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw how choice was being offered to residents. Residents had weekly meetings with staff at which they planned their main meals for the coming week. The inspector saw that the meal plan was clearly displayed to keep residents updated. Meals were
prepared and served in line with each resident's preferences and assessed needs and staff who spoke with the inspector were knowledgeable of these requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that an appropriate system was in place for the effective management of risk in the centre.

The inspector noted that a review of adverse events indicated that any safety issues were responded to in a prompt manner. The provider had systems in place for the effective management of risk which included a comprehensive personal risk management plan. The management team had systems in place to ensure that internal audits were taking place which reviewed the control measures identified and their effectiveness.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety systems in place in the centre. This ensured that the resident, staff and visitors were protected from the risk of fire.

The inspector reviewed records of fire drills for 2026. Fire evacuation drills involving residents were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. Residents were clear about what to do and how to evacuate whenever they heard the fire alarm. Staff told the inspector that the residents participated and were aware of the actions required

The inspector viewed records and documentation relating to equipment servicing, personal evacuation plans and staff training.There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff and these were up to date. A personal emergency evacuation plan had been developed for the resident. The inspector saw that this was clear and provided suitable guidance to staff. During a walk through the building, the inspector saw that here were fire doors throughout the house. Training records viewed by the inspector confirmed that all staff had attended up-to-date fire safety training.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing was maintained as required.

The inspector viewed two resident's healthcare files which included records of medical assessments and appointments. Records viewed indicated that residents could visit general practitioners and medical specialist consultations as required. Residents also had access to allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including visits to the eye clinic and dentist.

Judgment: Compliant

Regulation 8: Protection

The centre was found to have good processes and procedures to promote the protection of residents. Safeguarding was a regular topic for discussion at team and resident meetings.

The inspector reviewed the policies and procedures the provider had in place for safeguarding vulnerable adults and for the provision of intimate and personal care. These were available to staff in the centre and were found to be up to date. In addition, the provider had clear guidance in relation to reporting and recording of bruising of unknown origin sustained by residents. This ensured that staff had clear guidance on potential protection concerns.

Overall, the inspector noted that the provider had appropriate systems in place for ensuring that residents were adequately safeguarded and there were designated staff within the organisation to monitor this.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rosenheim OSV-0005330

Inspection ID: MON-0043213

Date of inspection: 05/05/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in Charge will ensure all staff working in the centre will receive LAMH training by 31/07/2026 • The person in charge will ensure training records in LAMH will be maintained in the designated Centre. • The person in charge has completed a review of the centre training matrix that includes site specific LAMH training to meet the needs of the Designated Centre. The person in charge has ensured that staff have access to appropriate training, including manual sign LAMH training, as part of a continuous professional development programme	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2026