Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rosedale Residential Home
Name of provider:	Rosedale (Kilmacow) Voluntary Housing Association Company Limited by Guarantee Trading as Rosedale Residential Home
Address of centre:	Rosedale, Upper Kilmacow, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	29 July 2026
Centre ID:	OSV-0000740
Fieldwork ID:	MON-0045892

About the designated centre

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

Rosedale Residential Home is located in the quaint upper village of Kilmacow, Co. Kilkenny. It is managed by a voluntary non-profit organisation and provides care for people who do not require full-time nursing care. Rosedale is set on three acres of well maintained gardens. It is a two-storey building with lift and stairs access between floors. Rosedale is registered to accommodate 15 residents, both male and female. Residents' accommodation comprises of 9 single bedrooms with wash hand basins and 6 single bedrooms have ensuite shower & toilet facilities. Communal facilities include a sun room, sitting rooms on both floors, dining room, chapel and comfortable seating throughout. Other facilities include a laundry, and day services which residents have access to if they wish to attend. Rosedale caters for people with low dependency assessed needs requiring long-term residential and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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 29 July 2026	09:50hrs to 16:20hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Overall, the inspector found that Rosedale Residential Home was a well-run centre where residents were supported by a team of staff who were kind and caring. The centre had a relaxed and friendly atmosphere. In conversations with the inspector, residents were content about their lived experience in the centre, with comments such as “The staff are wonderful”, ''staff are incredible'' and “I have no complaints”.

This was an unannounced inspection, carried out over one day. On arrival to the centre, the inspector was greeted by a resident followed by a walkabout of the premises with the person in charge. An introductory meeting was held with the person in charge following the walkabout where the purpose of the inspection was set out.

Rosedale Residential Home is a two storey designated centre, registered to provide care for 15 residents in the village of Kilmacow in Co. Kilkenny. There were 12 residents living in the centre on the day of the inspection.

The premises was laid out to meet the needs of residents. The centre was observed to be clean, bright, warm, and well ventilated throughout. Residents had access to communal spaces which included a dining room, two sitting rooms, a visitors room and a sun room. Residents had access to a chapel on the ground floor. The building had lift and stairs access to the first floor. Armchairs and tables were available in the sitting rooms and the sun room. Alcohol hand gel was available in all corridor areas throughout the centre to promote good hand hygiene practices.

Resident bedrooms comprised of 15 single rooms. These rooms contained wash-hand basins and six bedrooms had en-suite shower and toilet facilities. Shared toilet and shower facilities were available on both floors. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings.

On the day of the inspection, there was a calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. The inspector observed residents sitting together in the sitting rooms watching television, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff.

The designated centre had a day centre room to the rear of the centre and residents generally used this room for activities and parties. There was a small courtyard to

the back of the centre which had a designated smoking area. Residents had access to well-maintained outdoor grounds to the front and back of the centre.

The inspector chatted with nine residents about life in the centre. All residents spoke positively about their experience of living in the centre. Residents commented that they were very well looked after, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs.

Residents' spoken with said they were very happy with the activities programme and some preferred their own company but had access to newspapers, books, radios, televisions and public transport. Residents were observed attending a live-streamed Mass in the centre's Chapel in the morning. Residents' views and opinions were sought through regular resident meetings and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services. A number of residents had their own car which allowed the residents' to maintain their independence and visit family and local towns.

Residents were complimentary of the home-cooked food and the dining experience in the centre. The daily menu was displayed in the dining room. The inspector observed the lunchtime at 12:30pm. The lunchtime was a relaxed and sociable experience, with residents enjoying each others company as they ate while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining room by the staff. Residents confirmed they were offered a choice of starter, main meal and dessert. The food served appeared nutritious and appetising.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that, overall, the provider had effective governance and management arrangements in place, which ensured residents received a good quality of care and support from a staff team who knew them well. A safeguarding focused inspection in 2025 found that the provider was compliant with the regulations specific to the safeguarding inspection. On this inspection, the inspector

followed up the compliance plan submitted by the provider following an inspection in August 2024. On this inspection, the inspector found that areas of record management, and the complaints procedure did not fully align to the requirements with the regulations.

This was an unannounced inspection carried out by an inspector of social services to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The centre is operated by Rosedale (Kilmacow) Voluntary Housing Association Limited, who are the registered provider, comprised of a voluntary board of management. Funding for the service is granted by the Health Service Executive (HSE) under section 39 of the Health Act 2004, voluntary fundraising, and residents' own contributions. The centre's statement of purpose outlines that it provides care for residents with low to medium dependency levels. The centre does not provide care to residents requiring full-time nursing care, therefore the person in charge is not required to be a registered nurse. A nurse is employed on a part-time basis to provide oversight of resident's clinical needs. Residents can access medical services through their own General Practitioners (GP's) and support from local public health nurses.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of the people living in the centre and respectful of their wishes and preferences.

This inspection found that record management was not fully aligned to the requirements of the regulations. For example, staff recruitment records did not all include the required documents outlined in Schedule 2 of the regulations. This is discussed further under Regulation 21: Records.

Management board meetings and staff meetings took place regularly in the centre. Minutes of these meetings were provided to the inspector. Agenda items on meeting minutes included key performance indicators (KPI's), fire safety, training, resident feedback, activities, links with the community and infection prevention. The person in charge submitted and discussed a report to the board which included items such as staffing, training, safeguarding, and resident feedback. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, care planning and medication management audits. Audits were objective and identified improvements. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review.

There was no records of complaints in the centre recorded since the previous inspection. The person in charge confirmed that the residents had not made any complaints since then. Residents said they were aware they could raise a complaint with any member of staff or the person in charge. However, the centres complaints

procedure was not fully aligned with the requirements of Regulation 34: Complaints procedure.

Regulation 15: Staffing

The skill-mix and numbers of staff on duty on the day of the inspection were adequate to ensure that residents' needs were met.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in key areas such as fire safety, safeguarding, managing behaviours that are challenging, and infection prevention and control. An ongoing schedule of training was in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by a management team.

Judgment: Compliant

Regulation 21: Records

In a sample of staff files viewed, three of the files did not have a satisfactory history of gaps in employment in line with Schedule 2 requirements. This was a repeated finding on previous inspections.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres complaints procedure did not meet the amendments to the regulations that had come into effect since March 2023 (S.I. 628 of 2022). For example; The complaints procedure did not include:

- The required time lines to investigate and conclude a complaint.
- A nominated review officer.
- Information of an independent advocacy service who could assist the complainant with the making of a complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

Residents living in Rosedale Residential Home had good access to healthcare services and opportunities for social engagement. Residents spoke positively about the care and support they received from staff and told the inspector that staff were respectful and kind to them and they enjoyed their life in their home.

The inspector viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed were generally person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse, demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their

responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was not a pension agent for any of the residents living in the centre nor did the provider hold monies for residents.

Residents' rights were upheld in the centre. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. Residents were supported to attend residents' meetings and to contribute to the organisation of the service. Access to an independent advocacy service was facilitated, where required.

Residents were provided with a choice at their mealtimes and received meals, snacks and refreshments at reasonable times and in line with their dietary needs as detailed in their individual care plan.

The premises was observed to be clean, tidy and had minimal wear and tear. Personal protective equipment (PPE) stations and hand sanitiser dispensers were available on all corridors. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was an Infection prevention and control (IPC) policy available for staff which included COVID-19 and multi-drug resistant organism (MDRO) infections. There was evidence that infection prevention control was an agenda item on the minutes of the centres staff meetings. IPC audits included the environment, antibiotic usage and hand hygiene. A cleaning schedule for daily and deep cleaning was in place, with all rooms cleaned daily and deep cleaned frequently.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all bedrooms and all compartment doors. All fire safety equipment service records were up-to-date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly with fire drills simulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. Staff spoken with were familiar with the centres evacuation procedure.

Regulation 17: Premises

The premises was clean and suitably decorated. There was sufficient communal space for residents and the premises was found to meet all requirements of Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had good access to food, drinks and snacks. Meals were served at reasonable times, and residents were offered a choice at meal time. There was sufficient number of staff available to supervise residents at meal times.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures and practices consistent with the National standards for infection prevention and control in community services (2018) were in place. The equipment in the centre was managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Rosedale Residential home and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that residents had an assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents. The person in charge had ensured that care plans were implemented and reviewed, in line with the changing needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and the ethos of care was person-centred. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosedale Residential Home OSV-0000740

Inspection ID: MON-0045892

Date of inspection: 29/07/2026

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 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The staff file checklist has been updated to ensure that a satisfactory history of gaps in employment is recorded and available on each staff file for easy inspection in future.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The displayed complaints procedure was updated post inspection and now includes the amendments to the regulations that had come into effect since March 2023 (S.I. 628 of 2022) and in line with our complaints policy dated 13/03/2025.	

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/10/2026
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	01/08/2026
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer	Substantially Compliant	Yellow	01/08/2026

	to review, at the request of a complainant, the decision referred to at paragraph (c).			
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	01/8/2026