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

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| Name of designated centre: | Roslein House |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Carlow |
| Type of inspection: | Announced |
| Date of inspection: | 16 April 2026 |
| Centre ID: | OSV-0008588 |
| Fieldwork ID: | MON-0041341 |

## About the designated centre

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

Roslein House is a designated centre operated by Nua Healthcare Services Limited. The centre is located in a housing estate a short drive from Carlow town. The centre provides 24-hour care to adults with a wide range of support needs including intellectual disabilities and autism spectrum disorder and is registered for four residential beds. The centre comprises a kitchen, dining room, living room, sun room, a utility room, four resident bedrooms, a staff sleepover room, and two bathrooms. To the rear of the property there is a staff office, and a paved garden area which residents can use as they wish.The centre is managed by a person in charge who supervises and manages a team of support staff.

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

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| Number of residents on the date of inspection: | 2 |

## 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 |
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| Thursday 16 April 2026 | 09:15hrs to 16:20hrs | Sinead Whitely | Lead |

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that this centre was operating at a high level of compliance with the regulations.

The centre was registered to accommodate four residents. There were two residents living in the centre on the day of inspection and two vacancies. The inspector had the opportunity to meet with both residents during the course of the day.

Upon arrival to the centre, the inspector met with the person in charge and completed a walk around of the centre. One resident was getting ready for their day and one resident remained in bed. The premises was warm and homely and well maintained. The centre comprised a spacious two storey house with a kitchen, dining room, living room, sun room, a utility room, four resident bedrooms, a staff sleepover room, and two bathrooms. To the rear of the property there was an external building with a staff office, and a paved garden area.

The inspector met with one resident in the morning as they finished getting ready for their day. The resident greeted the inspector and showed them their room which they appeared happy with. The resident appeared comfortable in their space with staff and spoke about their plans for the day ahead and the staff supporting them. The resident communicated that they like living with their peer when asked. The resident was planning to attend a GAA match in the coming week and appeared excited at the prospect of this. The inspector noted the resident heading out to a local park for a walk later in the day.

The inspector met with the second resident later in the day. They chose not to engage closely with the inspector and this choice was respected. The inspector noted that they seemed happy and at ease in their home and going about their day, listening to music, heading out for meals and asking for staff support when required.

Satisfaction questionnaires were sent to the centre prior to the inspection day as part of the registration renewal process. One resident completed this and one resident chose not to complete. The completed questionnaire noted high levels of satisfaction with the service provided in areas such as staffing, the premises, activation and food.

The residents were supported by a team of familiar staff and the person in charge was regularly present in the centre. Residents experienced regular key working sessions and had weekly meetings with staff. It was evident that they were regularly

consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plans of care and future planning. Staff spoken with during the inspection day appeared very knowledgeable regarding the residents needs and the general running of the designated centre. Residents also had access to a number of multi-disciplinary supports within the service such as dietetics and mental health supports.

Residents both experienced daily individualised activation. The centre had access to two vehicles for residents to attend their preferred activities. Residents were both working towards varied personal goals such as holidays, work experience, health and wellness goals and sporting activities. These were regularly reviewed and updated and staff were implementing a number of actions to help residents achieve their desired goals. Resident were also working towards improving independent living skills and were noted doing laundry and cooking meals during the inspection day. The residents had a number of connections in their local community and they were supported by staff to maintain these

In summary, it was evident that residents living in this centre were receiving a good service which was promoting their needs, choices and preferences. Residents appeared to be comfortable and content living together in their home. There were no open complaints and no open safeguarding concerns on the day of inspection.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

This was an announced inspection to inform a registration renewal decision. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in the designated centre.

There was a clear management structure in the centre which was outlined in the centre statement of purpose. The person in charge was present in the centre regularly and was very knowledgeable regarding residents and their needs. The centre had its full staff complement in place and was staffed in line with the statement of purpose. The inspector was assured that residents were in receipt of continuity of care and support in line with their own preferences and assessed needs.

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

The provider submitted an application to renew the centre's registration and this was submitted within the required timelines. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

## Regulation 15: Staffing

The residents enjoyed a team of familiar staff supporting them. The staff team comprised of a social care worker and assistant support workers. The centre had a full staff complement in place on the day of inspection and this was in line with the centre Statement of purpose. The person in charge ensured that an up-to-date roster was in place and the inspector reviewed a sample of three months of this. The rosters included the complete names of all staff members, their scheduled start and end times, as well as their staff grade within the centre. The roster provided clear details for both day and night time staffing, and there was also a planned schedule available for staff members to refer to. The centre had relief staff available to fill shifts during times of staff illness or leave.

Staff meetings took place monthly and these had a standing agenda which included discussions regarding residents needs, adverse incidents, safeguarding in the centre and progress on residents goals.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a program of staff training and refresher training in the centre. The inspector completed a review of staff training records and found that staff had all completed training in areas including Fire safety, Manual Handling, Safeguarding, Behaviour management, Medication management, Infection control and First Aid. Staff training needs were regularly reviewed by management and further training was scheduled when required.

Staff all received one-to-one formal supervision with a line manager twice per year. There was a schedule in place for this to be completed in line with the service policy. A probationary period was in place for all new staff working in the centre.

Judgment: Compliant

## Regulation 19: Directory of residents

The registered provider had established a directory of residents for the designated centre which was available to the inspector on the day of inspection. This contained all items set out in paragraph (3) of Schedule 3 such as the names of all residents and the date on which they first came to reside in the designated centre.

Judgment: Compliant

## Regulation 22: Insurance

A contract of insurance was acquired by the provider for the designated centre. A copy of this was submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

There was a robust management system in place which ensured that there was effective oversight of the daily running of the centre, and that there was sufficient monitoring of the quality and safety of the service provided on a regular basis. The centre had a full time person in charge who shared their role with one other designated centre and was regularly present in the centre. The centre was also supported by a deputy team leader and a regional manager. An on-call management schedule was in place for staff to contact outside of regular working hours.

There was evidence of regular oversight and monitoring of the service provided. An annual review of the care and support provided in 2025 had been completed by the service risk and safety adviser. Feedback on the service had been sought from residents. Unannounced inspections were also carried out in the centre on a six monthly basis. These included a review of the centre's compliance with the regulations and consultation with residents. The inspector noted that the most recent six monthly audit was completed in January 2026. This was completed by the services quality team and appropriately self-identified areas in need of improvements. Audits identified clear action plans and persons responsible.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information set out in Schedule 1 such as the centre registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in Regulation 3.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre and found that they had been notified in accordance with the requirements of this regulation. Overall, a low level of incidents occurred in the centre that required notifying.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure for residents which was underpinned by a written policy. The procedure had been prepared in an easy-to-read format and was readily available in the centre for residents and their representatives to view. There was a designated complaints officer to manage any complaints in the centre. There were no open complaints on the day of inspection. The person in charge was regularly reviewing complaints and the complaints procedure was regularly discussed at residents meetings.

Judgment: Compliant

## **Quality and safety**

Systems were in place to regularly review and monitor the quality and safety of care and support in the centre. The staff team and management were striving to provide a safe and high quality level of care to the residents.The inspector reviewed a number of areas to determine the quality and safety of care provided, including a

review of premises, risk management, individual assessments and personal plans, protection and fire safety.

The residents were found to be in receipt of individualised care and support. Plans clearly outlined the supports the residents required. The residents were being supported to develop and achieve their personal goals and participate in a range of activities. The inspector completed a walk around the designated centre and it was found that the provider had ensured that the premises was in a good state of repair and was suitable to meet the needs of the residents living in the designated centre. The residents were observed to be content and comfortable in their home and in the presence of the staff team supporting them.

## Regulation 17: Premises

Overall the premises was maintained in a very good state of repair and was clean and homely on the day of inspection. The provider had ensured the provision of all matters set out in Schedule 6 such as a dining area, laundry facilities and spacious communal areas.

The house comprised a spacious two storey house with a kitchen, dining room, living room, sun room, a utility room, four resident bedrooms, a staff sleepover room, and two bathrooms. To the rear of the property there was an external building with a staff office, and a paved garden area. Residents had personalised their bedrooms in line with their own preferences and pictures and personal items were also noted around communal areas.

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were in place in the centre for the assessment and management of risk. There was a service risk policy and this was regularly reviewed and guided risk management practice in the centre. The premises was in a good state of repair and environmental risks had been considered to keep the residents safe.

The residents had a number of individual risk assessment management plans on file to support their overall safety and well being. A small number of restrictive practices were in use in the centre and rationale for their usage was clearly outlined in individual risk assessments and subjected to regular review. There was a service risk register in place which identified environmental risks and health and safety measures in the centre which were regularly audited and reviewed.

The residents both had a personal emergency evacuation plan (PEEP) in place and these highlighted the residents' support needs in the event of an unplanned emergency evacuation.

A safety walk checklist was completed daily by staff and this included an overall review of health and safety measures in the centre such as fire safety measures, the environment and general cleanliness of the centre. Staff also completed a weekly review of the service vehicle and this included a check on the vehicles tax, insurance and road worthiness.

The inspector reviewed a sample of adverse incidents occurring in the centre. There were minimal adverse incidents occurring in the centre and the inspector found that the Chief Inspector of Social Services was notified of any adverse incidents when required by Regulation 31. Any adverse incidents were promptly reported to management and control measures implemented when required.

Judgment: 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, detection systems and fire extinguishers which were serviced regularly. All staff had completed up-to-date training in fire safety.

The residents had personal evacuation plans in place which appropriately guided staff in supporting the residents to evacuate in the event of an emergency such as fire. Staff and residents were completing fire evacuation drills regularly and these simulated day and night time conditions. Staff and management were completing regular fire safety checks and tests to ensure fire safety systems were in working order. Further fire safety checks were regularly completed in the centre by a fire safety specialist.

The inspector completed a walk around centre and reviewed all fire doors. The inspector observed all fire doors in working order on the day of inspection. The fire panel in the centre was observed as showing no faults. Easy read evacuation procedures were available to residents.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents all had comprehensive assessments of need and personalised plans of care in place and these were subject to regular review. These included a review of

residents' needs in areas such as health and wellbeing, communication, daily routines, mobility needs and socialisation. Recommendations made by members of the multi-disciplinary team were integrated into the residents plans of care. Specific health management plans were developed for any identified healthcare needs.

Residents both experienced daily individualised activation. Residents had daily and weekly planners in place and these were adapted and and updated in line with the residents daily preferences and needs. The centre had access to two vehicles for residents to attend their preferred activities. Residents were both working towards varied personal goals such as holidays, work experience, health and wellness goals and sporting activities. These were regularly reviewed and updated and staff were implementing a number of actions to help residents achieve their desired goals. The residents had a number of connections in their local community and they were supported by staff to maintain these.

Judgment: Compliant

## Regulation 8: Protection

Residents were safeguarded in the centre. There were no open safeguarding concerns on the day of inspection. All staff had completed up-to-date training in the safeguarding and protection of vulnerable adults. There was a designated safeguarding officer in the service and their details were prominently displayed in the centre.

Staff spoken with were knowledgeable regarding the residents' needs and reporting pathways, should a concern arise. Residents had easy read safeguarding policies available to them and residents had intimate care plans where required which were regularly reviewed. Residents had money management plans in place to support the safeguarding of finances. Safeguarding and advocacy was regularly discussed at resident forums.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were respected in the centre. Residents experienced regular key working sessions and had weekly meetings with staff. It was evident that they were regularly consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plans of care and future planning. Conversations with residents and staff on the day of inspection indicated that the

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| residents privacy and dignity were respected at all times. Details of advocacy services and human rights principles were displayed in the centre. |
| 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** | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |