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:	Roselodge Nursing Home
Name of provider:	Killucan Nursing Centre Limited
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 March 2026
Centre ID:	OSV-0000088
Fieldwork ID:	MON-0046711

About the designated centre

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

Killucan Nursing Centre Limited is the registered provider of Roselodge nursing home. Accommodation and full-time nursing care is provided for 50 residents, both male and female over the age of 18 years. General nursing care for people who require long-term care and short-term respite care including residents with dementia.

The centre was purpose-built close to the centre of the rural village of Killucan, Co Westmeath. There is close access to local shops, pubs and churches. All facilities including bedroom accommodation is located on the ground floor. Residents have access to a central landscaped courtyard. The modern building has a number of communal spaces used as sitting rooms and a separate dining area. A bright reception space is well furnished and facilities include a hairdressing room and spacious visitor's room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

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 25 March 2026	09:00hrs to 16:30hrs	Sandra Rowland	Lead
Wednesday 25 March 2026	09:00hrs to 16:30hrs	Celine Neary	Support

What residents told us and what inspectors observed

Residents living in Roselodge Nursing Home told inspectors that they were happy living in the centre and were well cared for. There was a warm, friendly atmosphere in the centre. Throughout the day, inspectors observed that residents were treated with kindness and respect. Staff appeared knowledgeable about residents' individual needs and preferences. Residents informed inspectors that 'the care here is excellent', 'staff are kind and helpful' and 'food is great, you couldn't ask for better'.

On arrival at the centre, the inspectors met with the person in charge. An introductory meeting was completed prior to a walk around of the centre. Inspectors also met with one of the directors. Both members of the management worked full-time at the centre and were known to the residents and their representatives. On the day of the inspection, there were 49 residents living in Roselodge nursing home, and there was one vacancy.

There was a well-established staff team who knew the residents well and were familiar with their preferences for care and daily routines. There was an open and friendly atmosphere in which staff worked well together to ensure that residents' needs were met in a timely manner. Staff addressed the residents with respect, and their interactions with the residents were empathetic and kind.

Overall, the centre appeared clean and well maintained. There were a number of seating areas for residents. There were radios in these areas also, which allowed residents to spend time listening to something by themselves outside of their bedrooms. The centre has a large enclosed garden with seating areas to support residents who wished to spend time there. Residents' bedrooms were personalised with their own items such as pictures and ornaments of their choice. There was also a smoking room available for residents who required it.

Residents were observed taking part in activities in the centre during the day. Some of the activities were group sessions, and some were individual activities. Residents informed the inspectors that 'there's always something going on'. There was a varied activities schedule displayed for residents. The hairdresser also visited the centre regularly, and residents told inspectors they had no issues getting their hair done when they wished. Visitors were seen coming and going throughout the day of the inspection.

Inspectors observed meal times in the centre, it appeared to be a relaxed social occasion. Residents were offered a choice of meals and drinks. A menu that provided pictures was available to assist residents in their choices. Residents who spoke with the inspectors said that 'the food was good and plentiful'. There were two sittings at lunch time to ensure there was sufficient space and support for all residents as they required. Some residents chose to have their meals in their

bedrooms. Residents who required assistance with their meals were assisted respectfully.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that this was a well-managed centre with established management structures and robust oversight systems in place to ensure residents' care and welfare needs were met.

This was an unannounced one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Information reviewed on inspection was also used to inform decision-making regarding the renewal of the centre's registration.

An application to renew the registration of the designated centre, along with all required documents, was received in a timely manner. Upon review, it was noted that some details required in the application form had been omitted in error. In addition, the inspectors found that the statement of purpose did not contain all the information outlined in Schedule 1. This information was forwarded to the office of the Chief Inspector of Social services following the inspection.

The registered provider is Killucan Nursing Centre Limited. The provider ensured that the required resources were available to meet the needs of the residents living in the centre.

The person in charge was supported by a clinical nurse manager, registered nurses, healthcare assistants, housekeeping, catering and maintenance staff. Inspectors observed that there were regular management meetings, staff meetings and resident meetings that guided the operation of the centre. Both residents and staff informed inspectors that they felt comfortable and confident in bringing a concern or query to the attention of management.

On the day of the inspection, all staff had completed mandatory training. Additional training was provided to support the staff team. Staff shared with inspectors that they felt supported in their roles and that they were knowledgeable about their responsibilities.

Inspectors reviewed volunteers' files and found that the required vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available.

A schedule of monthly audits was completed, where action plans were formulated when improvements were required.

The person in charge had completed the annual review for the centre for 2025, and there was evidence that residents and their family representatives were involved in the review. The quality improvement plan for 2026 was also available.

Records of complaints were maintained in the centre, and there was evidence that action was taken by the complaints officer to investigate and learn from complaints to improve the service provided to residents. A complaints procedure was displayed in the centre. Residents and staff were aware of who to contact in relation to complaints, and staff were aware of their role in supporting residents who wished to make a complaint.

A sample of 10 staff files was examined, and they contained all of the requirements as listed in Schedules 2 and 4 of the regulations. Each of the Nurses had a copy of their current NMBI (Nursing and Midwifery Board of Ireland) registration renewal.

Registration Regulation 4: Application for registration or renewal of registration

While the application to renew the registration of the designated centre was submitted in a timely manner, it did not contain all the information as set out in Schedule 1.

Judgment: Substantially compliant

Regulation 15: Staffing

On the day of inspection, there was a sufficient number of staff with the required skill-mix to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records seen by the inspectors indicated that staff were up-to-date with mandatory training and had access to appropriate training. There were effective arrangements for staff supervision in place.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre, and it included all the relevant information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedules 2, 3 and 4 of the regulations were made available to the inspectors.
A review of a sample of staff files indicated that all legislative requirements were met, including vetting, references, and confirmation of registration for nursing professionals.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the oversight systems in place were not sufficiently robust to ensure that the service provided was safe and effectively monitored. This was evidenced by:
• The oversight mechanisms for volunteers in the centre were not adequate as the garda vetting disclosure was not completed, and this oversight gap could potentially pose a risk to residents.
• The information supplied for registration purposes was not accurate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective procedure in place for managing complaints in the centre. It was accessible to residents and their representatives. Complaints received were appropriately investigated.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors found that the statement of purpose did not contain all the information outlined in Schedule 1. Feedback on the statement of purpose was given on the day of inspection, and a revised copy was submitted.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge did not ensure that people involved on a voluntary basis with the designated centre had the appropriate vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Not compliant

Quality and safety

Overall, residents' rights were respected, and residents were supported and encouraged to enjoy a good quality of life in this centre. This inspection found that the residents received a good standard of person-centred care and support in line with their assessed needs and preferences. It was also evident that residents were facilitated to maintain links with their friends and families within the local community, and residents' independence was promoted.

Each resident's needs were comprehensively assessed, and their corresponding care plans reflected their individual preferences and usual routines. The inspectors saw evidence of end-of-life assessments and care plans for a sample of residents. These included details of their wishes and preferences at the end of life. There was evidence of family involvement, especially where the residents did not have the capacity to make a decision themselves.

The inspectors found that there was good practice in relation to infection prevention and control (IPC). There were sufficient dedicated hand-wash sinks and hand sanitising gels available. Inspectors observed staff performing hand hygiene appropriately.

A regular maintenance schedule was in place to monitor fire safety equipment, including the fire alarm system, fire extinguishers and emergency lighting. Staff completed regular fire training, and this was planned for the following week for a number of staff. Simulated evacuation drills of different compartments were conducted at regular intervals and simulated various emergency scenarios.

Residents' rights and choices were promoted and respected within the centre. Residents had access to a range of media, including newspapers, telephone and TV.

Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. There were resident meetings to discuss key issues relating to the service provided. Residents were supported to access independent advocacy services, if required.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure the resident's safety. Staff confirmed they completed and sent the transfer document with the resident to the hospital. Copies of the transfer documents were available for review and contained all relevant resident information, including infectious status, prescribed medications and communication difficulties where relevant.

Regulation 13: End of life

Residents received end-of-life care based on their assessed needs and their own preferences. Individualised end-of-life care directives were person-centred to address the physical, emotional, social and spiritual needs of the resident. Family and friends were participating in their end-of-life plans with the consent of the resident.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, such as completed transfer documentation and nursing referral letters.

Judgment: Compliant

Regulation 27: Infection control

There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority.

Staff were appropriately trained in infection prevention and control practices and procedures. The environment and equipment were appropriately managed to minimise the risk of transmitting a healthcare-associated infection. There were appropriate facilities in place to support effective infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulatory requirements. Fire drills were completed. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioners (GPs) of their choice. GPs visited residents regularly. Health and social professionals such as a dietitian, physiotherapist, tissue viability nurse and an audiologist were made available to residents, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted the residents through regular residents' meetings on the organisation of the service.

Residents were facilitated to exercise their civil, political and religious rights. Residents' choice and involvement in their care plans was encouraged.
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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Not compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Roselodge Nursing Home OSV-0000088

Inspection ID: MON-0046711

Date of inspection: 25/03/2026

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**
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: A comprehensive review of all documentation will be conducted prior to submitting future applications for registration or renewal of registration.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An appropriate vetting disclosure will be in place for all people involved on a voluntary basis in Roselodge. A revised copy of the statement of purpose has been submitted to include all the information outlined in Schedule 1 and is available for inspection.	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose is reviewed at least once annually and immediately if changes occur in management, staffing or building. Revised version is available for inspection and contains all information outlined in Schedule 1 and any changes are notified to the Chief Inspector.	
Regulation 30: Volunteers	Not Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: An appropriate vetting disclosure will be obtained and in place for all people involved on a voluntary basis in Roselodge in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	26/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	26/03/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	26/03/2026

	purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 30(c)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.	Not Compliant	Orange	26/03/2026