



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

Issued by the Chief Inspector

Name of designated centre:	Roseville Nursing Home
Name of provider:	Roseville Nursing Home Limited
Address of centre:	49 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	03 February 2026
Centre ID:	OSV-0000089
Fieldwork ID:	MON-0049259

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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
Tuesday 3 February 2026	08:40hrs to 15:40hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents living in Roseville Nursing Home told the inspector that they were looked after very well and that it was a comfortable place to live in. The centre was set in a period property which had been extended on the ground floor. On entering, there was an attractive reception area that led to the ground floor of the original building. Stairs and a chair lift gave access to the first floor. There was a dining room and sitting room located to the front of the building which were seen to be clean and tidy. A nurses' station, kitchen and laundry were also located here and these were kept secured with coded lock systems. The extension was at the back of the original building and consisted of a second dining room and sitting room, residents' bedrooms, a visitors' room, a treatment room and a sluice room. The first floor of the original building contained residents' bedrooms and washing facilities.

On the morning of the inspection, residents were seen enjoying breakfast in their bedrooms or in the communal rooms, as per their preference. The atmosphere was calm, and staff were seen to supervise and assist residents with their meal as required. Staff were observed to knock on residents' doors before entering and interacting with the residents in a kind and respectful manner. At the lunchtime service, residents were given a choice of meals and residents said that the food was tasty. The portions were of a good size and those dining in their bedrooms had their meals delivered hot. The inspector saw snacks and drinks being offered between meal times. There was ample staff to assist residents, and they were seen to do so in a discreet, unhurried manner.

Residents took part in a card game in the afternoon, and the activities staff endeavoured to include residents of all abilities. The inspector was told that there was always something going on, with one resident saying that sometimes there was too much to do. The resident confirmed that if they did not want to take part in an activity, staff respected their decision and they could relax in a quieter area. Another resident said they preferred spending time alone and their bedroom was a pleasant place in which to do so. There was good access to TV, radio and newspapers, and staff were available to go for walks along the seafront when the weather permitted.

The inspector walked around the centre and saw that it was clean and well-maintained. Corridors were kept free of obstruction and there were handrails on corridors and in bathrooms. Many residents' bedrooms had been personalised with their belongings, and residents said that the centre as a whole was warm, comfortable and homely. Residents had ample space in which to store their belongings, including lockable storage for valuables. There was access to a secure courtyard to the rear of the building, part of which was covered. The courtyard had plant beds for residents who enjoyed gardening, and residents said it was a lovely place to spend time in.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to assess the registered provider's application to renew the registration of the designated centre. The inspector also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in September 2025.

There was a person in charge who worked full-time in the centre and who was supported in their role by an assistant director of nursing and a team staff nurses, healthcare assistants, activities coordinators, household, catering and laundry staff. The two directors also worked full-time in the centre and provided management support to the person in charge. The inspector reviewed a sample of audits, including environmental, fire safety and falls audits and these were seen to have corresponding quality improvement plans to address issues identified. There was a system of meetings in place to ensure good communication in the centre, and minutes from the most recent residents' meeting showed that consultation was being sought in the development of the annual review for 2025, which was in progress. The compliance plan from the previous inspection had been completed in full.

The inspector reviewed the staff rosters and saw that there was an appropriate skill-mix of staff, including at least one registered nurse on duty at all times. There was a system in place to provide suitable cover for each department. Over the course of the day, call bells were answered promptly and residents in communal rooms were seen to be appropriately supervised. Residents told the inspector that staff were always available to help and they were never left waiting for assistance.

The inspector reviewed five staff files, including that of the person in charge. All the files contained the information as required by the regulations. Residents' records were seen to be stored safely in the nurses' station.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the designated within the correct time frame, and with the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to ensure that residents' needs were met in a prompt manner.

Judgment: Compliant

Regulation 21: Records

Records maintained in the centre were in line with the regulations, and kept in such a manner as to be safe and accessible.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there were sufficient resources and there was a clearly defined management structure in the centre. The management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Quality and safety

Residents living in Roseville Nursing Home were seen to receive a high standard of care from staff who were knowledgeable about, and attentive to, their needs.

The inspector saw a high level of cleanliness throughout the centre. There was a choice of communal rooms for residents to use which were all attractively decorated, and the centre was bright and warm. There were different levels which were made accessible by a lift and a stair lift, and residents were seen moving with ease through the building.

The inspector reviewed fire drill records and saw a robust system of drills that included the use of evacuation aids and night-time drills. Each fire drill had recommendations to improve the evacuation process. For example, it was found difficult to evacuate a resident who had chosen to take part in a fire drill, due to the location of their bedroom. It was recommended to transfer the resident to a different room, which was done after consultation with those concerned. There were records of regular maintenance of fire equipment such as emergency lighting and fire extinguishers, although two fire doors were seen to have insufficient sealing. This was brought to the attention of the provider who said that they would conduct an assessment of all fire doors and ensure they were appropriately sealed. There was a high compliance with staff training, and staff spoken with showed a good knowledge of fire evacuation procedures and said they would be confident in the use of evacuation aids.

There was a policy on the use of restrictive practices in place, and the inspector saw that where restrictive practices were in use, a validated assessment tool had been used, and consent had been obtained. The measures were reviewed regularly, with evidence that restrictive practices were discontinued when a review assessment deemed them no longer necessary. The inspector reviewed six resident files with a focus on responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were personalised with potential triggers for the behaviour and de-escalation techniques for that resident. Staff spoken with had a good understanding of how to manage responsive behaviours, and were knowledgeable of different residents' needs. All staff were trained in restrictive practices and the management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

All staff had received training in the safeguarding of vulnerable adults, and there was a policy in place in the centre. Residents who required safeguarding measures to be put in place had this documented in their care plans, and staff were familiar with these measures. Residents spoken with said they felt safe living in the centre and that they could speak to staff if they had worries or concerns.

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents, and conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire. Staff had received training in fire prevention and displayed a good knowledge of evacuation procedures.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff displayed good knowledge and skills to respond to and manage behaviour that challenges. Restraint was used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

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