



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Rosewood Court
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	13 February 2026
Centre ID:	OSV-0002630
Fieldwork ID:	MON-0047568

About the designated centre

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

Rosewood Court is a centre run by the Health Service Executive. The centre is located in a town in Co. Sligo and provides residential care for up to six male and female residents over the age of 18 years who have an intellectual disability. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities, shared bathrooms, dining area, kitchen and sitting room area. Residents also have access to rear and front garden spaces. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

I

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
Thursday 12 March 2026	14:35hrs to 19:40hrs	Mary McCann	Lead
Friday 13 February 2026	08:20hrs to 11:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Residents living in this centre were supported to have a good quality of life and were facilitated to engage in activities that were meaningful to them for example engaging in Special Olympics and social farming. Residents knew their neighbours, this and working in the local shop assisted residents to integrate into the local community. The inspector spoke to all residents who confirmed they enjoyed a good quality of life and were happy living in the centre.

This centre is registered to provide care and support to six residents. There were four residents living in the centre at the time of this inspection.

This inspection was a thematic safeguarding inspection which focused on a review of the arrangements the provider and person in charge had in place to ensure compliance with specific regulations of the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019).

A regulatory notice was issued by the Chief Inspector in June 2024 stating the paramount importance of safeguarding which involves a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their lives. The Inspector found that this centre had good procedures in place to safeguard residents ensuring they were protected from harm. This was evidenced by

- speaking with all residents who lived in the centre
- reviewing the staff rota from the 9th to the 27th February 2026.
- reviewing staff training records for Jan 2024 to the day of inspection
- reviewing other relevant documentation
- talking with three staff, the person in charge.

Staff confirmed that all residents could communicate freely and had access to phones. The inspector spend some time with residents and staff in the evening in the sitting room chatting collectively with them and met three residents individually to discuss their experience of living in the centre. Residents and staff chatted freely together in the sitting room and there was a pleasant atmosphere. Residents told the inspector they enjoyed life, got to do the things they wanted to do, got on well with staff and felt supported by staff.

Residents told the inspector they could exercise choice as to how they lived their lives and could engage in independent activities due to the numbers of staff on duty and there was adequate staff available to listen and support residents when residents needed staff's assistance. Some residents independently accessed activities for example going to work or going social farming. All residents confirmed that if they had any complaints or safeguarding concerns they could talk to staff.

Staff explained that residents were very capable and they had a strong voice in the running of the centre.

The centre consists of one large detached house which encompassed a 1 bedroom apartment. The centre was located close to a busy town with good access to a range of services. A large sitting room was available on entering the front door. The centre was designed that all residents had access to their own private bedroom and also have access areas for residents to relax and watch TV. The centre was homely in design and there was adequate comfortable furniture for residents to relax. Some residents invited the inspector to view their bedroom, and the inspector found that these were personalised. All residents had their own bedroom, which assisted with protecting their privacy and dignity.

The furnishings and personal items of the residents displayed added to the homeliness of the centre. The house was clean and well equipped with all necessary appliances. Parking space and a garden area was available to the front of the house and there was a small garden to the back of the house. The front door was accessible and there was adequate space for wheelchairs to turn in the sitting room. Staff confirmed there were weekly residents meetings but the focus of these had recently changed at the request, of residents who requested that these meetings become more focused on, 'What was on locally' and this was facilitated by staff who obtained newsletters re local social outings. Menus, safeguarding and shopping were also discussed at these meetings. The inspector noted that all residents chose their own dinner and were assisted by staff to prepare this. Information regarding the designated officer, details of the confidential recipient, and contact details of advocacy services, fire safety information and other information on local activities was displayed in the centre.

In summary, from what the inspector observed and read, this service was resident led and residents rights' to privacy dignity and autonomy were respected leading to residents enjoying a safe quality service supported by a consistent staff team.

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

Capacity and capability

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality safe service to the residents. These ensured that residents were safeguarded.

The organisational structure was set out in the statement of purpose and detailed a clear structure of reporting and responsibility. There was a suitably qualified and

experienced person in charge, who attended the centre regularly. This was confirmed by staff and residents.

There were arrangements in place to support staff when the person in charge was not available. An on call out of hours phone contact service was available to staff and contact details of this were on display in the centre

The service was subject to ongoing review to ensure its effectiveness.

The audit folder was reviewed by the inspector. This showed that regular audits relating to accident and incidents, medication management care plans and fire safety were health and safety, and restrictive practices were occurring. The centre had an overarching action plan. Where any deficits were identified in any of the audits, the annual review or the six monthly unannounced registered provider visit reports, these were recorded in the overarching plan and addressed. the centre was suitably resourced to ensure residents rights of fairness dignity, respect and autonomy were protected. Resources included the provision of suitable safe and comfortable accommodation, appropriate aids appliances and furnishings , accessible transport, and a consistent appropriately trained staff team.

Regulation 15: Staffing

The number and skill-mix of staff on the day of inspection was appropriate to meet the assessed needs of residents.

This meant that residents received assistance and support in a timely manner which supported their dignity and respect. There was an actual and planned rota showing staff on duty at all times. The inspector reviewed the staff rota from the 9th to the 27th of May and found that staffing levels documented were consistent with the level of staffing on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of training records for staff from the 1 January 2024 to the day of inspection and found staff had completed mandatory training which included training in safeguarding, fire safety and managing behaviours of concern.

Safeguarding training was delivered face to face by the safeguarding team and on line. The person in charge has completed and awareness of safeguarding audit with all staff. Staff had also completed training in human rights-based care and the assistive decision making Act.. This meant that staff had the competencies to meet

the needs of residents living in this centre which contributed to the well being of residents. The person in charge provided supervision to staff and this included a review of staff's training needs.

Staff were supervised by the person in charge to ensure support was in place to assist them with safeguarding residents and also to assure the management team that residents safeguarding was protected when they were not present in the centre. An on-call out-of-hours roster was in place to provide support and advice to staff.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed centre with good governance and management arrangements in place. The inspector found that there was good continuity of care and adequate staff on duty to meet the needs of residents. Staff and regional person in charge meetings were occurring regularly. A staff communication book /diary was in place detailing any changes to the health status of the residents and any appointments that were scheduled. Annual reviews were being completed annually by the person in charge and these included views of the residents and their families Six monthly registered provider unannounced visits were also occurring and these were completed by personnel external of the centre.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection was that the residents reported that they were happy and felt safe and they were protected from harm and were making choices and decisions about how, and where they spent their time. The safety of the residents was promoted through the provider's risk assessment systems and safeguarding measures. The needs of the residents had been assessed and support plans were enacted to ensure resident's needs were met and they were protected from harm. This included supports in relation to the resident's nutritional needs, safe premises, their support attending medical appointments, behaviour support and their availability of activities, leading to fulfilled lives.

Regulation 17: Premises

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

Rosewood Court is a spacious two storey house with bedrooms on the ground and first floor. A self-contained apartment with its own entrance is encompassed in to the house. It was purposefully designed to meet the needs of the residents accommodated. All residents had good communal space apart from the communal sitting room. There were adequate showers and toilets to meet the needs of the residents. The centre was clean, neat and tidy and provided a comfortable home to residents. Bedrooms reviewed were of a good size, were personalised and well furnished with adequate storage for storage.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required positive behaviour support plans had access to specialist behavioural support staff and mental health services. At the time of this inspection there was one behaviour support plan in place. This plan was reviewed by the inspector and was developed for self-injurious behaviour which seldom occurs. Staff were aware of the contents of this plan and could tell the inspector what they would do if they needed to enact this plan. There was evidence of engagement with the resident who makes their own choices. This was in line with the contents of the plan as reviewed by the inspector. A policy was in place with regard to restrictive practices. A restrictive log was in place and this was reviewed by the inspector. There was a low level of restrictions in place.

Judgment: Compliant

Regulation 8: Protection

The inspector discussed safeguarding notifications with the person in charge who displayed a good knowledge of the procedures they would enact to ensure the resident was protected.

There were no active safeguarding plans in place at the time of inspection. The last safeguarding incident in this centre was 6 September 2022 The inspector reviewed two historical safeguarding plans and found that these were appropriately managed and had been appropriately reported. Staff had undertaken training in safeguarding residents and the centre had a comprehensive safeguarding policy in place. A copy

of this policy was available in hard copy format in the centre to ensure staff could be guided as to the procedures to adapt should a safeguarding incident occur.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that this was a good service with management systems in place to support staff to ensure a good quality rights based service was delivered to residents.

A review of residents' personal plans confirmed that personal plans were person centred. Residents' dignity and privacy was respected with each resident having their own room and shower/toilet facilities which were en suite or located in close proximity to their bedrooms. Staff were observed to be spending time with residents in a relaxed and calm manner. The residents were offered choice in their food, daily activities and how they liked to spend their day. The inspector reviewed the minutes of some of the residents meetings and found that residents were able to be involved in the running of the centre and when residents requested a change of focus to these meetings this was enacted by staff. The religious choices of the residents were respected with staff ensuring that residents could choose to attend a religious sermon of their choice in person if they wished. Information was available in the house in an easy-to-read format on areas such as, safeguarding, advocacy and making a complaint. A wheelchair accessible vehicle was available exclusively to this centre to support residents to attend activities of their choice and to facilitate any medical appointments. Residents spoken with said they had no concerns but if they did they could talk to any of the staff and were confident that they would be listened too and staff would sort things. Staff were quick to respond when residents asked for help, this also assisted with respecting the dignity and respect of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant