

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

Issued by the Chief Inspector

Name of designated centre:	Rose Lodge Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	04 December 2025
Centre ID:	OSV-0005231
Fieldwork ID:	MON-0048088

About the designated centre

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

Rose Lodge Accommodation Service is a detached bungalow located in a rural area but within short driving distance to a nearby town. It provides a full-time residential service for up to four female residents, over the age of 18 with intellectual disabilities and autism. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a kitchen/dining room, a living area and bathrooms. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 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 4 December 2025	13:45hrs to 17:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre of Rose Lodge which is located in a rural area a short driving distance from a large town. The centre was registered with a capacity of four adults in August 2015 and was last inspected in January 2024 to inform the renewal of the current registration of the designated centre.

The inspector was introduced to three of the current residents during the inspection, a fourth resident was attending planned social activities with their day service and was going to stay with relatives in the evening and the inspector did not get to meet this resident.

On arrival the inspector was met by two staff members and one resident. The inspector was informed the person in charge was unavailable on the day. The team leader was on duty and was able to assist with the sourcing of documents and provide up-to-date information as requested by the inspector during the inspection. A person in charge from another designated centre located nearby also visited later in the afternoon to provide assistance during the inspection.

The inspector was introduced to one resident in the sitting room. The resident smiled and shook hands with the inspector and offered some refreshments. The staff member assisted the resident into the dining room while the inspector spoke with the team leader. After a short while the inspector joined the resident for some refreshments and conversation. The resident spoke of changes to their health which included an increased use of their wheel chair due to a change in their mobility in recent months. The resident explained how they were having a visit three times each week from the public health nurse and was fully informed of the progress and improvements in their wound care plan. The resident spoke about important persons in their life which included relatives. They had plans to go out with a relative the day after this inspection. They had attended a family wedding earlier in the year and enjoyed a number of social outings including visiting an aquarium with their peers. The inspector later saw many photographs of the resident enjoying both individual social outings such as travelling on a train as well as group activities with peers in scenic tourist locations.

The other two residents arrived back to the designated centre later in the afternoon after attending their day service. The staff had advised them in advance of the inspector being present in their home. Staff also had a copy of the inspector's the nice to meet you document to explain the purpose of the un-announced visit. The familiar staff met and spoke with the residents on their return and were observed to support one of the resident's with their usual routine. The evening meal had been prepared by staff in the afternoon and was ready for the residents on their arrival at the designated centre. The inspector allowed both residents time to settle and was introduced to both of the residents after they had completed their evening meal.

One resident who communicated without words was sitting in their preferred chair in the sitting room, listening to their radio and completing a jigsaw. The resident briefly acknowledged the inspector before returning to their activity. The staff supporting the resident explained the usual evening routine that the resident liked to follow which peers in the house and staff were aware of.

The other resident greeted the inspector in the hallway when they were ready to do so. They stated they were looking forward to Christmas and had festive ear rings on. The resident spoke to staff that were present about their day and chose not to engage in any more conversation with the inspector. Shortly after this meeting the inspector noted there were a number of visible indications that this resident would prefer the inspector was not in their home and the inspector finished the inspection to facilitate the resident to continue on with their usual evening routine.

The inspector met with four staff during the inspection, they included the team leader, two support workers and a person in charge from another designated centre located nearby but who was familiar to the residents. For example, one of the resident's engaged in a conversation seeking assistance from the person in charge to help organise a social meeting with a friend. All staff spoken to were aware of individual residents preferences, routines and interests. The staff were observed to be familiar to the residents who engaged in multiple conversations or non verbal interactions with these staff while the inspector was present.

In addition, the inspector was informed of the transition of one resident into the designated centre during 2025. The process was person centred in nature, with consideration given to the resident and their family as well as the other residents living in the designated centre. The inspector was informed by one of these residents that the new resident had settled in very well and the four residents had enjoyed many social outings together in recent months. The inspector was informed by the team leader of the new resident's usual routine each week which included spending time with relatives at weekends and attending their day service on weekdays.

The inspector noted staff were aware of safeguarding in the designated centre and protocols in place to ensure the ongoing safety of residents. It was documented in meeting notes this topic was discussed regularly at both resident and staff meetings throughout 2025. Staff spoke enthusiastically about individual goals and achievements attained by the residents. This included one resident being part of the Special Olympics golf events. Another resident had travelled to another country on two occasions and there were many photographs of the resident enjoying their time there and visiting many scenic locations and places of interest to them. Staff had also arranged for residents to attend a concert during December. The team leader explained how the key workers worked closely with each resident, meeting regularly with the resident and documenting preferences or changes to planned activities. Reviews of residents personal plans also took place with the resident present and included in the decision making. Staff spoke of alternative methods of communication used by one resident which included the use of pictures and information in easy to understand formats to aid the resident's decision making in

many aspects of their life such as meal choices, activities and their daily routine.

The inspector could hear relaxed and jovial conversations between the residents and the staff team as the evening meal was consumed. One resident had their meal before the other two residents had returned but remained at the dining table conversing with the staff members. A staff member had bought a take away hot drink that was liked by the same resident and this was being enjoyed as the inspector said goodbye to those present in the dining room.

In summary, residents were being supported by a dedicated core staff team. Residents engaged daily in preferred activities or routines and were being supported to attain meaningful personal goals and participate in social and community activities. Residents were supported to spend time with relatives in line with their expressed wishes. The changing and current assessed needs of one resident were under ongoing review with the staff team and senior management striving to ensure a service that met the resident's assessed needs was being provided.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support provided by a consistent staff team. This had resulted in positive outcomes for residents in relation to the wishes they were expressing regarding how they wanted to spend their time in the centre and live their lives in the community. There were management systems in place to review if the residents received a good quality and safe service.

During the inspection, the inspector observed kind, caring and respectful interactions between three of the residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident spoke with staff privately to express their wish not to talk with the inspector, this was respected. Another resident asked for a staff member's assistance to provide refreshments to the inspector.

The focus of this inspection was on safeguarding practices in the centre in keeping with a programme of inspections started by the Chief Inspector during 2024. Overall, no immediate safeguarding concerns were identified during this inspection and it was found that the monitoring practices for this centre did consider matters related to safeguarding. Staff spoken to demonstrated their knowledge around the types of abuse that can occur and relevant national standards. Staff also outlined specific protocols that were in place to provide specific support to residents in the designated centre. All staff working in the designated centre had attended relevant

training and regular staff meetings were taking place with the person in charge in attendance.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. Staffing resources were in line with the statement of purpose. There was a consistent core group of staff, familiar to the residents working in the designated centre. The person in charge worked full time and their remit was over two designated centres. There was evidence of ongoing review by the provider to ensure adequate staffing resources were available to support the assessed and changing needs of each resident.

- There was one whole time equivalent staff vacancy at the time of the inspection due to extended planned leave. One new 18.5 hours post had been filled and there were two staff undergoing induction at the time of this inspection. There was one regular relief staff working in the designated centre to fill gaps in the rosters as required. No agency staff were working in this designated centre.
- A selection of dates on actual and planned rosters since the 9 November 2025 until 13 December 2025, five weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave and training. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The staffing levels were also reflective of the number of residents in the designated centre on each day and night. For example, on the day after this inspection an additional staff resource was scheduled to support in the designated centre when all four of the residents would be present.
- The provider facilitated the person in charge to be super nummary to enable them to allocate time to complete administrative duties required of their role.
- The team leader was also available to provide additional support to the residents, staff team and person in charge as required. This included completing duties such as managing the roster in the designated centre, ensuring reviews were taking place of residents personal plans, conducting audits in line with the provider's schedule and supporting residents as required.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 13 staff members including the person in charge worked regularly in the designated centre. The core staff team was comprised of a team leader and support workers. One regular relief staff was also available to work in the designated centre.

The inspector was informed due to issues outside of the team leader's control, electronic data including the details of the 2025 training records for the staff team had been accidentally erased. On the day of the inspection the team leader was manually inputting the up-to-date training records of each team member. The paper records were present in the designated centre.

- The inspector reviewed the findings in the most recent provider internal six monthly audit which had been completed in October 2025. The auditors noted there were no gaps in the mandatory training for the staff team in the designated centre.
- The staff team had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included on-line training in mandatory areas such as safeguarding.
- The team leader ensured staff were aware in advance of the expiry date of their current training to ensure timely completion of refresher training was undertaken by the staff. For example, three staff had completed training in fire safety on 26 November 2025.
- The staff team had also completed non -mandatory training in areas such as assisted decision making and site specific manual handling to ensure effective support was being provided to all residents and reflective of changing assessed needs.
- The team leader provided updated information regarding the supervision that had taken place to date in 2025 with the staff team and scheduled for the rest of 2025 during the inspection.
- The person in charge ensured regular monthly staff meetings were taking place with the staff team throughout 2025. Two such meetings had taken place in November 2025 to ensure all staff were aware of the changing needs of one of the residents. Meeting notes reviewed by the inspector detailed issues discussed which included safeguarding, reviews of restrictive practices and staff training requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre.

- There was a management structure in place, with staff members reporting to the person in charge.
- The person in charge was also supported in their role by senior managers within the organisation.
- The provider had completed an annual review in September 2025 which identified positive events such as short breaks to another country during 2024 for one resident and other social activities enjoyed by residents such as visiting Dublin Zoo. Two goals for the coming year had been identified in the annual report which included scheduled maintenance in the designated centre and seeking to attain a second transport vehicle which would enhance opportunities for the residents to engage in more individual social activities if they wished to do so.
- The provider had ensured six monthly internal audits had been completed in the designated centre. Such audits had been completed in April and October 2025. There was documented updates on actions being completed which included a review of daily notes by the team leader where gaps had been identified by the auditor.
- The person in charge had also ensured the audit schedule as per the provider's procedures were being completed which included audits of safeguarding and restrictive practices in the designated centre during 2025.

Judgment: Compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team ensured residents were being supported to engage in various activities, had a routine that suited their assessed needs and had their voice heard. Residents were supported to engage in individual and group activities in line with expressed wishes. For example, one resident enjoyed shopping and using their bank card to complete contactless transactions.

The inspector reviewed a number of documents including individualised personal plans for two of the residents, risk assessments and relevant safeguarding information. It was evidenced that there were systems in place where documents were subject to regular review, were reflective of the input of the resident and person centred. Individualised personal plans had been updated to reflect the residents current and changing supports needs. This included a range of support

needs for each resident with detailed guidance to promote continuity of care.

The inspector did not review Regulation 17: Premises during this inspection in full. However, the inspector observed the provider had completed some maintenance works since the previous inspection in January 2024 which included the insertion of wall vents to deal with dampness and internal painting had taken place. The removal of a stove in the dining room recently had been welcomed by residents and the staff team as it was not used and created more space. The contractor was scheduled to return to complete cosmetic finishes to the paint work where the stove had been removed. Remedial works had been done to the driveway on the property and the provider was awaiting for additional scheduled works to be completed which were outside of the provider's control. This included the replacement of a septic tank. Additional works scheduled to be completed within the designated centre included the replacement of the kitchen floor.

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of two personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. Information was also contained in easy to understand formats. The language used was respectful and considerate of each resident. There were numerous photographs which showed residents enjoying a variety of activities.

- Both of the personal plans reviewed by the inspector had been subject to regular review by key workers, team leader and the person in charge which were documented.
- The change in the assessed needs of residents was clearly documented, which included a slower pace of life for one resident. The inspector was informed by the team leader of the increased input from allied health care professionals including a public health nurse, occupational therapist and physiotherapist in recent months for one resident whose mobility had decreased. The resident also had a detailed skin integrity support plan in place to ensure staff continued to monitor the resident daily. In addition, the provider was actively reviewing the service provision for this resident to ensure their ongoing well being and health care needs were being effectively met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that residents had access to appointments with allied health care professionals such as psychiatry.

- One resident had a behaviour support plan in place which had been subject to regular review reflective of the resident's changing assessed needs during 2025. The most recent review had taken place in May 2025 and was reflective of strategies to be implemented to best support the resident. This included ensuring the resident was informed of planned activities in advance, staff were to afford the resident time especially in the mornings to complete their routine and the use of easy to understand information to help the resident express themselves such as a pain profile.
- The person in charge and team leader had ensured ongoing review of restrictions that were in place within the designated centre. This included the review of the use of psychotropic medications for a resident. There was a planned reduction of the use of such medications for this resident and this was subject to regular review by the provider's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

All staff working in the designated centre had attended training in safeguarding of vulnerable adults, as per the details provided on the day of the inspection.

- There were no open safeguarding plans in the designated centre at the time of this inspection.
- Safeguarding was included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. The plans reviewed by the inspector had been subject to regular updates and review. These plans reflected if a resident could independently complete personal care or if assistance was needed. Details of specific supports were also clearly documented for one resident which had been identified during a review by the occupational therapist the week prior to the inspection. Additional equipment which would better assist with showering activities had been ordered and was awaited.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as morning routines, meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- Residents were supported to maintain meaningful links with relatives, friends and peers. This included going on social outings regularly with relatives and visiting relatives homes.
- All residents were supported to have access to their own finances. Two residents had bank accounts in their own names, one resident was being supported to manage their finances with the support of their relatives and had their own bank card. Another resident who required a lot of support in managing their finances was supported by the staff team and the management of their finances was under review at the time of this inspection. The team leader and person in charge ensured regular weekly and monthly checks of residents finances were being completed in line with the provider's relevant policies.
- Residents were supported to attend /avail of day services in line with their expressed wishes. One resident could attend a day service twice a week if they wished to do so, Another attended five days each week, while another who wished to have a day to themselves was supported in the designated centre every Tuesday in line with their expressed wishes.
- Residents were availing of many opportunities to visit scenic locations which included a Zoo, aquarium and coastal areas during 2025. Residents were being supported to engage with staff to identify activities of interest in their locality, this included going to a concert in the weeks after this inspection.

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 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant