

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

## Issued by the Chief Inspector

Name of designated centre:	Rosedale Residential Home
Name of provider:	Rosedale ( Kilmacow) Voluntary Housing Association Company Limited by Guarantee Trading as Rosedale Residential Home
Address of centre:	Rosedale, Upper Kilmacow, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	12 September 2025
Centre ID:	OSV-0000740
Fieldwork ID:	MON-0047284

## About the designated centre

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

Rosedale Residential Home is located in the quaint upper village of Kilmacow, Co. Kilkenny. It is managed by a voluntary non-profit organisation and provides care for people who do not require full-time nursing care. Rosedale is set on three acres of well maintained gardens. It is a two-storey building with lift and stairs access between floors. Rosedale is registered to accommodate 15 residents, both male and female. Residents' accommodation comprises 10 single bedrooms with hand-wash basins and five single bedrooms have en-suite shower and toilet facilities. Communal facilities include a sun room, sitting rooms on both floors, dining room, chapel and comfortable seating throughout. Other facilities include a laundry, and day services which residents have access to if they wish to attend. Rosedale caters for people with low dependency assessed needs requiring long-term residential and respite care.

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

Number of residents on the date of inspection:	13
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## How we inspect

To prepare for this inspection the inspector or 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
Friday 12 September 2025	10:25hrs to 15:50hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

The residents of Rosedale Residential Home told the inspector that they were happy living in the centre, and that staff did their utmost to keep them safe, while also promoting their individual rights.

This was a one-day inspection, with a specific focus on the centre's approach to and practices in relation to safeguarding. The inspector found that the management and staff approach to safeguarding was one that encouraged positive risk-taking and empowered residents to self-advocate and maintain independence.

On arrival to the centre, the inspector could see that the front door was unlocked, and residents were free to come and go as they liked. Some residents had their cars parked outside and regularly drove to visit family or friends. Residents were observed walking the grounds of the centre freely.

The inspector met with the deputy person in charge who was in a supernumerary management role while the person in charge was on planned leave. The inspector gathered information in the opening meeting with the deputy person in charge, set out the purpose of the inspection, and then toured the entire premises. During this walk-through of the centre, the inspector observed the environment and the living conditions, and observed interactions between residents and staff.

The inspector observed that residents were receiving good care and attention, appropriate to the residents' individual needs. Staff who spoke with the inspector were very familiar with the residents' lives and hobbies, their preferred daily routines and the level of support needs that they required.

Residents said they were happy knowing that they could come and go from the centre when they liked. Residents said they could go down to their doctor or the pharmacy, and that staff could help them make these appointments if they needed to. Residents said that their family and other visitors were welcome to come and visit with them at any time. Some residents were assisted to plan foreign holidays, others said they let staff know when they planned to go away for a few days. Residents staff always encouraged them to enjoy themselves outside of the centre.

The centre was bright, clean and nicely decorated throughout. The design and layout of the home promoted free movement between bedroom and communal areas. There were appropriately placed hand rails to support residents to walk independently around the centre. There was sufficient private and communal space for residents to relax in. Residents could access two outdoor areas to the front and back of the centre, which contained seating and tables and seasonal potted plants. There was an orchard to the back of the centre with a greenhouse that residents spent time in.

Residents' bedrooms were cleaned daily and were decorated to the residents' own preferences. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures, photographs, and other personal items in their rooms, which gave the rooms a comfortable and homely atmosphere. Residents told the inspector that they could lock their bedroom doors if they wanted to, and they had facilities to lock away personal items and money. When asked by the inspector, residents said they had no concern about their safety in the centre and that the staff were "wonderful" and "trustworthy".

The inspector observed that mealtime in the centre's dining room was a relaxed occasion for residents, who sat in small groups at the dining tables. Residents were happily chatting amongst each other and with staff. The food served on the day of the inspection was seen to be wholesome and nutritious. When asked about their food, residents gave high praise, describing the food as delicious, tasty and excellent. Residents said that there was always a choice at mealtimes and plenty of second helpings were on offer. Residents said the food was always hot. The meal time service was relaxed and unhurried.

Overall, the inspector found that residents received quality care from a dedicated team that promoted their wellbeing, upheld their rights and safeguarded them from abuse.

The following sections of this report detail the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced inspection which focused on adult safeguarding and reviewed the arrangements the provider had in place to safeguard and protect residents from all forms of abuse and promote their human rights.

The findings of this inspection were that the provider had established effective systems and processes, underpinned by policies and procedures, to ensure residents were safeguarded and protected from abuse and their human rights promoted.

Rosedale (Kilmacow) Voluntary Housing Association Limited is the registered provider for Rosedale Residential Centre. There are five company directors and a voluntary board of management which oversees the operations of the centre. Under section 39 of the Health Act 2004, funding is provided through a service level agreement with the Health Service Executive (HSE). Voluntary fundraising and residents' own contributions supplement the cost of care, support and accommodation. The centre provides care for residents with low to medium dependency levels. A social model of care is promoted in the centre and there is an open-door policy. The person in charge of the centre is a qualified social care

professional and has the necessary experience to manage the centre effectively. Oversight of residents' medical and nursing needs is supported by a registered nurse who works one day a week.

Within the centre, lines of accountability and responsibility were clearly defined. The person in charge had day-to-day responsibility for safeguarding, with clear reporting structures in place. Incidents of safeguarding concerns were minimal, however there was a clear process to escalate any such incidents to the board of directors. This ensured that the provider maintained effective oversight of the centre.

An annual review of the quality and safety of the service had been carried out for 2024 in consultation with the residents. The review covered all aspects of service delivery, including safeguarding, staff recruitment training, and the management of incidents. Where necessary, quality improvement action plans were in place for 2025.

There was a very low level of incidents occurring in the centre, and there were no current safeguarding concerns. There were systems in place to record, investigate and review all types of incidents, including safeguarding incidents, should they occur. This process was overseen by the person in charge.

Staff were supported and facilitated to attend relevant training in safeguarding vulnerable people, restrictive practices, and human rights. Staff were generally knowledgeable about the actions they would take if they had a safeguarding concern.

The inspector reviewed a sample of staff personnel files to review the provider's recruitment practices to safeguard residents from abuse. Records contained the necessary information, as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, employment history and references

### Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to meet the assessed needs of residents. This ensured that residents' were in receipt of timely, and appropriate support when they required it.

The provider had ensured that staff personnel files contained all the requirements of Schedule 2 of the regulations, for example An Garda Síochána (police) vetting disclosures and records of previous employment.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training with regard to, safeguarding of vulnerable people, the management of responsive behaviours, fire safety, and moving and handling practices. Staff had also completed training in dementia care, restrictive practices, human rights and pain management.

The provider ensured that there was an induction process in place to integrate new staff into the centre, a review of records found that safeguarding, and the promotion of residents rights were key components of the induction process

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure and established systems in place. This ensured that the centre's approach to safeguarding was appropriate, consistent, and effectively monitored.

The person in charge was the designated safeguarding officer and clearly promoted safeguarding in the centre.

Judgment: Compliant

### Quality and safety

The culture, ethos and delivery of services in the centre supported a good quality of life for residents. The approach to safeguarding was one of positive risk-taking. Residents' rights to liberty and self-determination were protected and promoted.

Residents were provided with kind, and considerate care, in a respectful, and unhurried manner which promoted residents rights. The inspector saw that the provider and all staff in the centre were aware of the importance of quality of life for residents and were committed to achieving and maintaining an warm and safe environment in order to maximise residents' rights and choices on how to live their lives.

An activities schedule was in place which residents could choose to partake in activities. External personnel attended the centre to facilitate art, Pongo (a table-top game) and to play live music. Residents generally spent the day how they pleased, with some partaking in the activities, and others preferring not to. Residents were encouraged to maintain links with the community and keep up-to-date with national



and international affairs through access to TV, radio, internet facilities and newspapers.

Residents were supported with access to religious activities and Mass was said regularly in the centre by the local parish priest. Residents had been facilitated to vote in recent elections and they had access to advocacy services, of which information posters were displayed around the centre.

Comprehensive, validated assessments were completed for all residents, and these informed each individual care plan. The content in care plans captured personal details, individual needs and preferences. With respect to safeguarding, where it was identified that there was a potential safeguarding concern, this was incorporated into the care plan, detailing ways to minimise harm to the resident.

### Regulation 10: Communication difficulties

Residents were supported to understand who they could speak with if they had a concern or wished to make a complaint. Staff spoken with during the inspection were clear about their role in promoting residents' rights and in ensuring residents felt comfortable raising issues. Information was shared in a manner appropriate to residents' individual communication needs, including the use of simplified language where required. The inspector observed that safeguarding and complaints information was displayed throughout the centre.

Judgment: Compliant

### Regulation 17: Premises

The layout and size of the designated centre were suitable to meet the needs of the residents. The single occupancy bedrooms, and provision of separate communal spaces allowed residents to have privacy and personal space.

the provider ensured that the premises were safe, secure and accessible environment for all residents. Where security systems, for example locked doors were used, it was implemented in a balanced way, and in consultation with the residents.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The person in charge conducted pre-admission assessments, which included the assessment of previous safeguarding concerns in the resident's home or care environment, to ensure that the centre could meet the residents' needs after admission.

The person in charge had ensured residents' safeguarding needs were incorporated into the overall assessment and care planning process. These assessments captured safeguarding considerations such as short-term memory loss and risk of isolation from peers. Safeguarding needs were clearly documented. Residents were consulted with about the development of their care plans.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre was home to residents who were assessed as low or medium dependency and as such, physical or environmental restrictive practices were not in use. There were policies in place to support and promote a restraint-free environment, including emergency or unplanned use of restrictive practices to guide practice in the centre. This was supported by training modules for staff on the use of restrictive practices.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard and protect residents. Staff showed strong awareness of safeguarding, were encouraged to be open and accountable, and residents were regularly asked for feedback on their safety and confidence in raising concerns.

All staff had completed safeguarding of vulnerable persons training.

Judgment: Compliant

### Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests, and capacities. There was a weekly schedule of activities in place which residents

could attend should they wish to. Residents had good access to a range of media which included newspapers, television and radios.

Records confirmed that there was regular formal consultation between management and residents regarding the quality of the service provided. Residents also confirmed that there was regular daily engagement on an informal basis, and that they could express their feedback on the service at any time.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant