



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

Issued by the Chief Inspector

Name of designated centre:	Rose Lodge
Name of provider:	Terra Glen Residential Care Services Limited
Address of centre:	Dublin 18
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0007797
Fieldwork ID:	MON-0047993

About the designated centre

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

Rose Lodge is a children's respite service operated by Terra Glen Residential Care Services Limited. The centre is located in a rural part of County Dublin. The centre can support a maximum of four service users at any one time, male or female, between the ages of six to 18 years of age. The centre consists of a kitchen, two dining areas, large back and front garden, sensory room, office for staff to complete administration, play room for the young people, play area outside for the young people, four bedrooms and a room for staff to stay. The centre is staffed by a mix of health care assistants, social care workers, two team leaders, a deputy manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 20 November 2025	09:45hrs to 17:45hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

Overall, this centre was providing a safe, quality service to children availing of respite services. The residents appeared to be relaxed and were enjoying their respite break. There were strong governance and management arrangements in place. As a result, all regulations inspected were found to comply with the regulations.

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was carried out by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care.

The designated centre operates a respite service, seven days of the week to 18 children. Four children can avail of overnight respite at any one time. Children can attend for short term or long term breaks. On the day of the inspection, there was two residents availing of long term emergency respite and one resident accessing a short planned respite break.

All residents were in school on the day of the inspection and the inspector had the opportunity to meet with two residents on their return in the evening time. The third resident was visiting their new home after school, which they would be transitioning into shortly. The inspector also met with the person in charge, two members of the provider's management team, the deputy manager, one of the team leaders and a staff member.

The centre was a large, spacious house and designed to meet the needs of the residents. The centre was clean, decorated to a high standard and very spacious. There were multiple communal spaces for residents to spend time in. One such room had a ball pit, small trampoline and various sensory chairs and toys.

The house was brightly decorated with sensory toys and activities on the walls throughout the centre for residents to engage with. There was facilities for residents to store items in the centre between stays. Pictures of all the residents who accessed respite were displayed in the downstairs entryway. Residents had their own bedrooms when accessing respite. All bedrooms were decorated to reflect the ages of the residents who attend this centre.

There was an enclosed garden to the side of the centre that contained a variety of outdoor play equipment for the residents to use. This included a trampoline, swing set and seesaw.

Residents were observed to relax in different areas of the house on their return to the centre. One resident had gone to a playground after school. Following their evening meal, they played on their tablet with staff's support. Another resident was

relaxing in the sensory room. The inspector did not get to spend much time with the residents as they had engaged with activities outside the centre following school.

Activities were based on what residents wanted to do during their stay. A review of documentation and discussions with staff demonstrated the range of activities residents engaged in. For example, residents visited the zoo, went to the cinema, went swimming, had shopping trips and visits to local forests for walks. Staff supported two of the residents who were accessing respite on Halloween to go Trick or Treating in the local area.

The centre was adequately resourced which enabled residents choice around the activities they wanted to do. Each resident had the support of two staff and there were four vehicles to facilitate resident's activities.

Staff were observed to engage with the residents on the day of the inspection in a person-centred, kind and caring manner. They were observed to be respectful of the residents' choices and residents directed their activities within the centre. Staff and member of the management team spoken with during the inspection, demonstrated extensive knowledge of the residents, their likes and dislikes and their needs.

Staff and the management in the centre had received positive feedback from the representatives of residents accessing respite services. This was received via various formats throughout the year.

Overall, the inspector found that residents received a good quality service in this centre at the time of this inspection. The staff team knew the residents very well and demonstrated a human rights based approach to the care provided.

The next two sections of this report outline 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 care provided to the residents.

Capacity and capability

Overall, the management structure in place in this centre was assuring a safe, quality service to the residents at the time of this inspection.

A review of rosters indicated that there were sufficient numbers of staff and an appropriate skill mix on duty to meet the needs of the residents. Staff received regular supervision and stated they felt supported in their roles.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received additional training to meet the needs of the residents accessing respite in the centre.

This inspection found that the provider had implemented management systems which were effective in providing oversight of risks in the service and ensuring that residents were afforded choice to engage in activities they liked on a daily basis and were in receipt of a good quality and person-centred service.

Regulation 15: Staffing

The provider ensured that, at all times, there were suitability qualified and experienced staff in such numbers as were appropriate to meet the needs of the residents. The person in charge maintained a planned and actual roster in the centre. The roster was completed based on the number and needs of the residents accessing respite on each particular day. Respite stayed varied in length and two residents were residing in the centre for a longer duration.

The staff team in the centre was made up of social care leaders, social care workers and health care assistants. There was high staffing levels in the centre, to meet the needs of the residents. There were two vacancies on the staff team, for which the provider was in the process of recruiting for. The inspector reviewed the rosters for September and October and the planned rosters for the first two weeks of November and December. At the time of the inspection, there was a large numbers of agency staff employed in the centre because two residents were residing in the centre on an emergency long term basis which was not the usual practice. The provider stated that once this transition for one resident was complete and the second resident has also left the centre, staffing levels will decrease and the usage of agency staff will also decrease.

Team meetings were taking place in the every month, in line with the provider's policy. The inspector reviewed the minutes from the last two team meeting minutes. Agenda topics included, resident's needs, keyworking, infection prevention control and communications.

The inspector met with two staff members working in the centre. They demonstrated a good knowledge of the safeguarding processes relevant to the centre and the needs of the residents. Both staff stated that they felt supported in their role.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training. The person in charge submitted an audit on staff training

needs to the organisation's Operations Manager on a monthly basis. Staff had completed training in a number of areas, to include the following:

- Manual Handling
- First Aid
- Introduction to Children First
- Medication Management
- Fire Safety
- Food Safety
- GDPR
- Introduction to Risk Assessment
- Fundamentals of Advocacy

Staff had also completed additional training to meet the needs of the residents. This included autism awareness, becoming trauma aware and epilepsy emergency medication administration.

Staff supervision was completed every 4-6 weeks, in line with the provider's policy. Supervision was completed by the person in charge, deputy manager and two team leaders. There was a schedule in place which identified which of the management team were completing supervision with each staff member.

The inspector reviewed the supervision records of two staff members. The topics discussed included training, communication and documentation. At each supervision session, three core competencies was discussed, such as safeguarding, infection prevention control and medication management. Any actions identified during supervision were compiled into a SMART action plan.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. Managers were actively involved in the management of the centre and were a regular presence in the centre. There was a full time person in charge employed who was supernumerary to the roster and was supported by a deputy manager and two team leaders. The management team within the centre met on a monthly basis to review the quality and safety of care.

There were clear lines of authority and accountability in this service and audits and reviews were regularly conducted to assure a safe quality service to the residents. There was a variety of monthly audits taking place in the centre, which resulted in a monthly unannounced visit to the centre by a member of the provider's

management team. These audits looked at the centre's systems in areas including, management of medication, safeguarding and infection prevention control.

A review of the provider's last six-monthly report and last unannounced visit showed that actions identified in these audits were addressed in a timely manner. Additional audits also took place in the centre included a medication audit, fire safety review and an annual health and safety review. There was an annual provider review of the quality and safety of care and support in the centre. While this did not include the voices of the residents or their representatives, the provider assured the inspector this would be included going forward.

A staff member spoken with detailed the arrangements in place in the centre whenever the person in charge was absent. As part of the monthly unannounced visits, the auditor spoke with staff and checked their knowledge on various areas of their practice such as safeguarding processes in the centre.

The centre had arrangements in place to respond to emergency situations including events of adverse weather. There was an emergency planning and business continuity plan in place. There were risk assessments in place for adverse weather and work vehicles. The person in charge discussed the arrangements that would be implemented in the centre in the event of an adverse weather event.

Staff spoken with felt supported in their roles by the person in charge and the provider's operations manager.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre.

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

The registered provider ensured the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents.

A resident was being supported to transition from the centre to another designated centre. The provider had developed a transition plan with clear timelines to support the resident's discharge from the centre.

Residents were being supported to attend school and the centre was sufficiently resourced to facilitate residents to engage in activities of their choice.

The provider had established systems in place to safeguard residents from harm and abuse. Staff spoken with demonstrated a clear understanding of safeguarding procedures, including their responsibility to report any allegation or suspicion of abuse.

The provider had ensured that residents accessing respite in the centre had a comprehensive care and support plans in place. Each resident had an assessment of compatibility completed prior to attending the centre to aid in determining which residents should access respite together.

There were effective arrangements were in place to provide positive behaviour support to residents with assessed needs in this area. Restrictive practices which were in place in the centre were regularly monitored and submitted to the Office of the Chief Inspector, in line with legislation.

Regulation 10: Communication

Residents were supported to communicate their needs and wishes in relation to their care and support in the format that best suited their unique communication style. There were accessible and age appropriate signage throughout the house. There was a visual roster with the pictures of the staff members working that day and also the pictures of the residents attending the centre for respite that day.

Staff communicated with residents using formats that best suited each resident. For example, staff used social stories, age appropriate videos and play to discuss topics such as safeguarding, fire safety and safety in the car. Staff had a conversation through play with a resident to discuss their intimate care needs. Staff documented how the resident responded to each method to identify which methods worked for the resident regarding each topic.

The inspector reviewed the communication passport in place for two residents. These had been reviewed in the last month and contained guidance on how the resident communicated and the actions that help and those that don't help the resident to communicate.

Residents had access to televisions, tablets and the Internet. The inspector observed a staff member supporting a resident to use their tablet to play an educational game and improve their verbal skills. There were several televisions throughout the house, in the communal areas. Staff in the centre had sourced additional electronic devices to aid residents with their communication skills.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident had opportunities for play, to develop life skills and were supported to prepare for adulthood. All residents accessing respite on the day of the inspection were supported to attend school. The centre had four cars available for residents to attend their various schools and any activities they wished to engage in.

Activities were based on what residents wanted to do during their stay. A sample of records for a week showed that residents had visited the zoo, gone to the cinema, gone shopping and visited playgrounds and forest walks. Residents had been supported to go Trick or Treating on Halloween.

Staff worked with residents on developing skills in line with the resident's age. They used different communication formats to support the resident's progress with these skills. This included age appropriate videos, social stories and play.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised of a large detached two-storey house in a quiet rural location. The centre was designed to meet the needs of the residents. The centre was clean and decorated to a high standard.

There were multiple communal spaces for residents to spend time in. This included two sensory rooms and a sitting room downstairs. In one of the sensory rooms, there were various sensory games and seating areas for residents to engage with. This included a ball pit, small trampoline, balance board, hammock and various sensory toys. There was multiple TV's for residents to watch. The downstairs also consisted of a kitchen, utility room, dining room, staff office, staff sleepover room and a bathroom.

All the resident's bedrooms were located upstairs. The resident's bedrooms were decorated brightly and each resident had their own bedroom when accessing respite. The upstairs also had two bathrooms and a kitchenette. There was artwork and sensory activities throughout the house.

There was an enclosed garden to the side of the house. It contained a variety of outdoor play equipment for residents to use. This included a trampoline, a swing set and a seesaw.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place when residents moved to a new service. A resident who had been residing in the centre for a longer duration was in the process of transitioning to another full time residential designated centre operated by this provider. Steps for this transition had begun several months ago, when the staff from this new designated centre had begun supporting the resident, so the resident could become familiar with these staff.

The provider had developed a transition plan for the resident's move. The resident had begun visiting the centre for periods after school. The resident had met with the person in charge of their new designated centre. The transition plan contained a clear timeline and action plan to support the resident's transition. Their bedroom had been decorated in line with their interests and the resident was being supported by staff to go shopping to pick out items for their new home.

Staff had developed a social story in a communicative format that met the resident's needs to aid with the transition. Staff had also created a scrapbook which included pictures from the resident's time in the centre which was a visual aid for the transition.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of two resident's personal plans and found each resident had an up to date comprehensive assessment of their social, personal and health needs. These assessments of needs had been reviewed in recent months.

Each resident accessing respite had an assessment for support and an assessment of compatibility. The assessment for support included the resident's needs regarding communication, sensory needs, social needs and education. The assessment of compatibility included the resident's interests, their daily living routines and sensory differences. These assessments of compatibility were used to guide which residents attend respite together, to further safeguard residents.

There were support plans in place to meet resident's needs. Support plans in place included ones in relation to getting dressed, car safety and regulating emotions. Staff used social studies to communicate with residents regarding their support plans.

The provider had created a short document which contained a guide and induction on the needs of each resident when accessing respite. These documents were

available in the centre and contained an overview of the resident's daily routine and expectations, needs and support plans and positive behaviour support plan.

The inspector reviewed the goals in place for one resident. These goals related to skills building for the resident. There was evidence that these goals were being worked on and the resident had enjoyed working on these skills.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Office of the Chief Inspector, as required by the regulations.

A log of restrictive practices in relation to each resident was kept in the centre. A review of the restrictive practices for one resident showed that the restrictions had been reviewed in recent months. There was a restrictive practice reduction plan in place for each restrictive practice for each resident. Each reduction plan included the skill building staff engaged in with the resident and the personalised approaches used.

The inspector reviewed the positive behaviour support plan for two residents. The plans outlined strategies and supports the residents required to manage their needs. The plans promoted proactive, preventive and reactive strategies. The plans had been created by a relevant allied healthcare professional and both had been reviewed in recent months. Management from the centre met on a monthly basis with a psychotherapist, to review the needs of residents and provide guidance to staff to meet the residents' needs.

Judgment: Compliant

Regulation 8: Protection

The provider had established systems in place to safeguard residents from harm and abuse. Residents had individual intimate care plans in place, which outlined the supports required to ensure personal care was delivered safely and with dignity. Residents were supported in communication formats that met their needs to understand their intimate care needs as they got older.

At the time of inspection, there were no active safeguarding concerns. Staff spoken with demonstrated a clear understanding of safeguarding procedures, including their responsibility to report any allegation or suspicion of abuse.

Meetings took place on a monthly basis where the provider's operations manager, the person in charge and all staff in the centre reviewed significant events that had occurred in the centre that month and ensured all appropriate actions had been taken. Safeguarding was discussed with staff at supervision meetings.

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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant