



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

## Issued by the Chief Inspector

Name of designated centre:	Roslein House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	13 November 2025
Centre ID:	OSV-0008588
Fieldwork ID:	MON-0041367

## About the designated centre

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

Roslein House is a designated centre operated by Nua Healthcare Services Limited. The centre is located in a housing estate a short drive from Carlow town. The centre provides 24-hour care to adults with a wide range of support needs including intellectual disabilities and autism spectrum disorder and is registered for four residential beds. The centre comprises a kitchen, dining room, living room, sun room, a utility room, four resident bedrooms, a staff sleepover room, and two bathrooms. To the rear of the property there is a staff office, and a paved garden area which residents can use as they wish. The centre is managed by a person in charge who supervises and manages a team of support staff.

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

Number of residents on the date of inspection:	2
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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 13 November 2025	09:00hrs to 16:20hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the centre and assess compliance with the regulations. The inspector determined that, overall, residents received high-quality care provided by a familiar staff team who delivered it with kindness and respect.

The inspection was conducted over a single day by one inspector and was facilitated by the person in charge. The inspector also met the Director of Operations (DOO) during the course of the inspection. The designated centre is registered to accommodate four residents. At the time of this inspection there were two residents living in the designated centre. The inspector met and talked to one resident over the course of this inspection.

To form judgments on the residents' quality of life, the inspector used observations, discussions with the residents in this service, a thorough review of documentation, and conversations with key staff. The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that their relatives received.

The designated centre is a detached two-storey property situated in an estate within a town in County Carlow. The home comprised of a kitchen, a dining room, a living room, a sun room, a utility room, four resident bedrooms, a staff sleepover room, and two bathrooms. To the rear of the property there was a staff office, and a paved garden area for residents to relax in as they so wished. The physical environment of the centre was found to be clean, tidy and very well-maintained. The inspector found the atmosphere of the centre presented as welcoming and as an inviting sense of familiarity for the residents who lived in there.

The inspector was shown around the premises by the person in charge who was both knowledgeable and familiar with the assessed needs of residents living in the designated centre. The house was found to be laid out to meet the needs of the residents living there. It was bright, spacious and colourful. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. Bedrooms were decorated in line with residents' personal preferences, and wishes.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They were supported by a familiar staff team who knew them well and understood their communication styles and individual support needs. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

The inspector had the opportunity to meet and speak with one resident. They invited the inspector into their bedroom and spoke positively about their home and of the staff team who supported them. The resident was observed to be relaxed and content, and told the inspector they liked their bedroom, and felt safe and happy in their home. The resident's bedroom was decorated in their favourite county's football colours and they told the inspector they enjoyed going to watch matches every weekend with their Mum. They also told the inspector they enjoyed watching hurling matches on television. They advised there was nothing they would like to change about their home.

The other resident advised they did not wish to meet with the inspector. However, they asked staff supporting them to advise they were very happy in their home and had no concerns or issues to report.

The person in charge emphasised the high standard of care provided to both residents, expressing no concerns regarding their wellbeing. They highlighted the importance of building strong connections with the residents and setting meaningful goals to enhance their quality of life. Observations carried out by the inspector, interactions with residents, feedback from staff and documentation reviewed provided suitable evidence to support this.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

In summary, the inspector found that residents in the home were supported to engage in meaningful activities in line with their interests. They appeared to be comfortable in the company of the staff on duty, and interactions were noted to be kind, and respectful.

The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. The provider had implemented management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their assessed needs.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge, and they were supported in their role by a deputy person in charge. There was a regular core staff team in place and they were very knowledgeable of the needs of the residents. The staffing levels in place in the centre were suitable to meet the assessed needs and number of residents living in the centre.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were very well-informed regarding residents' individual needs and preferences in respect of their care.

The provider ensured that a directory of residents was available in the centre which met the requirements of the regulations. The directory of residents was made available for the inspector to complete a thorough review on the day of this inspection.

The registered provider had implemented effective management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a very good standard in this centre. The management structure in the centre was clearly defined with associated responsibilities and lines of authority. For example, the person in charge reported to a Director of Operations (DOO). There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on medicines, safeguarding, staff training, fire, and infection prevention control (IPC).

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

## Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge was supported in their role by a deputy person in charge. The person in charge reported directly to the Director of Operations (DOO). The staff team was comprised of social care workers and assistant support workers. The inspector spoke to the person in charge, DOO, and to three staff members on duty, and found that they were all very knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The person in charge effectively managed staff scheduling through comprehensive planned and actual rosters. The inspector reviewed both planned and actual staff rosters, which were maintained in the designated centre for the months of September and October 2025 and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

Information and documents pertaining to schedule 2 was not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Robust systems were in place for recording and regularly monitoring staff training, demonstrating effectiveness. A review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, manual handling, infection prevention control (IPC), food hygiene, autism and aspergers, and Children First.

Staff members were in receipt of quarterly supervision, as per the provider's policy. The person in charge had developed a schedule of supervision for 2025 for all staff members. The inspector reviewed this and found that all staff were in receipt of

regular formal supervision and informal support relevant to their roles from the person in charge and deputy managers.

In addition to formal supervision meetings, all staff actively engaged in on-the-floor-mentoring. The inspector reviewed three staff members' records and found that mentoring meetings covered a variety of areas pertaining to safeguarding, risk management, medicine management, fire safety, and restrictive practices.

Judgment: Compliant

### Regulation 19: Directory of residents

In compliance with regulations, the provider ensured an accurate and up-to-date resident directory was maintained.

The inspector confirmed that all information met the required standards as set out in Schedule 3 and that effective systems were implemented to ensure ongoing accuracy. For example, the directory of residents included the name, address, date of birth, sex, and marital status of each resident, the name, address and telephone number of each resident's next of kin or representative and the name, address and telephone number of each resident's general practitioner (GP).

Judgment: Compliant

### Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was off-duty or absent.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including audits on residents' finances, medicine, fire safety, health and safety, and infection prevention control (IPC). Audits reviewed by the inspector were comprehensive, and where required identified actions to drive continuous service improvement.

An annual review of the quality and safety for 2024 had been completed and a copy of the report was made available for the inspector to review. Residents, staff and family members were all consulted in the annual review. Positive feedback evidenced that residents enjoyed living in their home, felt safe, felt supported by staff, and could make their own choices and decisions.

The inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in July 2025. The action plan documented a total of 24 actions. Following review of the action plan, the inspector observed that all of the actions had been completed and that they were being used to drive continuous service improvement.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider ensured that a statement of purpose was in place which clearly described the services offered and met the regulatory requirements.

The inspector reviewed the statement of purpose and found that it clearly outlined the care model and the support provided to residents, as well as the day-to-day operations of the designated centre. The statement of purpose was accessible to the inspector during the inspection and was also made available to residents and their representatives in a format that suited their communication needs and preferences.

Additionally, a walk-around of the designated centre confirmed that the statement of purpose accurately reflected the available facilities, including room sizes and their intended functions.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a policy and procedures on comments, compliments, and complaints in place, which was next due review in April 2027. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and demonstrated to the inspector that they had a full understanding of the policy in place.

Residents spoken with felt comfortable with raising concerns and providing feedback and told the inspector what they would do in the event they were unhappy with something.

The inspector observed that the complaints procedure in place was accessible and in a format that all residents could understand. Residents were supported through the complaints process, which included having access to an advocate and staff support when making a complaint or raising a concern.

There were no open complaints on the day of this inspection.

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. The provider had measures in place to ensure that a safe and quality service was delivered to each resident. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred.

The inspector observed that the premises conformed to the matters set out in schedule 6 of the regulations and found the atmosphere in the centre to be warm and relaxed. Residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their personal taste and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. The kitchen was well-equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals, if they so wished.

The provider had implemented a range of good infection prevention and control measures. There was a policy available that was reviewed at planned intervals. This policy clearly outlined the roles and responsibilities of staff members and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the centre, and these practices were observed on the day of this inspection.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents'

personal emergency evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required.

The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

## Regulation 17: Premises

The inspector found the atmosphere in the designated centre to be warm and encouraging of each residents' wishes. Residents met with, appeared to be very happy living the centre and with the support they received. The inspector carried out a walk around of the designated centre in the presence of the person in charge, which confirmed that the premises was laid out to meet the assessed needs of the each resident who lived there.

The living environment was stimulating and provided opportunities for rest and recreation. Each resident participated in choosing equipment and furniture in order to make it their home. For example, all were involved in choosing equipment and furniture for their bedroom in order to make it homely.

Residents had their own bedrooms, each considerably decorated to reflect their individual style and preferences. For example, rooms were personalised with family photographs, artworks, soft furnishings and possessions, all in line with each residents' interests. This not only promoted their independence and dignity but also celebrated their uniqueness and personal taste. Additionally, each bedroom was equipped with ample and secure storage for personal belongings.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

The provider and person in charge was proactive in continual quality improvement, and oversight and monitoring was carried out routinely. For example, housekeeping

audits were completed, and issues relating to the premises were documented and escalated to the provider's maintenance department for completion.

Judgment: Compliant

### Regulation 18: Food and nutrition

On the day of this inspection the residents living in the designated centre did not present with identified needs related to feeding, eating, drinking and swallowing (FEDS).

Residents were consulted with and encouraged to lead on menu planning and had the opportunity to participate in the preparation, cooking and serving of their meals as they so wished. For example, one resident had recently set a goal of making individual meringues. On the day of inspection the inspector observed that this had been completed and notes evidenced that the resident enjoyed engaging in this activity and requested to make them again.

The inspector observed a good selection and variety of food and drinks, including fresh and perishable food items, in the kitchen for residents to choose from. All food items were hygienically stored and labelled correctly, and fridge temperature checks were completed by staff on a daily basis. The kitchen was also well-equipped with cooking appliances and equipment.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to.

The provider had established procedures for the ongoing and reinforcement of effective infection prevention and control practices. These measures were designed to protect both residents and staff from the risk of infection, thereby enhancing the overall safety of the centre. For instance, comprehensive cleaning schedules were in place for both day and night-time routines.

All staff received appropriate training and regular updates in line with best practice guidance. Staff spoken to were knowledgeable about how to reduce the risk of infection and understood the procedures to follow in the event of an outbreak. For example, staff members were familiar with the provider's protocols pertaining to the management of laundry and linen. Additionally, the inspector observed that the necessary equipment (alginate bags and spill kits) was in place and readily

accessible to effectively manage any potential outbreaks, ensuring a prompt and appropriate response if needed.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed break glass alarm points, smoke and heat detectors, and emergency lighting. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire. It was noted that escape routes through the centre were clearly indicated. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway of the designated centre and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed residents' personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

In addition, the inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the provider's safe administration of medication policy, which was next due review in April 2027.

Residents received a comprehensive individualised service from their pharmacist who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the centre.

The inspector reviewed two residents' medicine administration records in full. They clearly outlined all the required details including known diagnosed allergies, dosage, doctors details and signature, and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Furthermore, staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to safe administration of medicine.

All medicines errors, suspected adverse reactions and incidents were recorded, reported and analysed within an open culture of reporting. Learning was fed back to improve each resident's safety and to prevent recurrence. Medicines management was audited regularly, and this included practices in areas such as medicine stock control, administration, storage, and disposal.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents living in this designated centre did not have an assessed need in the area of positive behavioural support. However, all staff had completed mandatory training in the provision of positive behavioural support, and demonstrated that they had the necessary skills and knowledge to understand and respond to behaviour and verbal and non verbal communication that could indicate an issue of concern.

The provider ensured that there was an established policy in place regarding the provision of positive behavioural support. The inspector reviewed the policy and found that it promoted a positive approach to the management of behaviour that challenges. Staff working in this designated centre had access to specialist advice and appropriate supports should they require it.

There were three restrictive practices used in this centre. The inspector completed a thorough review of these and found they were the least restrictive possible and used for the least duration possible. Restrictive practices in use had been notified to the Chief Inspector on a quarterly basis in line with the regulations. Additionally, each resident had on file a detailed "Restrictions Passport" which was in an easy-to-read format and provided detailed information on each restrictive practice in use.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, all restrictive practices in use were reviewed by the person in charge and Director of Operations on a monthly basis. Furthermore, the person in charge and behavioural specialist

formally met on a quarterly basis to review all restrictions and explore in detail the justification and rationale for the use of restrictive practices in place.

It was found that all restrictive practices were appropriately risk assessed, as per the provider's policy, clearly documented, and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with the resident.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant