



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

Issued by the Chief Inspector

Name of designated centre:	Rossan View
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	23 July 2025
Centre ID:	OSV-0005579
Fieldwork ID:	MON-0047772

About the designated centre

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

Rossan View is a community based home providing residential support for up to two adult residents. The centre's mission is to provide a home that is warm, friendly and relaxed providing a quality service while respecting residents' dignity and their individuality. The centre is located in a quiet residential area in Co. Dublin and is close to a number of amenities. The house consists of two storeys and has four bedrooms, one of which has an ensuite bathroom facility. One of the bedrooms is currently used as a work studio and another is the allocated staff sleepover room. A large modern bathroom is available on the first floor and there is another toilet facility downstairs. Communal spaces include a large kitchen and a sitting room. There is a garden space to the back and side of the dwelling. Care and support is provided 24 hours a day, seven days a week by a team consisting of care staff, social care workers and a person in charge. The roster includes a sleepover shift.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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
Wednesday 23 July 2025	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the two residents living in this centre received quality care, in which their independence was promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. Areas for improvement were identified in relation to record keeping, maintenance of the premises, reviews of personal plans and staff supervision.

This centre comprises of a four-bedroom two-story house. It is located in a quiet residential estate, in a suburb of Dublin close to a range of local amenities and local transport links. The centre is registered for two adult residents and there were no vacancies at the time of inspection. The two residents had been living together in the centre for an extended period but were considered to live separate lives albeit sharing the same home.

The centre had a minimalistic feel in some areas which was reported to be the preference and choice of both residents. One of the residents had an en-suite bedroom while the other resident used the main bathroom which was located beside their bedroom. One of the residents had a small office room upstairs where they used to relax, watch TV and DVDs and particulate in colouring. The walls in the room displayed pictures and posters from the resident's favourite movies. The other resident preferred to use the main sitting room which was a large room with a minimalistic feel. One of the residents was noted to have a large collection of cuddly animal toys which was one of their passions. There was a small garden to the rear of each of the houses, which could be accessed by residents. It was noted that there were a number of areas which required maintenance. These included worn and chipped paint in some areas, stained grouting around the shower in the main bathroom and en-suite bathroom, an unhinged door of the sink unit in the main bathroom, a worn surface on the hob in the kitchen and a damp area on the ceiling in the kitchen and dining room.

The residents living in the centre presented with some behaviours which could be difficult for staff to manage in a group living environment. Suitable behaviour support plans were in place to support each of the residents, and overall, the inspector found that incidents were well managed and residents were appropriately supported.

The inspector met with one of the two residents on the day of inspection. The other resident was on a planned outing down the country with their day service. The resident who was present on the day of inspection, was reluctant to engage with the inspector but appeared in good form and was noted to appear content as they followed their daily routine for hygiene and meal preparation. On the evening of the inspection the resident was observed to leave with staff to go bowling followed by a walk to a local scenic area. This resident was not engaged in a formal day service programme but had an individualised service facilitated for them by staff in the

centre. The other resident attended day services two days per week which it was reported that they engaged well with. Both residents enjoyed a consistent routine and engaged in some activities in their local communities. The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with, and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The provider had attempted to complete a survey with the residents and their relatives as part of their annual review of the quality and safety of care. However, family members had not responded to the survey.

There had been no recorded complaints in the centre in the preceding period. A complaint had been made by staff on behalf of one of the residents in November 2024 which had been addressed. The person in charge outlined to the inspector, how staff supported the residents in a respectful manner and advocated on their behalf. Information on resident rights, complaints process, decision making capacity and the national advocacy service were available in the centre.

The residents were supported to engage in some meaningful activities. However, for one of the residents their ritual routines in the centre each day took time to complete. This meant that their ability to engage in activities within the community was sometimes limited. Activities that one or more of the residents engaged in included visits to family, shopping trips, walks in parks and animal farms, beach visits, bowling, cooking and baking, coffee and meals out, arts and crafts, sensory room visits, cinema trips and watching movies in the centre. The centre had its own dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. It was noted that the residents did not like to go on outings or go in the car together. Consequently, the use of the vehicle was coordinated between both residents.

In summary, this was a well run service which provided quality care for the two residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. However, improvements were required

in relation to record keeping arrangements and staff supervision. There were also two whole time equivalent staff vacancies at the time of inspection. In addition, it had been identified that the staffing levels at night required to be changed from a sleep over staff to a waking night staff. This meant that there would be a deficit of two further staff.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge is a registered nurse in intellectual disabilities and holds a certificate in management. She has more than 6 years management experience. She was in a full time position and was responsible for one other centre located within the same geographical area. She was supported by a team leader in each of the centres. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge had protected management hours for her role. She reported to the clinical nurse manager 3 (CNM 3) who in turn reported to the service manager. The inspector reviewed meeting records which showed that the person in charge and CNM 3 held formal meetings on a regular basis.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was responsible for one other centre located within the same geographical area. In interview with the inspector, the person in charge demonstrated a good knowledge of the two residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. However, at the time of inspection, there were two whole time equivalent staff vacancies. In addition, it had been identified that the staffing levels at night required to be changed from a sleep over staff to a waking

night staff. This meant that there would be a deficit of two further staff. The current vacancies were being covered by a number of relief staff members. Recruitment for these positions was reportedly underway. A significant number of the staff team had been working in the centre for an extended period. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection. The staff team comprised of care workers, a registered staff nurse and the person in charge.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. However, it was identified that a significant number of the staff team had not had formal supervision in an extended period, contrary to the frequency proposed in the provider's policy on supervision. Team meetings were not consistently being undertaken. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues, and to review policies and procedures. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had ensured that the required records were available for review during the inspection. However, some of these records required review to ensure they were accurate and up-to-date. For example, some daily logs were not recorded, dates were not always recorded on audit sheets, gaps in activity logs and some sections of personal plans were not fully completed and contained some conflicting information.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service. In addition, an unannounced visit had recently been completed. However, preceding that unannounced visit, it was noted that unannounced visits were not being consistently undertaken on a six monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control audits, medicines management, quality of life indicators audit and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been reviewed in January 2025. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the chief inspector of social services in line with the requirements of the regulations. The inspector noted that there were overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place pertaining to the matters set out in schedule 5 of the Regulations. These were readily available for use by staff in the centre. However, a small number of the policies had not been reviewed in line with the frequency required in the Regulations. These included the Recruitment, selection and Garda vetting of staff policy, dated April 2022 and the Medication Management Policy, dated December 2021.

Judgment: Substantially compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Areas for improvement were identified in relation to the maintenance of the premises and arrangements for review of residents' personal plans.

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of the personal plan in line with the requirements of the regulations had not been undertaken for each of the residents in the preceding 12 month period.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The inspector observed that all of the matters set out in schedule 6 of the

Regulations had been put in place. The residents had personalised their own living areas and bedrooms according to their individual taste and preference. Pictures of loved ones and other memorabilia were on display in each of areas chosen by the resident. However, it was noted that there were a number of areas which required maintenance. These included, worn and chipped paint in some areas, stained grouting around the shower in the main bathroom and en-suite bathroom, an unhinged door of the sink unit in bathroom, worn surface on hob in kitchen and a damp area on the ceiling in the kitchen and dining room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. These indicated that where risk was identified, the provider had put appropriate measures in place to mitigate against the risks, including staff training. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk, which were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents. Overall, there was a low number of incidents and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments were updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. However, an annual review of each residents personal plan in line with the requirements of the regulations had not been undertaken in the preceding 12 month period.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each of the residents living in the centre presented with some behaviours which could be difficult for staff to manage in a group living environment. Suitable behaviour support plans were in place to support each of the residents, and overall, the inspector found that incidents were well managed and residents were appropriately supported. It was noted that both of the residents chose to live separate lives and rarely engaged with each other despite living in the same house. The provider had a clinical nurse specialist in behaviour support who was accessible for support. A behaviour risk assessment had been completed for each of the residents. The inspector reviewed training records, which showed that all staff had attended training in the management of behaviours of concern, including de-escalation and intervention techniques. Staff spoken with were knowledgeable about the approaches required. A restrictive practice register was in place and subject to regular review. Individual rights assessments had been completed for all restrictions in place. There were reduction plans in place for an identified small number of restrictions. This included the removal of internal glazing in two of the bedrooms.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. However, it was noted that the behaviour displayed by each of the residents had the potential to have a negative impact on the other resident and vice versa. Suitable safeguarding procedures and reporting arrangements were in place. The provider had a safeguarding policy in place, dated May 2024. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rossan View OSV-0005579

Inspection ID: MON-0047772

Date of inspection: 23/07/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment ongoing for vacancies in the designated centers and for additional staff to support changing support needs of the residents.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Person in charge has completed a formal supervision plan and will be completed in line with providers policy. Monthly team meeting schedule in situ and will be implemented. Minutes of same will be available at the Centre.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All records will be reviewed to ensure they are accurate and up to date and to ensure no gaps in documentation. All personal plans are under review to ensure fully complete and uniformity in	

documentation.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Policy revision is currently underway to ensure all policies and procedures are reviewed and compliant in relation to schedule 5 of Regulations.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

All maintenance areas have been identified and plan of action to be implemented to ensure premises are set out as per schedule 6 of the Regulations.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All individual assessments and personal plans will be reviewed annually and incorporate MDT and circle of support as per individuals will and reference.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2026
Regulation	The registered	Substantially	Yellow	01/12/2025

21(1)(b)	provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Compliant		
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/01/2026
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/12/2025
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Substantially Compliant	Yellow	31/12/2025

	needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/12/2025