Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Announced
Date of inspection:	29 January 2026
Centre ID:	OSV-0005579
Fieldwork ID:	MON-0040510

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

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
Thursday 29 January 2026	09:00hrs 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 rights were upheld and 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 maintenance of the premise, personal support plan evaluations and reviews of a small number of policies and procedures.

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 identified residents. One of the residents had an en-suite bedroom while the other resident used the main bathroom which was located beside their bedroom. A small office room upstairs adjacent to one of the resident's bedrooms was used by the resident as an area to relax, watch television and digital video disc, and to participate in coloring. The walls in this resident's bedroom displayed pictures and posters from the resident's favorite movies and artwork pictures which they had completed. 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 digital video discs and cuddly animal toys which was one of their passions. There was a small garden to the rear of the house, 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, worn and minor chipping to the surround of the bath in the main bathroom. It was noted that funding had been secured to replace and refurbish the ensuite bathroom for one of the residents which was identified to regularly flood, causing a leak in the ceiling below.

The residents living in the centre presented with 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 these were subject to regular review by the provider's advanced nurse practitioner and clinical nurse specialist in behaviour support. Overall, the inspector found that incidents were well managed and residents were appropriately supported.

The inspector met separately with both of the residents on the day of inspection. The residents were reluctant to engage with the inspector but appeared in good form and were noted to appear content and at ease in staff company. One of the

residents was noted to engage for long periods in their daily routine for meal time and hygiene tasks which staff supported. On the afternoon of the inspection the resident was observed to leave with staff to go for a meal in the community and to window shop for a specific piece of electrical equipment that they were hoping to purchase. This resident was not engaged a formal day service programme but had an individualised service facilitated for them by staff in the centre. The other resident was absent from the centre for a good portion of the day as they attended a planned day service activity in the community. This resident attended day services two days per week which it was reported that they engaged well with.

The residents were supported to engage in some meaningful activities in their local community. 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. Both residents enjoyed a consistent routine. The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. 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, bowling, 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. One of the residents in particular enjoyed assisting staff with household chores such as their laundry and recycling bottles and cans.

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. It was reported that the residents had declined staffs support to complete an office of the chief inspector questionnaire regarding their views of the service.

There had been one recorded complaint in the centre in 2025. The complaint log showed that this had been closed in December 2025 and that the complainant was happy with how the complaint had been managed. A compliant 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.

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, there were two whole time equivalent staff vacancies at the time of inspection and in addition, a staff member was on long term leave. These vacancies required the use of agency staff to cover and records showed that overall a consistent small group of agency staff were being used. It had been identified at the time of the previous inspection, that staffing arrangements at night required to change from sleepover to waking night staff due to the night time routines of one of the residents. On this inspection, the person in charge reported that this had not been implemented and was under review as the resident had been having a more settled night time period in the preceding time.

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 deputy manager in the other centre for which she held responsibility. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager. The inspector reviewed records of formal monthly meetings between the person in charge and 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.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the necessary documentation required to apply to renew the registration of this designated centre.

Judgment: Compliant

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 and a further staff member was on long term leave. The current vacancies were being covered by a number of agency staff. 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, healthcare assistants 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. 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: 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 and unannounced visits to review the quality and safety of care. 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 w. 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 a

overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure in place which includes an appeals procedure. There was an easy to read complaint procedure for residents. There had been one recorded complaint in the centre in 2025. The complaint log showed that this had been closed in December 2025 and that the complainant was happy with how the complaint had been managed. A compliant had been made by staff on behalf of one of the residents in November 2024 which had been addressed.

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 communication with residents and provision of information for residents policy, dated July 2022 and the risk management policy, dated October 2022.

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 personal plan evaluations.

The residents' well being, 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. Although some goals had been identified for

residents, in some cases goals identified were not specific or measurable. In other cases, for specific goals identified for 2025 for one resident there was no evidence to show if the goal had been achieved or evaluated. For example, goal to visit the disney shop in Dublin, to purchase a stationary bike and to engage in playing basketball.

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.

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 centre was designed and laid out to meet the aims and objectives of the service and the needs of the two residents living there. Overall the centre was noted to be comfortable and in a good state of repair. However, it was noted that there were a number of areas which required maintenance. These included worn and chipped paint in some areas, worn and minor chipping to the surround of the bath in the main bathroom. The person in charge reported that funding had recently been secured to replace and refurbish the ensuite bathroom for one of the residents which was identified to regularly flood, causing a leak in the ceiling below.

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 28: Fire precautions

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of both the residents in the event of fire was prominently displayed. Personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of each resident was in place. Fire drills involving both residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

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, although goals had been identified for residents, in some cases goals identified were not specific or measurable. In other cases, for specific goals identified for 2025 for one resident there was no evidence to show if the goal had been achieved or evaluated. For example, goal to visit the 'Disney' shop in Dublin, to purchase a stationary bike and to engage in playing basketball.

Judgment: Substantially 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.

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. In general the residents chose not to engage with each other and there had been no peer to peer incidents in the preceding 12 month period. 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rossan View OSV-0005579

Inspection ID: MON-0040510

Date of inspection: 29/01/2026

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 continues to be ongoing for all current vacancies. Interviews were held on the 17th February 2026 for Social Care Workers. Further advertisement active and Interviews will be scheduled on ongoing basis. Care staff Interviews scheduled for 11th March. Regular agency and relief staff will be maintained to ensure continuity of care.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The communication with residents and provision of information for residents' policy was updated on the 5th February 2026. The risk management policy is actively under review at present and the updated policy is anticipated to be put forward to the board for approval by the end of April 2026 .Quality and Risk have given written confirmation that the current policy is valid until this review is completed.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Plan of work has been completed for all outstanding repairs required to the premises. Main bathroom repairs will be completed by March 2026. Ensuite Bathroom refurbishment will be completed by June 2026. All staff will be vigilant and identify and report any repairs required to the premises. Same will be escalated to the Maintenance department in line with local procedure for	

work to be completed as soon as possible.
PIC will ensure all Maintenance deficits are identified in weekly Health and safety walk around and link with Maintenance team re identification of work schedule.
Maintenance Team will also complete three-monthly on-site inspection with the team to ensure premises is maintained.

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 staff will implement the Person Centre Planning Policy which provides the templates required to plan, implement, review/ reflect on the success or failure of the PCP with everyone.
A yearly audit will take place to review the individuals Person-Centered Plan.
PIC to that all PCP have been reviewed in line with Policy by March 2026 and will ensure evaluations have been completed three monthly.

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(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31/08/2026
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	30/06/2026
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	Substantially Compliant	Yellow	30/04/2026

	years and, where necessary, review and update them in accordance with best practice.			
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	31/03/2026