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:	Prosper Fingal Residential Respite Service 1
Name of provider:	Prosper Fingal Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 July 2026
Centre ID:	OSV-0001860
Fieldwork ID:	MON-0046577

About the designated centre

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

Prosper Fingal Residential Respite 1 provides respite services to approximately 90 residents and ordinarily can accommodate up to six residents at any one time. The designated centre is a social care led service who are supported by nurses, care workers and care assistants which provides service to adults with varying levels of intellectual disability. Some of these service users may also have a secondary disability, such as a physical or sensory disability, autism and or mental health needs. The house is located in a suburban town in Co. Dublin close to a range of local amenities. The designated centre is a spacious detached two storey house, with front and back garden and parking space to the side of the building. There is an accessible bathroom and bedroom on the ground floor for service users with reduced mobility. Public transport as well as a centre bus are available. The aim of the service is to provide residential respite which is short term, in a safe and comfortable home, in response to individuals' and carers' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Friday 31 July 2026	11:00hrs to 17:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines findings of a short announced inspection completed in designated centre, Prosper Fingal Residential Respite Service 1. The inspection was completed as part of routine regulatory monitoring of the centre. The designated centre provides respite services for individuals that avail of the providers' day service supports. The inspection found that the service provided was tailored to create a fun and relaxing respite stay. However, some improvements were required in relation to Regulation 5: Individual assessment and personal plan.

Overall, the inspection found that the designated centre was meeting the aims of the statement of purpose and providing a safe and enjoyable respite stay while promoting each individuals independence.

The designated centre had the capacity for six respite users at one time. One the day of the inspection the centre had full capacity respite stay and the inspector had the opportunity to meet with all six individuals availing of respite to gather their feedback on the service provided.

There was a person in charge for the designated centre who also had responsibility for a second respite service under the providers remit. The person in charge had a house lead in place to support the everyday running of the centre and reported to an area manager. The inspection was facilitated by the person in charge. The inspector also had the opportunity to meet with two staff members, the area manager, assistant chief executive officer and the chief executive officer during the course of the inspection. In addition, the inspector used observations and conversations with staff and review of documentation to form judgements on compliance with the regulations reviewed.

The designated centre consisted of a large two storey property, situated in North Dublin. The designated centre is close to a number of local amenities such as parks, beaches, shops, cafes, restaurants and pubs. The centre consisted of respite users bedrooms three of which were en-suites, an accessible shower room, large kitchen and dining room, sitting room, small sitting room/games room and a large enclosed garden.

One respite user told the inspector that they have been availing of this respite service for a number of years and that they really enjoyed their time there. They liked to arrive at the centre and then would go for a walk to the local shop and come back to make plans for the rest of their stay. The respite users said they liked to relax for one of their evenings watching movies or using their electronic device. The respite users showed the inspector a noise reducing pod seat situated in the large sitting room which they could sit in with their devices. The pod had a closure to the front of the seat which enclosed the individual inside, the pod had a charging

device so respite users could use devices and electronics and still remained in the larger sitting room with peers.

One respite users told the inspector that they really enjoy being in respite at the same time as their friend. They discussed that the staff were great and were always thinking of new things to do when at respite. They discussed that staff would check what was happening locally to ask if they would like to go. They discussed that they had attended shows, cinema and had a plan for the weekend to attend a local air show.

One respite users discussed that they looked forward to their stay, that it gave both them and their family a really nice break. They discussed that when they came to respite they liked to eat out with friends or get a take away but that the meals cooked in the house were always homemade and fresh.

One respite user greeted the inspector and told them that respite was great and that the staff were great. They then told the inspector that they were returning to their room as they wished to spend some time on their computer.

One respite users was observed supported staff to tidy away items and bring in items from the garden. Staff discussed that this was an important part of their respite stay, staff discussed that the individual likes things placed in particular order or returned to position. The staff discussed that they liked to do it with the individual as they could then move on to enjoy their stay knowing that items were where they liked them to be.

The inspector observed respite users using their electronic tablets, gaming devices and mobile phones during the afternoon while getting organised for the evening. The inspector sat with four respite users who discussed that as they were all friends outside of the respite setting they liked to go for a meal together when attending respite. Staff had informed respite users of a local Karaoke restaurant and each respite user discussed they were eager to attend and that this was planned for later in the evening.

Respite users had access to multiple activities both in the respite centre and local community. Within the centre they could avail of computer games, movies, puzzles, electronic systems and a large garden. Outside of the centre they attended local events such as boat shows, air show, cinema, concerts, plays, meals out, and shopping trips. The inspector found that respite users identified what they wanted to get from their break, for some of them rest and relaxation was identified and for others activities and meeting new friends was identified for their stay.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management impacts the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations. The inspection found that since the last inspection in September 2024, the provider and person in charge had reviewed a number of systems in place which resulted in the increased levels of compliance.

The person in charge and provider had ensured that staff team were in receipt of training that was appropriate to the assessed needs of respite users and which promoted individual needs such as communication supports, dietary supports and respite users overall wellbeing.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for respite users' and their representatives in a prominent place in the centre.

Regulation 14: Persons in charge

While the person in charge had responsibilities for a second designated centre within the providers remit, the inspector found that they had adequate systems in place which lead to clear oversight and governance in the centre. The centre also had a house lead in place to support the everyday running of the centre.

The inspector found that the person in charge was aware of the assessed needs of each respite user and had implemented appropriate supports in order to fully enhance their respite stay.

Respite users and staff spoken to during the course of the inspection discussed that the person in charge was available for support when required and was present in the centre.

Judgment: Compliant

Regulation 15: Staffing

The skill mix in the designated centre consisted of staff nurse, social care workers and health care assistants. The inspector found that the provider and person in charge ensured that the skill mix of staff in the centre was suitable to the needs of each respite user depending on their specific needs requirement identified for each stay.

In addition, the person in charge had identified when staff nurse support was required for respite users during their stay and this was reflected both in the planned roster and in respite users files.

On the day of the inspection there was one whole time equivalence vacancy, the provider was in the final stages of the recruitment process and the staff member was due to commence in the centre in August 2026.

The person in charge had planned and actual rosters in place in the centre, which clearly demonstrated the staff name and grade. The person in charge had also identified shift leads in the absence of the person in charge or house lead. The roster highlighted planned training and team meeting days. The inspector reviewed rosters in place in the centre from May to July 2026 and found that a minimum requirement for relief staff. Vacant shits on the roster were mainly covered by regular relief staff.

The inspector reviewed four staff files and found them to contain the relevant documentation as set out in schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a training matrix for all staff in the designated centre. The inspector found that the record was subject to regular review. In addition, the person in charge kept a record of relief staff and the training requirements in order to work in the designated centre.

The inspector found that staff had completed mandatory training and training based on the needs of respite users. For example, staff had completed training in Autism and communication supports such as Lámh (a manual signing system) in order to further enhance respite users stay.

In addition, the inspector found that the provider was implementing shared learning across designated centres and had implemented provider wide mental health training for staff. The inspector found that the majority of staff had completed the training. The provider also provided staff with in person training for safeguarding.

Staff had access to both formal and informal supervision. The inspector reviewed the supervision records for four staff in the centre. Respite users and team members spoken to on the day of the inspection discussed that the person in charge was present in the centre. In the absence of the person in charge or deputy, staff could contact the area manager for additional supports.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge, while having responsibilities for another designated centre demonstrated effective oversight and management of the centre. They were supported in their role by a deputy clinical nurse manager grade one and in turn reported into senior area manager for the provider.

There were good arrangements such as regular meetings and sharing of governance reports for the management team to communicate and escalate concerns as they present. The centre promoted an environment of shared learning amongst staff team and senior management. The person in charge and staff team implemented a suite of local audits within the centre and which were actioned with clear time lines.

The provider had systems in place for reviewing the quality and safety of the service, including six monthly provider-led audits, the inspector reviewed inspector reviewed the six monthly audits completed in October 2025, January and April 2026 and found that the provider had completed a third six monthly in the centre in order to enhance findings.

The provider had completed an annual review for 2025 for the centre and the inspector found that this included the views and opinions of respite users and their representatives.

The inspector found that respite users feedback in the centre was regularly sought and this was implemented for their next stay

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented an effective complaint handling processes. For example, there was a complaints policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint.

The inspector had the opportunity to speak to six respite users during the course of the inspection. Two respite users told the inspector that they have never made a complaint as they are happy when they stay in the centre. However, they discussed that how to make a complaint is discussed during meetings at their stay and that if they had a complaint they would talk to the person in charge.

The inspector reviewed the complaints log and found that at the time of the inspection there were no open complaints.

The inspector found that there was a number of compliments for the service provided in the centre. Families noted that there was excellent communication in the centre. The inspector observed hand crafted thank you cards from respite users.

One family member noted in the providers six monthly audit that the "staff listen" and support their loved on to communicate their wants and needs as they wish. Another family noted that the respite service provides their loved one with an opportunity to try activities that they may not be able to do without the supports.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for respite users who stay in the designated centre.

The inspector found that the designated centre provided a service to respite users that was fun, promoted independence and encourage respite users to try new and different activities during each stay.

While the person in charge had ensured that all respite users had an individual assessment and personal plans in place. Improvement was required in order to ensure that respite users' needs reflected the supports required while availing of respite services.

The provider had measures in place to ensure that a safe and quality service was delivered to respite users. The inspector found that the views and opinions of respite users and their representatives were used as a way to promote on going improvement and enhancement of services.

Regulation 10: Communication

The inspector saw that the respite users in this designated centre were supported to communicate in line with their assessed needs and wishes. Respite users care plans contained communication support plans and a communication profile which detail respite users preferred communication method.

The inspector found that respite users utilised a number of communication methods such as Lámh, the inspector found that staff had received training in this area in

order to further enhance individual needs. The inspector found that for one respite user their file had a large variety of printed Lámh signs in order to increase both the individuals use and the staff teams use of manual signing.

The inspector reviewed five respite users files and found that for two respite users the use of social stories where in place in order to support their stay. The social stories included what to expect in respite, activities that could be availed of and what to do if unhappy.

The inspector reviewed one respite users support plan which outlined that the individual responded best to choices of two options, to be paired with pictures of the activities. The support plan also documented that the options should be given in short question format. The inspector found that this was in place on the day of the individuals stay and accessible for use.

Accessible information was readily available to respite users including visual activities board, lunch menus and staff planners.

The inspector spoke with staff during the course of the day and observed that staff were familiar with respite users communication needs and were guided by both verbal and non verbal cues including: body language and gestures. The inspector found that there was a consistent staff team in place which promoted each respite users communication style.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and cheerful, there were a number of activities available in the centre for respite users to avail of. The centre was found to be large and spacious with ample room for respite users to meet with peers or to spend time alone.

The centre had a large kitchen and dining room area, respite users had access to a large sitting room and a second sitting room on the first floor which had media player and gaming system. In addition, respite users had access to puzzles, books, music, WiFi, online streaming platforms to watch movies and concerts.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of respite users. Respite users had access to a large garden to the rear of the property. The garden was equipped with garden furniture and a BBQ for warm days.

Respite users informed the inspector that they generally get to choose which bedroom that they use when they come to respite depending on who is staying in the centre.

The inspector found that respite users input was sought for changes to the designated centre. The person in charge and support staff encouraged respite users to display their art work or pictures taken on activities in the centre. The centre had two large tapestry art works framed and on the display in the centre. The tapestry had been put together with each respite users adding to the tapestry during their stay.

Judgment: Compliant

Regulation 18: Food and nutrition

Respite users with assessed needs in feeding, eating, drinking, and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed three FEDS care plan and found guidance regarding the respite users' mealtime requirements, including the appropriate food consistency and their food likes and dislikes.

The inspector found that a number of respite users had identified food intolerance, these individauls had clear guidance in place and food supplements available to them. For example, one respite user followed had a dairy free plan in place. A second respite users had a diagnosis of coeliac disease and all appropriate control measure were in place, such as different cooking equipment and food alternatives.

The inspector observed suitable facilities to store food hygienically, and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

Respite users could also cook meals if they wished however, as this was a respite stay most respite users preferred to eat out or eat meals made by support staff. During the month of July respite users attending the service were on a two week break from day service. During this period, the centre supported respite users to bake and cook as part of daily activities such as picking strawberries to make homemade jam.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector completed a walk-through of the designated centre and found the centre to be clean, with access to adequate cleaning supplies and supports.

The designated centre had a domestic staff who attended the centre three times and week, in addition support staff completed a daily cleaning schedule.

The person in charge had infection prevention and control (IPC) audits in place in the centre. The premises was well maintained and appropriate control measures, such as the appropriate use of personal protective equipment (PPE), were in place to reduce the probability of respite users being exposed to infectious agents. If a respite users was feeling unwell prior to a visit to respite then their stay was rescheduled in order to maintain IPC measures for all respite users.

The designated centre was observed to be clean and appropriate hand washing and hand sanitisation facilities were available to staff, respite users and visitors. The inspector observed a visual time system in place for respite users to promote healthy hand hygiene. The time systems was a light system which was pressed by staff prior to the individual commencing hand washing, when the light went out they had spent enough time cleaning their hands.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed five residents' files and found that further review was required in order to ensure that the information detailed for the individual was relevant to the supports they require while availing of respite. For example, the inspector reviewed two files and found that information in relation to residents support needs were directed towards supports while availing of day service. One resident when presenting with emotional support needs direction was in place that the individual should avail of supports tailored to their day service and not respite.

For another individual supports in relation to transitions from activities where directed towards day service support measures. In addition, the inspector found that a number of support plans in place had been completed by day service staff. The inspector found for one respite user their intimate care guidelines were devised around day service support and not their respite stay.

The inspector found that respite users personal plans were subject to regular review and that goals and plans were identified that were fun and achievable for short respite stays. The inspector found that staff met with respite users at regular periods throughout their stays to ensure that they were happy with identified goals and to create new plans for each stay.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where required positive behaviour support plans were in place for respite users. The inspector reviewed two plans and found that they were up-to-date and subject to review annually or sooner if required. The support plans in place were clearly written to guide staff practice in assisting respite users manage behaviours of concern.

The inspector had the opportunity to speak to two staff about the supports in place for respite users. Support staff discussed some of the different supports respite users require and how supports differ from day service to respite.

The person in charge ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

The inspector found that communication supports were incorporated into positive behaviour support plans ensuring that individuals needs were identified and upheld while supporting respite users' during difficult periods or transitions.

There were a number of restrictive practices implemented within the centre, however, the inspector found that these were subject to regular review and monitoring.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Prosper Fingal Residential Respite Service 1 OSV-0001860

Inspection ID: MON-0046577

Date of inspection: 31/07/2026

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 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: The PIC will ensure that the personal plans (ISP and PCP) of each respite user is reviewed and updated, where necessary, to capture the support needs required by the respite user, in a clear and specific manner, while availing of respite services.	

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 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	31/12/2026