



# 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:	Short Notice Announced
Date of inspection:	03 February 2021
Centre ID:	OSV-0001860
Fieldwork ID:	MON-0026634

## 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 seven residents at any one time. At present the centre is operating at a reduced capacity to allow for social distancing to be maintained. The designated centre is a nurse led service who are supported by 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 service also supports individuals who may have an acute illness due to mental health difficulties. 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 service has the capacity to operate seven days per week and is currently offering respite breaks from Sunday to Sunday.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 3 February 2021	09:35hrs to 14:10hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

From speaking and listening to respite users and what the inspector observed, it was clear that this was a very well run centre which provided a high standard of care and support to those who were availing of its services. There was a person centred and human rights based approach to the provision of services and the participation of respite users in the operation of the centre was welcomed and promoted. Respite users were enjoying a good quality of life and told the inspector that they really looked forward to coming back for their next stay in the centre.

The inspector met and spoke with four respite users who were availing of the services of the centre at the time of the inspection. They were observed to be busy engaging in a range of activities including drawing, participating in an online bingo session organised by the organisation's day service, preparing meals and playing games. There was a sense of fun and enjoyment in the centre at the time of the inspection and the inspector observed a friendly and kind approach from the staff team when supporting residents with their needs. The respite users told the inspector that they really enjoyed staying in the centre and felt very safe and comfortable there. They explained that they liked meeting their friends and spending time with them and some other things such as having a take away on Friday evenings when staying at the centre.

In addition to speaking to respite users, the inspector met with two staff members and the person in charge, spoke to two family members and received completed respite user questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with respite users indicating that they were very satisfied with the service they were in receipt of. Staff members spoken with informed the inspector that residents were safe while using the centre and were assured that the services were of a good standard by the eagerness of respite users to return for another respite break. The family members spoken with were very complimentary of the staff team, the management team and the services that their loved ones were in receipt of. One family member described the positive impact that the centre had on their relative by explaining that it "was the best thing to ever happen" for that individual. Another family member told the inspector that their loved one "never wants to come home" from the centre.

The premises of the centre were homely in nature and tastefully decorated. There was lots of space for both indoor and outdoor communal gatherings and bedrooms were provided on both the ground floor and first floor. Bedrooms on the ground floor were full accessible for those with reduced mobility needs and the centre was accessible through level entry access at all entrance ways. Respite users could store their belongings in individual wardrobes, drawers and lockers in their bedrooms and

laundry services were available for those who needed them. The centre was warm and clean throughout and well maintained to provide for a comfortable living environment.

There was evidence to demonstrate that respite users enjoyed a good quality of life while staying in the centre. While some regular activities such as going bowling, going out for meals, going to the cinema and having group picnics were no longer taking place due to COVID-19, residents were engaging in other supplementary activities including baking, arts and crafts, local walks, online zoom calls and birthday celebrations and movie nights. It was clear that the views of the respite users mattered to the staff and management team and there were weekly respite user meetings held where topics included being welcomed to the centre, health and safety, security and safety, comments and feedback, activities plan being developed and menu decisions for the week ahead. In addition to this, there were meetings every three months called 'focus meetings' where respite users were informed about advocacy services and opportunities were provided for concerns, areas for improvement to be raised.

The inspector observed that the staff team respecting the privacy and dignity of respite users through knocking on bedroom and bathroom doors before entering, engaging with respite users in a patient and kind manner and speaking about their needs in a sensitive and respectful way. It was clear that the staff team knew the respite users and their individual needs very well. For example, staff members knew the dietary preferences of each individual and what activities they liked and enjoyed. The respite users were observed to be very comfortable in the presence of staff members and enjoyed their company and interacted with them with ease. Respite users were encouraged to maintain contact with their families and with their friends through the use of online videoconferencing and phone contact. While there were some negative impacts for respite users from the ongoing restrictions associated with the COVID-19 pandemic, staff members and management team were making substantial efforts to maintain services for the respite users and their families during this time.

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

## Capacity and capability

This centre was well managed and there was good oversight of the care and support being delivered to respite users. The findings of the inspection were very positive and there was clear evidence to demonstrate that high quality services were being provided in the centre.

The registered provider had ensured that the centre was appropriately resourced

and there was effective delivery of care and support as outlined in the statement of purpose. The management structure was clearly defined and there were developed and effective management systems implemented. While there were annual reviews of the centre completed, the inspector found that some six monthly unannounced visits by the registered provider had not been carried out as required. Despite this, the inspector observed that there was good oversight of the services being provided through the completion of a suite of audits on areas such as medication management, respite user finances, health and safety and respite user files.

The inspector found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the number and needs of respite users who were availing of its services. Respite users, family members and staff members all confirmed that the numbers of staff employed was sufficient to meet the needs of respite users. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. This had a positive impact on the respite user group who knew the staff members well and had developed good relationships with them. A review of a sample of staff files found that all required information as outlined by the regulations was maintained by the registered provider.

There were significant levels of training and development in place for staff members. A review of training records found that all staff had completed the training outlined as required by the registered provider. There was additional training completed in areas such as health and safety, infection control and prevention, risk management and specific health conditions such as epilepsy management. There were appropriate arrangements in place for the supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members.

The inspector reviewed a sample of incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as per the regulations.

A review of the arrangements in place in the centre for the management of complaints was completed by the inspector who found that there was a culture of welcoming feedback from respite users and their families with a view to the ongoing development and improvement of services. The provider had developed and implemented an effective complaints management system. There was a complaints policy in place (dated January 2021) and there were easy read procedures for making a complaint on display in the centre. In addition, a photograph and contact details for the local complaints officer were on display. There had been no complaints in the centre in the time since the last inspection.

## Regulation 15: Staffing

The inspector found that the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a

supportive environment for respite users.

Judgment: Compliant

### Regulation 16: Training and staff development

There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of respite users and promoted safe and high standards of social care practices.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had not completed a number of six monthly unannounced visits to the centre as required by the regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre.

Judgment: Compliant

## Quality and safety

The inspector found that respite users were in receipt of high quality of care and support and were appropriately safeguarded while availing of the services of this centre. The registered provider and the local management and staff teams were providing services through a person-centred and human rights based approach which ensured that respite users' needs and preferences were central in guiding decisions which were made.

A review was completed of the arrangements in place for the provision of meals and support with nutritional needs. The inspector found that all meals were prepared by the staff team on site. Respite users were encouraged to be involved in the purchasing and preparation of meals where possible. In the kitchen space the inspector observed all cupboards labelled with pictures to support respite users' accessibility to food items and cooking utensils. There were choices available for each meal and mealtimes observed by the inspector were relaxed and positive experiences. The food being served was found to be wholesome and nutritious and there was sufficient amounts provided.

The inspector reviewed the arrangements in place for the management of risk. The registered provider had developed a comprehensive risk management system which maintain a register of all risks, assessments and control measures. A sample of control measures reviewed were found to be in place. A review of incident and accident records found that appropriate follow up actions were taken where required to reduce the risk of further similar incidents occurring. There was a risk management policy in place in the centre (dated December 2020) and the inspector found that two sections required by the regulations were not included in this document.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) in the centre and there were systems in place for stock control and ordering. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur in the centre. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Fire precaution measures were reviewed by the inspector who found that there was a fire alarm and detection system in place along with appropriate emergency lighting. These systems were maintained and serviced on a regular basis by the registered provider. There were personal emergency evacuation plans in place for each respite user which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. Regular fire drills were taking place in the centre and records demonstrated that respite users and staff could evacuate the centre without

difficulty in a reasonable time frame.

A review was completed of the arrangements in place to support respite users with behaviours of concern. There were positive behaviour support plans available for those who required them and there was a positive behaviour support policy in place in the centre (dated March 2019). While there were two minor restrictive practices in use on occasion, these were clearly identified by the registered provider and were the least restrictive alternatives available. Neither of these restrictive practices were used for the management of behaviours of concern and instead were used to support two respite users with medical conditions. These were reviewed on a quarterly basis and consent for their use had been obtained and was clearly documented.

The inspector found that respite users were appropriately protected and safeguarded from experiencing abuse in the centre. The person in charge and staff team were knowledgeable of the different types of abuse and the actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature. A review of incident and accident data found that no safeguarding incidents had occurred in the centre in the time since the last inspection.

#### Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout.

Judgment: Compliant

#### Regulation 18: Food and nutrition

The inspector found that respite users were supported to eat a varied and nutritious diet and were communicated with about their meals and preferences.

Judgment: Compliant

#### Regulation 26: Risk management procedures

The centre's risk management policy (dated December 2020) was found not to contain two sections required by the regulations.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider had developed policies, procedures and guidelines for use during the COVID-19 pandemic to prevent or minimise the occurrence of the virus in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate actions had been taken by the registered provider to ensure that respite users, staff and visitors were protected in the event of a fire in the centre.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate supports were in place to support residents with behaviours that challenge and restrictive practices were found to have been used in accordance with national policy.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of respite users availing of the services of the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence to demonstrate that respite users were supported to exercise choice and control in their daily lives while availing of the services of the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0026634

Date of inspection: 03/02/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>23(2)(a) Six monthly unannounced provider visits have been scheduled for 2021 as of February 15th 2021. Written reports will be prepared and communicated.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>26(1)(d) The Risk Management Policy will be enhanced so that the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents is evident</p> <p>26(1)(e) The Risk Management Policy will be enhanced to ensure that it is evident that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident’s quality of life have been considered</p>	



## 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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	15/02/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	31/03/2021

	includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/03/2021