<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Prosper Fingal Residential Respite Service 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003395</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Prosper Fingal Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Reen</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Vahey</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 September 2017 14:30
To: 19 September 2017 20:00

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to the inspection.
This was the third inspection of the designated centre, the purpose of which was to monitor ongoing regulatory compliance and to follow up on the actions from the previous inspection. The centre was last inspected in November 2014. Ten outcomes were inspected against on this inspection.

Description of the service.
The centre provided respite services for up to five residents at any one time. The centre was located in a suburban area close to a local village. The statement of purpose stated the aims of the service was to provide a short term safe, comfortable home with an emphasis on developing capacity and assessing the needs and supports required to enable residents to live more independently. The inspector found the services provided met the aims as set out in the statement of purpose.

How the inspector gathered evidence.
The inspector spoke to two residents and met with one resident during the course of the inspection. Residents expressed satisfaction with the service provided and stated they felt happy and safe in the centre. The inspector also met with two staff
members and discussed aspects of the care and support provided to residents. The inspection was facilitated by the person in charge. The inspector observed staff providing support in a caring and sensitive manner, consistent with residents' wishes and goals. Documentation such as personal plans, risk assessments, fire safety checks and drills, incident records and staff rosters were also reviewed.

Overall judgement of findings.
The inspector found residents were provided with a good standard of care and support consistent with their assessed needs. It was evident that choice was promoted and the service was planned in order to facilitate residents' preferences, while supporting independent skills development. The centre provided respite services for up to five adults at any one time and the inspector found care and support was proportionately planned and implemented given the provider’s responsibility to meet identified needs. The centre was in compliance or substantial compliance in nine of the ten outcomes inspected against. One moderate non-compliance was identified and related to Schedule 5 policy development and review.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found the actions from the previous inspection had been satisfactorily implemented.

The inspector spoke with staff and reviewed an updated written policy with regards to the management of residents' finances, and found the procedures in place ensured residents' finances were safeguarded.

The inspector reviewed the complaints log, as well as the procedures for managing residents' feedback following their stay in respite. Complaints were well managed to the satisfaction of the complainant. Both positive and constructive feedback were regularly reviewed, and residents were involved in this review. Actions were taken to address issues which were identified, with evidence that actions were either completed or in progress on the day of inspection.

Not all aspects of this outcome were inspected against.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and
includes details of the services to be provided for that resident.

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<thead>
<tr>
<th>Theme:</th>
<th>Effective Services</th>
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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector reviewed the action arising from the previous inspection. The inspector found that since the last inspection, residents had been provided with written agreements. These agreements set out the services to be provided. There were no fees for residents who availed of respite services in the centre.

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<tr>
<th>Judgment:</th>
<th>Compliant</th>
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**Outcome 05: Social Care Needs**
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

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<tr>
<th>Theme:</th>
<th>Effective Services</th>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found residents were provided with a good standard of care and support in accordance with their needs and wishes.

The centre provided respite services to adults and information was available on residents’ assessed needs and preferences. Where needs had been identified, corresponding plans were available. These plans were found to appropriately guide practice given the level of residents' assessed needs, and the provider responsibility in providing care and support on a respite basis.

Residents had also developed personal goals with support from a key worker in day service. On admission to the centre, residents, with their day service keyworker identified actions to further support the development of these goals, for example,
making a meal. Staff in the centre were knowledgeable on this process and evidence was available to confirm these actions were completed. Personal goal plans were available in an accessible format for residents.

Residents were supported to participate in social activities of their preference. On admission for a respite stay, all residents met, and discussed and agreed activities they would like to do during their stay. A resident told the inspector that these choices were consistently facilitated.

Judgment:
Compliant

**Outcome 07: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that overall the health and safety of residents, visitors and staff was promoted and protected. Some improvement was required to ensure that adequate arrangements were in place for the containment of fire.

There were adequate means of escape and all fire exits were clearly marked and unobstructed on the day of inspection. The evacuation procedure was prominently displayed. The inspector spoke to two staff members who were clear on the evacuation procedure and the actions to take in the event of a fire. Suitable fire equipment was provided including a fire alarm, emergency lighting, smoke detectors, fire extinguishers and a fire blanket. Service records for some fire equipment was not checked as part of this inspection, with the exception of fire extinguishers which had recently been serviced. Fire doors were fitted throughout the centre however, on the day of inspection two fire doors were found to be inappropriately held open.

Residents had been assessed as to their cognitive understanding and mobility and individual personal emergency evacuation plans were outlined in personal plans. There were regular fire drills which were found to be completed in a satisfactory timeframe.

There was a policy in place in relation to risk management. The risk management policy was found to be implemented, and risk management plans clearly outlined the control measures in place to mitigate identified risks. Risk management plans related to potential risks in the environment and in work processes. The action from the last inspection relating to risks associated with water temperature had been satisfactorily addressed, and health and safety audits had included random checks of water
temperature, identifying a satisfactory level.

Arrangements were in place for the identification, recording and investigation of adverse incidents involving residents. The inspector reviewed records of incidents in the centre. Most incidents related to minor trips or falls and the inspector found appropriate action was taken at the time of incidents to attend to resident injuries and, where required, remedial action taken to reduce the likelihood of reoccurrence. Overall reasonable measures were in place to prevent accidents and guidance was available on safe work practices in the centre such as use of chemicals, cleaning the environment and use of electricity. The centre was clean and well maintained and a daily cleaning schedule was completed and recorded. There were regular health and safety checks including a monthly hazard check and quarterly health and safety audit.

There was an up to date safety statement and policies relating to health and safety. Some policies were found to be out of date however, this is discussed in Outcome 18.

Satisfactory infection control procedures were found to be in place and included appropriate handwashing facilities and personal protective equipment where required.

Not all aspects of this outcome were inspected against.

**Judgment:**
Substantially Compliant

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**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found measures were in place to protect residents and residents were supported with their intimate care needs in a manner that respected their dignity.

There was a national policy for the prevention, detection and response to abuse and a local procedure guiding the practice in dealing with safeguarding concerns. The local procedure had been developed into an accessible format and was displayed in a prominent place in the centre for residents' and staff guidance. Staff had up-to-date
training in safeguarding and were knowledgeable on the types of abuse and the actions to take in response to safeguarding concerns. The inspector met with a resident who stated they felt safe in the centre. There were no safeguarding concerns in the centre on the day of inspection.

The inspector reviewed plans related to the provision of personal intimate care. Plans guided practice and ensured the privacy and dignity of residents was protected. Staff outlined how residents were supported with their intimate care and the inspector found this was consistent with intimate care plans.

There were no restrictive procedures in the centre and a restraint free environment was promoted.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found residents were appropriately supported with their healthcare needs in line with assessments and the provider's responsibility.

The inspector reviewed assessments of need and medication prescriptions and found overall where residents required assistance, plans were developed which guided the practice in the delivery of care. Up-to-date information had been provided to the centre following assessment by an allied healthcare professional.

Residents and staff outlined that meals were provided as per residents' preference and the inspector observed that choices were supported. Residents were supported to prepare their own meals and the inspector observed a resident, being supported to prepare the evening meal in the centre. The centre had developed an accessible recipe book which provided clear instruction to residents in meal preparation. The inspector spoke with a resident who stated they were satisfied with the food provided in the centre and of the choice offered. The inspector observed that meal experience for residents was positive and social.

Judgment:
**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found residents were protected by the policies and procedures for medication management.

There were policies and procedures relating to medication management in the centre. Suitable storage was provided and for those residents who self-medicated suitable secure storage was also provided. A record was maintained of all medication received into the centre.

The inspector reviewed medication prescription records and found these were complete. PRN (medicines only taken as the need arises) stated the circumstances under which the medication should be administered and the frequency of dosage in 24 hours was stated.

Staff had received training in medication management.

The inspector reviewed records of medication incidents in the centre. Most incidents related to spoiled medications. Where errors occurred for example, omission or late administration, the inspector was satisfied corrective action had been taken to mitigate risks.

There were no controlled medications in use in the centre.

**Judgment:**

Compliant

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**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*
Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found the management systems in place had ensured the service provided was safe and appropriate to residents' needs. The service provided was monitored on a regular basis however, some improvement was required to ensure unannounced visits by the provider were completed within the required timeframe.

The inspector found that residents were provided with a good standard of care and support consistent with residents' stated needs. Staff team meetings were facilitated on a monthly basis. The staff team in the centre had recently changed and the person in charge facilitated monthly individual meetings with each staff member as part of probation support and reviews for staff. Staff stated the felt supported by the person in charge and by staff member appointed as the house lead in the centre.

There was a clearly defined management structure and lines of authority and accountability were identified. Staff reported to a house lead, who in turn reported to the person in charge. The person in charge reported to an operations manager, who reported to the director of services, representing the provider.

An annual review of the quality and safety of care and support had been completed within the last year. This review had considered the views of residents and of residents' representatives, collated as part of an unannounced visit by the provider in September 2016.

An unannounced visit by the provider had been completed in September 2016, however the inspector found this was not in keeping with the regulatory requirement of 6 monthly unannounced visits. A report had been produced and actions developed in relation to identified issues. One action was not completed and related to a service policy review.

The person in charge was employed on a fulltime basis and had responsibility for three designated centres comprising four units. There was a house lead employed as a social care worker, and the house lead supported the person in charge in the day to day management of the centre. The house lead was facilitated with protected time to carry out their administrative functions. The person in charge was engaged in the governance, operational management and administration of the centre and was in attendance in the centre on a regular basis.

Judgment:
Substantially Compliant
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found there were sufficient staff with the right skills and experience to ensure the assessed needs of residents were met.

The centre was staffed by a social care worker and two care staff. From a review of rosters and from observations of practice, it was evident that the staffing complement was reflective of the needs of the residents. The inspector observed that assistance was provided to residents in a kind and supportive manner taking into account residents' preferences and needs.

Planned and actual rosters were maintained for the centre.

The inspector reviewed staff training records. Staff had been provided with mandatory training in safeguarding and in fire safety, as well as medication management, first aid and manual handling.

Schedule 2 records and supervision records were not reviewed as part of this inspection.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found a number of policies remained out of date and had not been reviewed within the required three year timeframe. The inspector gave feedback on these policies to the provider at the feedback meeting at the end of the inspection. The provider submitted a service plan for reviewing policies to the Health Information and Quality Authority post inspection.

One policy was not available, the provision of information to residents.

Judgment:
Non Compliant - Moderate

Closing the Visit
At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements
The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:
Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Prosper Fingal Limited</th>
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<tbody>
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<td>Centre ID:</td>
<td>OSV-0003395</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 September 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 November 2017</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements were not in place for the containment of fire.

1. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. The company has sought expert advice from a fire engineer on the correct devices to fix to fire doors to ensure they close in event of fire alarm activation.
2. Quotes for this work have been sought.
3. In the interim all staff have been reminded to be vigilant about following procedure for closing fire doors.
4. Work to be completed following receipt of suitable quotation

Proposed Timescale: 1, 2, 3 completed. No 4: January 31st 2018

Proposed Timescale: 31/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Unannounced visits by the provider had not been completed within the required timeframe.

2. Action Required:
Under Regulation 23 (2) (a) you are required to: 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 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.

Please state the actions you have taken or are planning to take:
An unannounced visit has been scheduled and a written report will be submitted.

Proposed Timescale: 30/11/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no policy developed on the provision of information to residents.

3. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
| Please state the actions you have taken or are planning to take:  
The policies requiring review under Regulation 4 will be reviewed and implemented in line with the regulations. This has commenced with some near completion.  

**Proposed Timescale:** 31/07/2018 |