<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Prosper Fingal Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0001860</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Co. Dublin</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Prosper Fingal Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Pat Reen</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Michael Keating</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
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<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>27 November 2014 11:00</td>
<td>27 November 2014 18:00</td>
</tr>
<tr>
<td>28 November 2014 09:30</td>
<td>28 November 2014 12:30</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
<th>Outcome 02: Communication</th>
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</thead>
<tbody>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
<td>Outcome 10: General Welfare and Development</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This was an announced inspection and is part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application
to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre’s for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

This centre provides respite services to services users of Prosper Fingal Ltd. a provider of services to people with disabilities in North Co. Dublin. The residential respite service aims to 'provide a short term safe, comfortable home, in response to individuals' and carers, needs.' The respite service operates on a 24/7 basis.

A number of relatives’ questionnaires were received by the Authority subsequent to the inspection. The opinions expressed through the questionnaires were complimentary of the services and facilities provided. In particular relatives identified with the initial admission process as being extremely positive, where booklets detailing the service were provided along with a tour of the house. In addition relatives spoke about staff consistency and familiarity as being a particular strong point of the centre, with many stating this as the reason as to why their relatives loves to avail of the respite breaks.

Evidence of good practice was found across all outcomes, with 14 outcomes judged to be fully compliant including health care, medication management, governance and management, workforce, social care needs, health and safety and safe and suitable premises. Some areas of non compliance with the regulations were identified. Four outcomes were found to be moderately noncompliant relating to environmental restraint, contracts of care, complaints processes and out of date policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority’s Standards.
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):
No actions were required from the previous inspection.

Findings:
The inspector found that residents' rights, dignity and consultation were supported by the provider and staff. However, improvements were required in the monitoring of residents and their relatives comments and compliments relating to service provision and in relation to the assessment of need relating to the use of sound monitors in bedrooms for some residents.

In general, there was a commitment by the provider, person in charge and staff to promoting the rights of residents. There was a complaints policy in place and this policy along with information on an independent advocacy service was provided in an accessible format for all residents. There were no complaints log and in addition there was no evidence to suggest that any comments, compliments or concerns raised by relatives or residents were being appropriately addressed in line with the complaints policy. Comments made by a family member to staff was communicated verbally to the inspector however, this concern was not recorded and pursued in line with the policy.

Residents were consulted with on the day to day running of the centre. There were weekly house meetings where residents made decisions and asked for specific supports, such as assistance in accessing the community, travel, training or to be more involved in food preparation. A feedback form was also used to allow residents comment on their respite stay.

Policies/procedures relating to the management of residents finances were out of date and sections were found to be no longer relevant. There was a clear plan put in place to address the issue of updating policies and this is discussed in more detail under
Outcome 18: Records and Documentation. Clear policies were in place outlining how staff expenses were to be covered during community outings and meals while supporting residents. This ensured that staff costs were not contributed to by any resident and provided clarity for staff on how much they were allowed to spend on specific outings, the costs of which were met by the company.

The use of monitoring devises were operating for a small number of individuals who use the respite centre, which were sound monitors used to alert night-duty staff to the needs of these residents. However, there were no individual assessments of need in this regard, and issues such as privacy and dignity were not considered.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that the person in charge and staff had responded very effectively to the communication support needs of residents. All key information was available throughout the centre in accessible formats. For example, pictorial menu planners, pictorial rosters and the residents guide. Pictorial indicators on kitchen presses were also used to help residents to find what they needed in the kitchen, particularly, as many were infrequent users of the respite service.

Many personal plans were provided in pictorial format and each resident had a communication assessment report completed by a speech and language therapist shortly after each resident’s admission to the broader service. These assessments included mealtime observations and literacy skills and were reviewed as required.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.
Theme:
Individualised Supports and Care

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

Findings:
Overall, it was clear that residents were supported to develop and maintain personal relationships and families were actively encouraged to be part of the resident's life. Cognisant of the fact that this centre provides respite services for short periods of time, all respite users were living full time with family members and viewed their stay in the centre as a break from their family homes. Despite this, the centre had an open door policy and families were encouraged to visit if they choose to. Staff were observed providing support to a relative of one resident, and assisting another resident to phone home.

There was clear documentary evidence that family members were involved in person centred planning meetings (initiated within day services) and had also been accommodated to meet with senior management up to provider level to discuss additional support requirements for their relative. Community access was enhanced through the use of a travel training programme.

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.

Theme:
Effective Services

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

Findings:
Residents had not been provided with a 'contract for residential services' as required in the Regulations. The person in charge stated that they had been developing this and showed the inspector a draft copy. This draft copy met all of the requirements of the Regulations but was yet to be issued to residents.

There was an admissions and discharge policy which set out the arrangements for admitting and discharging residents in line with the provision of respite services. A directory of residents was in place with information on all service users. Each resident
was assessed in relation to their support requirements, and a decision was then made on the type of respite service provision they received. For example, there were two separate respite options (centres) available to users of Prosper Fingal Ltd. This service was nurse led, with waking night staff, which aimed to meet the needs of resident's who may require medical supports. The criterion for admission to the centre was clearly set out within the statement of purpose.

Judgment:
Non Compliant - Moderate

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.

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 residents were involved in the development of their plans and staff were providing a good quality of social supports to residents. Personal plans reviewed identified goals for each resident which were outcome based rather than solely activity based. The provider had also initiated an audit of the files and record keeping across the service since their last inspection and had implementing significant changes to the care planning process which had been in operation. Changes included the standardisation of all care planning documentation to ensure consistency across the service. An identified need for this related to the fact that day service staff were responsible for developing the person centred plans and goal setting process for users of this respite service.

Other changes to the planning process included identifying a need to separate person centred planning (PCP) goals and 'Individual support goals' to ensure that social goals and outcome focused skill attainment goals were both developed. Training was also provided to staff on how to do this effectively. Forms were also used to break down goals into smaller steps to enhance goal achievement and assist in the monitoring of progress.

The personal plans contained important information about the residents' lives including providing information on their backgrounds, including family members and other people
important to them. Risk assessments were being used to ensure residents could be involved in day to day activities. For examples residents were being supported to be involved in daily living activities appropriate to their needs interests and capacities such as meal preparation skills and independent travel. Weekly activity plans were also in operation, which identified the activities chosen by the resident for that week.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The inspector found that the centre was bright and airy, well maintained and adequately met the residents individual and collective needs in a comfortable and homely way. The premises were well maintained and records of maintenance repairs were available. Each resident was provided with a room of their choice, and friends were also provided with a opportunity to share rooms if preferred. Residents were observed choosing the room they wanted to stay in, and also discussed with the inspector, their choice to share a room with a fellow resident, or not.

There was sufficient communal space provided within the centre. The inspector observed residents making use of many rooms, with some choosing to take time out alone watching TV or relaxing after travelling to the centre from their day service. There were an adequate number of bathrooms and toilets to meet the needs of residents, with many of the rooms providing en-suite facilities. In addition, one bedroom downstairs was fully accessible to wheelchair users, with an electric bed, hoist and fully accessible bathroom.

The house was a large detached house located in a town in North Co. Dublin. It is close to public transport and shops, restaurants etc

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:
It was found that the health and safety of residents, visitors and staff was promoted and protected. There were suitable arrangements in place to ensure fire safety procedures met the needs of all residents and staff and that contingency plans were in place in case of emergency. Overall it was found that there was a proactive approach and attitude to controlling risk supported by effective management and monitoring of risk through regular health and safety audits and safety inspections.

A number of policies relating to health and safety as referred to under Outcome 18: Records and Documentation were out of date or needed to be revised.

The inspector read the centre specific safety statement with relevant health and safety policies and procedures including risk assessments. The provider also informed the inspector that they had recently recruited a qualified ‘company safety officer’ to consolidate the company approach in relation to health and safety and risk management. This was also considered a necessity as a result of previous inspection findings relating to fire safety noncompliance's in other residential settings. Findings from this inspection found significant improvement in this area, and that comprehensive personal evacuation plans had been developed for all residents. In addition, fire evacuations have taken place on a monthly basis to ensure that all staff who had received training in fire safety were confident and competent in their ability to evacuate the centre.

A senior member of the management team, assisted by a fire consultant, had recently undertaken an inspection of the premises and had identified some actions required which had been addressed such as the removal of boxes of papers from one room, and installing a ‘push-bar’ on one of the downstairs exits. The upstairs of the premises was identified as only being suitable for ambulant residents, and there were two egress points from either end of the upstairs corridor leading to external fire escapes.

A certificate of compliance relating to fire safety and building control was submitted to the Authority as part of the registration process. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. A general fire evacuation plan identifying an adequate number of exits was posted at prominent positions throughout the centre. Fire Automatically closing fire doors were also installed providing additional safeguarding and the ability to compartmentalise the premises in the event of fire. Staff told the inspector they were confident in their ability to evacuate the centre at all times.
Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionally managed. There was evidence that they were regularly being updated by staff following ongoing review. There were only three incidents recorded during 2014 and these were read by the inspector and related to minor accidents and near misses.

There was a policy on and control measures in place to manage any outbreak of infection. There were two laundry rooms, one on each floor to eliminate the need to take dirty or soiled linen through the kitchen from upstairs bedrooms, to minimise the risk of infection. In addition, there was a record maintained of weekly shower 'flushes' to prevent the possibility of disease linked to stagnant water. Daily cleaning records were maintained and cleaners were also employed weekly to clean the centre.

The centre had access to vehicles to provide transport to residents. Driving licenses were viewed on an annual basis with a copy maintained on file to ensure all designated staff were suitably qualified to drive the vehicles.

Judgment:
Compliant

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

Findings:
There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and were knowledgeable on what constitutes abuse and on reporting procedures. The person in charge stated that restrictive practices were not used within the centre, as there was a policy of 'no restraint' within the broader service. However, bed rails were used for one resident who availed of the service on a regular basis, which had not been identified as an environmental restraint and there was no assessment of need in place.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults which provided clear guidance to staff. Residents spoken with said they felt safe and could tell the inspector who they would speak to if they felt unsafe or needed
particular support. Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area.

Residents were also provided with comprehensive positive behavioural support plans (as required) documenting clear efforts to alleviate the underlying cause of the behaviour. These plans clearly identified triggers or 'flags' to staff to help them identify times of stress for residents, as well as outlining things residents liked to speak about and in what areas they were trying to develop independence skill enhancement.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

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

**Findings:**
The staff were maintaining detailed records of all accidents and incidents in the centre. They were reviewed by the person in charge, the provider and the health and safety officer.

Notifications have been received by the Authority as required by the Regulations. The person in charge and persons participating in management were very knowledgeable about the requirements in the regulations.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

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

Findings:
Resident’s opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Resident's personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and request of residents.

Cognisant of the provision of short-term respite services in the centre, support plans were developed within each resident's day service, with the plans identifying what elements of the plans could be facilitated while the focus person resided in the respite setting. For example, plans operating within the respite centre primarily focused upon maintaining and developing skills in the areas of self care and protection, and knowledge in relation to their rights and daily living tasks. Residents were also each provided with a day to help prepare meals within the centre. One residents described her level of involvement in this, including being involved in going out and purchasing the ingredients in local shops.

Weekly activity plans outlines the opportunities the residents had for social participation within the local area. In addition, residents were provided with opportunities for education, training and volunteering through their day services. For example, FETAC training programmes operated within these services. One resident told the inspector about her efforts to find a voluntary work placement within her particular area of interest in order to help her find employment in that area, which was a clear ambition of hers.

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:
Overall the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health.
The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner (GP), speech and language therapy, psychology, social work, ophthalmology and physiotherapy. Specific issues had being comprehensively provided for such as thyroid issues and depression. In addition, residents had accessed the services of an occupational therapist and physiotherapist to assess sleeping position (where required) and a sleep positioning system had been provided.

All health care plans provided details of regular consultation with appropriate professionals, with comprehensive reports provided from each consultant. For example, speech and language therapists had completed communication assessment reports in some of the files reviewed. In addition, specific training had been provided to a staff from a speech and language therapist to meet the needs of one particular resident.

Residents were involved in food preparation and planning. Personal plans and activity plans identified when each resident had planned to assist with food preparation, and been involved in choosing their meal of choice.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by nursing staff.

The receipt of medication was being recorded and medication was being stored in a locked press in the house. The prescribing and administration of all medication was in compliance with the Regulations and in line with best practice guidelines. Drug errors were recorded and reported using the organisation drug reporting sheets and reporting mechanism. There was a clear policy in relation to transporting medication to and from the respite centre with clear guidelines for staff on receiving and returning this medication. This information was also summarised into a medication management information leaflet, provided to all users of the respite service and their family, which had been updated in May 2014. This provided clear explanation of safe medication...
practices and the requirements of the provider, families and residents in order to ensure
safe medication practices were complied with, and provided a rationale for the
guidelines that were in place.

A strategy for medication management specific to each resident had been developed.
This focused upon the level of involvement of residents in administering their medication
with a comprehensive assessment in place to ascertain individual capacity to self
administer or determine the minimal level of support required.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in
the centre. The services and facilities outlined in the Statement of Purpose, and the
manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
A copy of the statement of purpose was provided to the inspector upon request. It
included the detail of all of the facilities and services provided. It contained all of the
information as required within Schedule 1 of the Health Act 2007 (Care and Support of
Residents in Designated Centres for Persons (Adults and Children) with Disabilities)
Regulations 2009.

A copy of the statement of purpose was available to residents and their representative
and an easy to read version was also available.

**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.*
<table>
<thead>
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<th>Theme:</th>
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<tbody>
<tr>
<td>Leadership, Governance and Management</td>
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<th>Outstanding requirement(s) from previous inspection(s):</th>
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<td>No actions were required from the previous inspection.</td>
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<th>Findings:</th>
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<td>There was a clearly identified management structure in place and</td>
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<td>staff were familiar with the reporting mechanisms. The centre was</td>
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<tr>
<td>managed by a suitably qualified, skilled and experienced person</td>
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<td>in charge with authority, accountability and responsibility for</td>
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<td>the provision of the service. The inspector observed that she was</td>
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<td>involved in the governance, operational management and</td>
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<td>administration of the centre on a regular and consistent basis.</td>
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<td>For example, she explained how she managed the roster and had to</td>
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<td>sign off on any changes made to it. She had been working with the</td>
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<td>residents for many years and was well known to them.</td>
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<td>During the inspection the person in charge demonstrated a clear</td>
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<td>knowledge of her statutory responsibilities under the legislation.</td>
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<td>She was committed to her own professional development and was</td>
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<td>supported in her role within the centre by a 'house leader' who</td>
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<td>was registered with the Authority as a person participating in</td>
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<td>management. This house leader was interviewed during this</td>
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<td>inspection as was deemed to be fit for the role. The person in</td>
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<td>charge reported directly to a line manager who in-turn reported to</td>
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<td>the nominee provider. She had regular minuted meetings with both</td>
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<td>the line manager and nominee provider. The person in charge was</td>
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<td>well supported by a number of senior management whom she reported</td>
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<td>actively support her to carry out her role effectively and whom</td>
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<td>she relied upon for support and guidance. A number of these key</td>
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<td>personnel were met with and/or interviewed during the course of</td>
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<td>this registration inspection including the provider (Director of</td>
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<td>Services), the operations manager, the quality manager, and the</td>
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<tr>
<td>financial controller, all of whom made themselves available to the</td>
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<tr>
<td>inspector.</td>
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<tr>
<td>The nominee provider had also carried out an unannounced inspection</td>
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<td>of the centre as required within the Regulations and this report</td>
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<tr>
<td>was made available to the inspector upon request.</td>
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<tr>
<td>Staff were supported by the person in charge at all times by phone</td>
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<td>for advice and support as required. The inspector met two of these</td>
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<tr>
<td>staff members during the inspection. They were knowledgeable in</td>
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<tr>
<td>relation to the needs of residents, and were clear on all of the</td>
</tr>
<tr>
<td>key policies and procedures within the centre.</td>
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<table>
<thead>
<tr>
<th>Judgment:</th>
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<tbody>
<tr>
<td>Compliant</td>
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### Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

There was a guideline in place identifying a person participating in management (operations manager) as replacing the person in charge in her absence through short term illness or by her being on leave.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that sufficient resources were provided to meet the needs of residents to ensure the effective delivery of care and support in accordance with the statement of purpose.

The agreed staffing levels were judged to support residents to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the roster to meet specific needs of residents. For example, two staff were scheduled for duty Wednesday afternoons from 12pm to meet the needs of residents as all day services close early on that day.
In addition, staff were available to provide travel training to residents, and this was a significant undertaking by the provider, and required significant commitment of the staff providing the training. Residents with significant support requirements were also catered for, and it was determined that their needs were met due by reducing the numbers of residents staying in the respite centre from seven to five, due to the assessed needs of these residents.

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

**Findings:**
The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults' with disabilities. Recruitment was currently ongoing within the centre and the person in charge explained this process in detail to the inspector.

Staff files for this centre were reviewed during a separate visit to the company's central management office and were found to contain all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. In addition, evidence that contract cleaners had been Gardá Vetted was provided to the inspector, which was identified as a noncompliance on a previous inspection.

Training records were provided to the inspector and all staff had completed mandatory training as well as additional training to meet specific needs of residents and to maintain professional development of staff.

There were adequate numbers of staff available at all times to meet the assessed needs of residents. Residents were provided with a continuity of care from staff that know them well and were clearly passionate about their roles. There was a panel of 'relief staff' maintained, to fill short-term vacancies and sick-leave. These staff were recruited in line with the organisations' recruitment processes and eliminated the need to use any agency staff who would be unfamiliar to the residents.
There were adequate supervision arrangements in place such as monthly meetings between the person in charge and staff members and these meetings were formally recorded. There was a planned roster available for the centre as well as an actual roster which clearly identified who had worked on any given shift.

**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):**
No actions were required from the previous inspection.

**Findings:**
During the previous inspection a number of policies and procedures were found to be out of date or in need of review, and this remained the case during this inspection. The provider provided assurances that he had recently assigned the task of coordinating the review and updating of policies and procedures to a senior member of staff but it was recognised that this was a significant task and would take time. Progress in this regard was evidenced by the inspector. For example, the inspector met with the finance controller who provided copies of the work completed to date on relevant finance policies and he also informed the inspector that they had recognised that 'respite specific' policies were being worked on, as the existing policies focused upon full-time residential placements and day services provided across the broader organisation. However, a number of policies as listed with Schedule 5 of the Regulations remain out of date.

The residents were provided with a residents guide in an accessible format. The provider had also developed a directory of residents with all of the information as required within the Regulations.

The inspector reviewed a copy of the insurance certificate which confirmed that there was up to date cover in the centre.
Records were being maintained in a secure and safe manner. Staff records were stored within the company's central office. Resident's records were kept in a locked press in the staff office. All residents' records reviewed were accurate and up to date. Records were made available to the inspector as required during the inspection.

**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:**

Michael Keating  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Prosper Fingal Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001860</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 December 2014</td>
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</table>

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident's rights were not appropriately assessed and documented in relation to the use of monitors at night time.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
The clinical team and the family will be consulted and their advice taken in relation to the use of a monitoring device at night time. A support plan in relation to this will be drawn up.

**Proposed Timescale:** 16/01/2015

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Policies relating to the management of residents finances were out of date and were not adequately informing practice.

**Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
1. The finance department will develop and implement a clear policy on residents’ finances.
2. A local staff guideline in relation to supporting residents to manage their finances will be drawn up.

**Proposed Timescale:** 31/01/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Comments and concerns were not being appropriately responded to in all cases.

**Action Required:**
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

**Please state the actions you have taken or are planning to take:**
A strategy and paperwork is being developed to respond appropriately to comments and concerns.
**Proposed Timescale:** 31/01/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
All comments and complaints were not appropriately recorded; therefore there was no evidence to demonstrate the concerns had been responded to appropriately.

**Action Required:**  
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**  
A strategy and paperwork is being developed to respond appropriately to comments and concerns.

**Proposed Timescale:** 31/01/2015

| **Outcome 04: Admissions and Contract for the Provision of Services** |
| **Theme:** Effective Services |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Contracts of care had yet to be issued to all residents.

**Action Required:**  
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**  
1. Finalise the draft of the Easy Read Contract of Care and merge with the full contract of Care. 31st January 2015  
2. Agree a strategy for the implementation of the final document to all residents. 31st March 2015  
3. Implement the strategy. 30th June 2015

**Proposed Timescale:** 30/06/2015
Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no adequate assessment of or review of the intervention (bed rail) through individual personal plan.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The clinical team and the family will be consulted and their advice taken in relation to the use of a bed rail at night time. A support plan in relation to this will be drawn up.

Proposed Timescale: 16/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of policies and procedures were identified as being out of date or not centre specific.

Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The seven policies will be prioritised for review and updating, to reflect best practice and to comply with the regulatory requirements.

Proposed Timescale: 31/07/2015