<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Prosper Fingal Limited</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003398</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Co. Dublin</td>
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<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>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Pat Reen</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Michael Keating</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>10</td>
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<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

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<tr>
<th>From:</th>
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<tr>
<td>11 March 2015 12:10</td>
<td>11 March 2015 20:10</td>
</tr>
<tr>
<td>12 March 2015 10:00</td>
<td>12 March 2015 14:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Generally, inspectors found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre had a warm atmosphere and inspectors found that residents were comfortable and confident in telling the inspector about their home.

A number of relatives’ questionnaires were received by the Authority during and subsequent to the inspection. The opinions expressed through the questionnaires reflected the provision of a high quality service. In particular, relatives referred to the commitment of staff and the development of their relative while resident in the designated centre particularly in relation to their increased level of independence.

Evidence of good practice was found across all outcomes, with 16 outcomes judged to be fully compliant including health care, safeguarding and safety, governance and management, workforce, social care needs and safe and suitable premises. Two outcomes were found to be substantially complaint relating to medication management and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to fully compliant 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. Residents were also consulted in how the centre was planned and run. There was evidence that any complaint or issue raised by residents or their representative were listened to and acted upon and that this feedback was used to improve the quality of service delivered.

In general, there was a commitment by the provider, person in charge and staff to promote the rights of residents. There was a complaints policy in place which had been recently revised and this policy along with information on an independent advocacy service was provided in an accessible format for all residents. There were separate complaints logs in each of the houses comprising the designated centre.

Two complaints from residents were recorded in these logs. These contemporaneous records evidenced that the person in charge agreed that the complaint was valid. The person in charge reported the incident to the complaints officer. The log entry reported that the complaint had been addressed and resolved to the satisfaction of the resident concerned (and their family). These complaints were recognised as extremely important to each complainant and addressed efficiently.

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, their involvement in menu planning and food preparation and in daily activities. Residents were also found to be strong self-advocates as well as supporting one another. Many residents sought to speak with the
inspector privately, and they spoke of being able to exercise their civil, political and religious rights highlighting they could make informed decisions about the management of their care.

Policies/procedures relating to the management of residents finances were in place and were providing clear guidance to staff. Many residents were encouraged and supported to manage their own monies and those whose monies were managed for them were safeguarded by robust practices. There was a policy in place relating to residents personal possessions, and there was a list of each residents personal possessions contained within their care planning folder.

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.

**Judgment:**
Compliant

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**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 person in charge and staff had responded very effectively to the communication support needs of residents. Communication plans were in place for communicating with residents' as required. Each individual's communication requirements were reflected in practice. Staff were aware of individual communication requirements of residents. Staff were witnessed using 'Lámh' signs to support communication and staff also adapted their style of speech to suit individual residents.

Key information was available throughout the centre in an accessible format. For example, contracts of care and the residents guide were provided in both typed and easy to read pictorial format.

The houses were very much part of the broader community and residents spoke of availing of many community facilities such as local clubs and public amenities. Residents also had access to televisions, music, social media and internet.

**Judgment:**
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.

There was clear documentary evidence that family members were involved in person centred planning meetings 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.

Relatives were highly complementary of the service provided within the relative questionnaires provided to the authority and referred to the high level of communication and contact from staff members and how many residents had been supported to access the community independently.

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:
Each resident had a signed contract of care in place provided in a format suited to them which detailed the support, care and welfare of each resident. These contracts detailed the services provided to each resident including the fees to be charged.
There was a policy in place relating to admission to the centre. In general, the admissions procedure was explained by the person in charge to be individualised. In a review of the most recent admission to the centre, this was found to be the case. This resident was given the choice of being admitted and was supported in this decision by numerous visits to the house, including sleepovers before deciding to stay. The other residents were also involved in this decision, and were consulted on the suitability of this resident for their house.

**Judgment:**
Compliant

### 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 the wellbeing and welfare provided to the residents was to a high standard. Each resident was actively involved in the writing up of their personal plan and in outlining their own social goals. The Inspector reviewed a number of the personal plans with residents who were keen to show them to the inspector and spoke proudly of both their goals and their involvement in the planning process.

Each resident had both long term and short term goals within their plan. The Inspector spoke to residents and they were clear on what their specific goals were and discussed their progress in achieving these goals. One resident explained how they were progressing towards the goal of buying some groceries independently. The plans were reviewed regularly and family members also attended a formal planning meeting held annually.

In general goals were found to be outcome based, focused upon developmental goals rather than one off activities. Training was ongoing for staff in relation to effective person centred planning. Some developmental goals in progress included gaining employment in a nursing home, and this goal was actively in progress with an opportunity to volunteer secured as a first step. Other developmental goals identified
included travel training, in order to support residents to use public transport independently, personal and intimate care planning, gardening and independent living skills.

**Judgment:**
Compliant

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

**Findings:**
Overall it was found that the location(s), design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Both houses comprising the designated centre met the needs of each resident and the design and layout promoted residents' safety, dignity, independence and wellbeing. For example, each resident had their own room, which was personally decorated and treated as a private space. Residents held their own key to their room, and staff would only enter rooms with the permission of the resident. Contract cleaners were used on a weekly basis to clean each house and a form was available that documented which bedrooms the cleansers had consent to enter.

All bedrooms were generously proportioned and some residents showed the inspector their bedrooms. It was noted that they met the need of each resident and were decorated in a way unique to the occupant. There was also adequate storage provided in each room. There was adequate communal space in each house, with two sitting rooms in one house and three in the other house. A third sitting room was provided for one house to meet the need of one specific resident who likes to spend some time alone. There was an adequate number of bath and shower rooms as well as toilets in each house. There was also a spacious kitchen and dining area in each house. Maintenance and cleaning records were well maintained in each location.

**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:**

Overall it was found that the health and safety of residents, visitors and staff was promoted. 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.

The inspector read the centre specific safety statement with relevant health and safety policies and procedures including risk assessments. The provider had recruited a qualified health, safety and risk officer to consolidate the company approach in relation to health and safety and risk management. This was considered a necessity as a result of previous inspection findings relating to health safety non compliances in this and other designated centres provided within the company.

Findings from this inspection found that this consolidated approach had provided a greater consistency and clarity in relation to fire safety management and risk assessment in particular. Staff were knowledgeable on all health and safety related policies and procedures including the management of fire and other emergencies. Comprehensive personal evacuation plans (PEEP's) had been developed for all residents. In addition, fire and/or gas evacuations were taking 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, and that residents ability to evacuate was maintained.

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. Staff told the inspector they were confident in their ability to evacuate the centre at all times.

The risk management policy, while under review, was found to be implemented throughout the centre and cover the matters as set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from incidences. 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. Some staff had also
been provided with training in risk management.

The risk assessment documentation had been simplified since the previous inspection to provide clarity for all staff and residents. For example, the complicated matrix was no longer necessary to 'gauge risk'. Overall it was found that there was a rights based approach to risk management encouraged where residents choices in relation to completing tasks with an element of risk were respected. Examples of this included travelling independently on public transport, self-administration of medication, managing of personal finances and independent community access.

There was a policy on and control measures in place to manage any outbreak of infection. Daily cleaning records were maintained and cleaners were also employed once a week to clean the centre thoroughly. Cleaning records were observed by the inspector.

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 staff were suitably qualified to drive the vehicles.

**Judgment:**
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):**
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 constituted abuse and on reporting procedures.

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. The persons in charge confirmed restrictive practices were not used within the centre, as there was a policy of 'no restraint' within the broader service. 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). 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:
Compliant

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:
A record of all incidents occurring in the designated centre was maintained and where required notified to the Authority.

Judgment:
Compliant

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
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. Examples of this have featured throughout this report and include self-administration of medication, independent travel and being allowed to stay in the centre alone for a defined period of time.

Residents personal plans provided evidence of strong links between residential and day services in the development of their plans and in identifying individual need and opportunities for education, training and volunteering. Weekly activity plans also outlined the opportunities residents had for social participation within the local area.

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

**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), psychology, social work, occupational therapy, chiropody, ophthalmology, dental and access to a public health nurse. Specific issues had being comprehensively provided for such as diabetes, mental health, epilepsy, asthma, skin conditions and hypothyroidism. Specific health screening for age and gender related issues had also been documented such as bone density scans and mammograms. Health promotion in areas such as mental wellness, health eating and smoking were also a feature of the plans.

Residents were responsible for choosing the weekly menu in the centre. The inspector reviewed the menu and the food was seen to be varied and nutritious. The inspector enjoyed a meal with the residents in the centre, which was a positive social experience with lots of conversation. Staff eat their meals with residents and this helps to provide support to residents where required in a discreet and sensitive manner.

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

**Findings:**
Overall 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 qualified staff that had been appropriately trained in the safe administration of medication. Staff were supported by being able to call upon the advice of a nurse 'on call' at all times. However, it was noted that the name of medication differed sometimes between the use of the generic and trade names between the prescribing and administration sheets. Examples of medications where the was little or no similarity between the names used between what was prescribed and signed for on the administration sheet were provided to the person in charge during the inspection.

The receipt of medication was being recorded and medication was being stored in a locked trolley in each of the houses comprising the centre. Drug errors were recorded and reported using the organisation drug reporting sheets and reporting mechanism. The organisation policy on medication management identified the need to have all staff trained in the administration of medication, and this had been completed by all staff. Additional training had also been provided to the staff on site by the pharmacist who provided training on the specific pre-packaged administration system used by the pharmacist and their ordering and returning of medication system.

The medication management policy 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. This had resulted in a large number of the residents self-medicating, one such reason for supporting self-administration was explained by staff and residents as supporting independence while residents were away from the centre such as when staying with relations.

**Judgment:**
Substantially Compliant
### 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:**
The updated statement of purpose contained all of information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. The statement of purpose was found to accurately describe the service that was provided in the centre.

The statement of purpose was found to be under regular review. Efforts were made to provide the statement of purpose in an accessible format to all residents. For example; it was also available to residents and their representatives in an easy to read format.

**Judgment:**
Compliant

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

**Findings:**
There was a clearly identified management structure in place and staff were familiar with the reporting mechanisms. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The inspector observed that she was involved in the
governance, operational management and administration of the centre on a regular and consistent basis. She had been working with the residents for many years and was well known to them.

The provider was found to have suitably addressed concerns raised during the last inspection relation to day to day governance and support for staff and residents on a day to day basis by assigning a 'house lead' to each of the locations. These persons were registered with the Authority as persons participating in management and were both met with during the course of this inspection. Both persons were found to be suitable for this role, and were found to be actively involved in the day to day management of the centre.

During the inspection the person in charge demonstrated a clear knowledge of her statutory responsibilities under the legislation. She was committed to her own professional development and was supported in her role within the centre by a team of social care workers. She reported directly to a line manager who in-turn reported to the nominee provider. She had regular minuted meetings with both the line manager and nominee provider. The person in charge was well supported by a number of senior management whom she reported actively support her to carry out her role effectively and whom she relies upon for support and guidance.

The nominee provider had also carried out an unannounced inspection of the centre as required within the Regulations and this report was made available to the inspector upon request. This report focused upon the quality of care and experience of residents. The report identified areas for improvement, and it was also noticed that all of these areas had a comprehensive plan in place to address these areas. In addition the provider and supporting senior management also hosted a training event in one of the premises where staff focused upon key support area such as identifying how residents are respected, how people are kept safe, accountability of staff and staff development. This was done to focus upon areas that they do well but also to identify possible improvement. The notes from this event was read by the inspector.

Judgment:
Compliant

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.

The provider had decided to appoint a house leader to each individual house. Staff and residents identified with the role of house lead within the management hierarchy. Staff spoken to were also clear that they were effectively in charge as part of their duties as they often worked alone.

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 2pm to meet the needs of residents as all day services close early on that day. It was also found that there were adequate resources to support residents achieving their individual personal plans.

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 staff numbers and skill mix were found to be appropriate to meet the assessed needs of the residents. Since the last inspection, all staff had all received up to date mandatory training including the areas of safeguarding and fire safety.

A number of staff files were reviewed, including the three persons involved in the management of the centre, and all of them contained the documents 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. This process was carried out on a date prior to the inspection within the company's head office. The inspector found robust recruitment process in place and the nominee provider and persons in charge took responsibility for interviewing and recruiting staff. The centre was actively recruiting social care staff in an effort to reduce the current over reliance upon relief staff. However, the relief staff identified on the current and previous rotas' were well known to residents and were permanent employees of the company. They were well known to residents as they worked within their day services. This also ensured residents received a continuity of care.

There was a working alone policy in place, as staff worked alone in each of the houses on sleepover at night-time. This policy was supplemented with training for all staff which focused upon the additional risks of lone working, what to do in the event of an emergency and the supports in place for staff while working alone.

It was found that that there were appropriate staffing levels taking into account the statement of purpose and the assessed needs of the residents. There were sufficient staff employed with the right skills, knowledge, qualifications and experience to meet the assessed needs of residents at all times. Each resident had a key worker, although, all staff showed detailed knowledge of all the residents living in their specific house and were clearly passionate about their roles. Through observation and discussion with residents it was found that residents receive assistance and care in a respectful, timely and safe manner.

Arrangements for the supervision of staff occurred through regular staff meetings.
Individual supervision meetings between the person in charge and staff members occurred on a six to eight weekly basis. Staff confirmed they felt well supported in their roles.

**Judgment:**
Compliant

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### 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

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

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 were maintained to ensure completeness, accuracy and ease of retrieval.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre.

Some of the policies as outlined in Schedule 5 were not yet developed or were in need of review. These policies included:

- provision of behaviour support
- risk management and emergency planning
- provision of personal intimate care
- medication management
- access to education, training and development.

However, the need for policy development had been actioned under a previous inspection of another one on the company's; designated centres and the time-line relating to this noncompliance has not yet passed. The Inspector was informed that there was clear progress in relation to this, some additional policies identified during previous inspections had been updated and simplified (as required) such as money
management as detailed previous in this report. In addition following a recruitment process a job offer has been made to assign this responsibility to one person to complete over the next 12 months.

Resident general and daily records were well maintained and were accurate and up to date. Records were kept secure but were easily retrievable. Residents were all familiar with their records and some were in an accessible format.

**Judgment:**
Substantially Compliant

**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 report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Prosper Fingal Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003398</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>11 and 12 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02 April 2015</td>
</tr>
</tbody>
</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 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The practice of using different generic and trade names for medications on prescribing and administration sheets was found to be unsafe as staff could not be assured the medications administered were correct.

Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The Pharmacy is to be contacted to ensure that they label all medications and administration sheets with the generic name of the medication to correspond with the Doctors prescription sheet. On receipt of medication, the staff member auditing the medication will check that labelling corresponds with the prescription sheet.

Proposed Timescale: 16/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the polices as listed in the body of the report were out of date and required updating and review.

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:
Following the employment of a designated staff member, the policies outlined will be prioritised for review and updating, to reflect best practice and to comply with the regulatory requirements.

Proposed Timescale: 31/08/2015