<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Prosper Meath Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001949</td>
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<tr>
<td>Centre county:</td>
<td>Meath</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Prosper Meath Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Pat Reen</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Raymond Lynch</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>1</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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 1 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>06 April 2016 10:00</td>
<td>06 April 2016 20:00</td>
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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>
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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 the centre’s first inspection by the Health Authority and Quality Authority (HIQA). The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for one adult with a disability.

The centre consisted of a two story, three bedroom semi-detached house that accommodated one resident. Overall the inspector found that the care provided to the resident was individualised and person centred. Suitable and sufficient facilities, management structures and resources, and guidance documents were available and in place to support the operation of the centre. The inspector also found that the
written policies, procedures, practices and staffing arrangements in place were consistent and sufficient in order to provide a quality based service to meet the assessed needs and wishes of the resident.

The person in charge facilitated the inspection and was interviewed as part of a registration process. The provider nominee was also spoken with as part of this registration process. Both were found to be knowledgeable of their remit and responsibilities to the Health Act 2007 and regulations. The inspector met with the resident over the course of the inspection and spoke with one staff member as well. Feedback from family members and the resident received through questionnaires indicated general satisfaction with the quality of service delivered. However the family member providing the feedback had some concerns which had not been logged as complaints with the service.

Documents, care plan and policies were reviewed and discussed with person in charge and staff over the course of the inspection. The overall findings are presented in the body of this report. Of the 18 outcomes assessed 11 were found to be compliant including social care needs, healthcare, safeguarding and welfare and development. Moderate non compliances were found in five outcomes including workforce and governance and management, while residents rights and medication management was found to be substantially complaint.

For the purpose of this report and to respect the resident's right to confidentiality some of the information is provided in a generic way. Feedback was provided throughout the inspection to the person in charge and the Quality and Standards Manager at the feedback meeting.
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents’ choice was supported and encouraged. However, the inspector was not assured that complaints were being managed sufficiently in the centre.

Procedures and arrangements were in place and described by the person in charge to enable residents to exercise choice and control over their life in accordance with their preferences and to maximise their independence. For example, the resident had completed a cooking course recently and was responsible for menu planning each week. The resident chose their own weekly menu and was also supported by staff to cook their own meals in the centre.

Support plans were in place to ensure the resident's independence was maintained in the centre. From the files viewed, the inspector could see that the resident had support plans in place to promote independence with regard to managing their own laundry and finances.

The resident had capacity to advocate on their own behalf and had completed and accredited course in Advocacy with a nearby Institute of Technology. The resident was keen to show the inspector pictures of their graduation from this course. The resident had also been an active member of an advocacy committee in the organisation in the recent past. Arrangements were also in place to promote and respect the resident’s privacy and dignity, including receiving visitors in private when required.
Completed questionnaires by the resident and one family member informed the inspector that both were generally satisfied with the quality of service received and were consulted with regarding their personal care and running of the centre. However there was a level of dissatisfaction also documented in the questionnaires.

For example, the inspector observed that there was a level of dissatisfaction recorded with the systems in place to support the resident to have friends outside of the service. While the centre was aware of this issue, the measures in place to respond to it were not adequate in ensuring that it was recorded or investigated sufficiently. This matter was known to staff prior to the questionnaire being issued and had not been addressed through the complaints process. There was also no system in place to assess the level of satisfaction regarding the outcome of the complaint.

The centre did however have a complaints policy in place, which was under review. The Quality and Standards Manager assured the inspector that going forward a system would be in place to record and investigate all complaints, which would include how they were responded to and the level of satisfaction with the outcome.

**Judgment:**
Substantially 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that arrangements were in place so that resident was supported and assisted to communicate in accordance with their assessed needs and preferences however, the policy in place on communication was brief and did not take into account communicating with residents.

The resident in question that resided in the centre was well able to communicate their needs to staff and from observation, the inspector was assured that staff could communicate effectively with the resident. It was also observed that the resident did not require any support interventions with regard to communicating their needs.

The centre was part of the local community and the inspector observed that there were ample TV, radio and internet access in the centre. The resident in question particularly liked 80’s music and was the inspector observed that they were facilitated with a special TV package that specialised in this type of music.
The resident also had an ipad, of which they bought for themselves. The resident informed the inspector that they enjoyed the ipad and could use it at any time of their choosing.

The issue with the policy on communication, as identified above, did not adversely impact on the resident and was further discussed and actioned under Outcome 18: Documentation.

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):
This was the centre's first inspection by the Authority.

Findings:
While it was observed that there was no policy was in place in relation to visitors, from reading personal plans, other documentation and speaking with the resident the inspector was assured that family, personal relationships and links with the community were being supported and encouraged for the resident.

The inspector observed that the resident was supported to maintain and develop links with family members. From a sample of daily records viewed the inspector noticed that there was a very good level of contact between the resident and family members through telephone calls and visits home. Family members also took the resident on regular holidays and home for special occasions such as Christmas and Easter.

The inspector also observed that the resident was supported to develop and maintain links with their community. From speaking with the resident and from feedback in the resident's questionnaire the inspector noted that they used the local shops, restaurants, and visited the local towns on a regular basis.

The issue with the policy on communication as identified above was discussed and actioned under Outcome 18: Documentation.

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):
This was the centre’s first inspection by the Authority.

Findings:
While there were policies and procedures in place for admitting residents, including transfers, transitions, discharges and the temporary absence of residents in the centre, the contract of care contained no information on the charges to be applied for services provided.

Residents’ admissions were in line with the centre’s Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services. However, the inspector noted that there were no recent admissions to this centre and that this was a centre for one individual only.

A contract of care document was available which outlined the terms and conditions of services to be provided. However, and as stated above the contract of care contained no information on the charges to be applied for services provided. For example, the resident paid no rent for the service, however they did pay for some of the utility bills as part of their service. This was not documented in the contract for services.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that adequate arrangements were in place to provide for the social care needs and supports for the resident and assessments pertaining to resident’s needs had multi-disciplinary input and review as and when required.

From viewing the resident’s files the inspector observed that a personal plan was in place which aimed to support and improve outcomes for the resident. The personal plan was reviewed annually or sooner if and where required by both staff working in the centre and with multi disciplinary support as required. Plans took into account the residents social care needs, and overall health and emotional wellbeing. The inspector observed that the resident was directly involved in the development and review of their personal plan.

The resident had opportunities to participate in activities which were meaningful and chosen by them. For example, the resident attended a day service where they had the opportunity to enhance their life skills through education and training. The resident was attending a course on cooking skills, which they said they enjoyed very much and had also attended courses in the local Vocational Educational College (VEC) and the local Institute of Technology.

The resident was also being supported to maintain a healthy lifestyle and with the input of allied health care professionals and a dietician, an exercise programme formed part of their daily activities. Other activities available to the resident were hand massage, learning to use a personal computer, trips to the hairdressers, cinema, local festivals and gardening.

As part of the resident's long terms plans they had been supported to have more trips to the family home, go on holidays, attend college and have friends stay over on visits.

Overall the inspector observed that the goals identified in the resident's personal plan was of their choosing and took into account their interests and preferred choices.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met the resident's individual needs in a comfortable and homely way. There were appropriate facilities in place and the layout of the centre promoted the resident's safety, dignity, independence and wellbeing.

The centre comprised of a single two storey semi-detached house, which was suitably furnished and fitted for living in by the resident. The accommodation included three bedrooms, one double bedroom for the resident, one double bedroom/office for the staff member on duty and a guest bedroom. A large communal bathroom was also available for use next to the resident's bedroom. There was a kitchen/dining room and separate spacious sitting room. The adjoining garage was used as a utility room which supported the resident to launder their own clothes.

An external patio was provided with some garden furniture to the back of the centre. The gardens were well maintained and provided for a scenic view from the resident's bedroom, which was to the back of the house.

The centre was observed to be homely, clean, suitably decorated and well-maintained. The inspector also observed that the resident's bedroom was decorated with their personal belongings and to their individual taste. The premises had adequate heating, lighting and ventilation. A maintenance system was in place and arrangements were in place for the safe disposal of general waste.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that arrangements were in place to ensure that the health and safety of resident, visitors and staff was promoted. There were policies and procedures in place for risk management and emergency planning. The centre also had policies and procedures relating to health and safety and suitable arrangements in place to support the resident maintain their independence in their home.
The centre had a Safety Statement in place which was reviewed and updated in November 2015. There was also a local Safety Statement put in place in March 2016, which clearly identified details of all health and safety responsibilities in the centre, which was signed off by staff.

A local risk register and risk assessments were in place which were implemented throughout the centre and included the identification and management of risks, the measures in place to control identified risks and arrangements for the identification, recording and investigation of adverse incidents.

The inspector observed that the centre was proactive in managing risk. For example, the resident liked to spend time on their own in the centre. This was risked assessed and a number of steps were put in place to mitigate the risk, including the resident having their mobile phone on at all times so as staff could ring intermittently to check that all was fine. The resident was also informed not to open the door the people that they do not know. There was also a detailed support plan in place to keep the resident safe while travelling independently.

There was a system for the recording of accidents and incidents in the centre, however there were no significant recent accidents or incidents reported. However, systems were also in place to address hazards. For example, on checking a recent hazard form the inspector observed that a faulty plug had been identified by a staff member. This was reported to maintenance and was replaced immediately. Another hazard regarding a small leak in the garage was reported in March 2016. Again this was addressed and rectified within five days of being reported.

There was adequate means of escape in the centre, including emergency lighting, and fire exits were seen to be unobstructed. There were prominently displayed procedures for the safe evacuation from house in the event of fire. The fire alarm was serviced and maintained on a regular basis and fire safety equipment was serviced, maintained and checked on a regular basis by an external fire consultancy company. The inspector noted that the last checks were in December 2015 and January 2016. Personal Emergency Evacuation Plans were also in place for the resident.

Fire drills were held at regular intervals and fire records to include details of fire drills were maintained. A recent fire drill indicated an issue as the alarm system failed to deactivate once the drill was completed. This was addressed immediately by the independent fire consultancy company, once reported.

From viewing the files the inspector observed that staff made daily checks to ensure that all fire exits were unobstructed and a sample of training records informed that all staff were trained in fire safety and safe evacuation procedures.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that arrangements were in place to keep residents, visitors and staff safe in the centre.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse. For example, there was a policy on and procedures in place for safeguarding residents which staff had training on. Safeguarding training was also up to date for all staff working in the centre.

From the staff members spoken with by the inspector they were able to verbalise to how they would manage any allegation of abuse in the centre, making explicit reference to the safeguarding policy on site and the appropriate reporting procedures. Both staff and the resident in the centre were able to identify who the nominated person was, if they had any safeguarding concerns.

There was also a policy in place for the provision of personal intimate care, which was informative of how best to support the resident whilst maintaining their dignity, privacy and respect.

While the resident was assessed as being able to manage their own finances, support was provided by staff to assist with the use of an ATM card. In general the resident managed their own money on a daily basis however, the person in charge ensured that all bank statements accurately reflected the resident's spending. The inspector viewed a number of statements and found them to accurately reflect how the resident's finances were being managed.

There was a policy in place for the provision of positive behavioural support. The inspector observed that there was no review date in the policy, which was further discussed under Outcome 18: Documentation. From a sample of files viewed all staff were fully trained in managing behaviours that were challenging. Again from speaking with staff during the inspection, the inspector was able to ascertain that they could put the behavioural support plans into everyday practice.
There was a policy in place on the use of restrictive procedures which had just been recently updated. The inspector observed that there were no physical or chemical restraint in use in this centre.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The Quality and Standards Manager, provider nominee and the person in charge spoken with on the day of inspection demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required and in line with the Regulations.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
While the inspector was assured that arrangements were in place to promote the welfare and development needs of the resident, the policy on education as it related to the resident required review.
The resident had access to education, training and life skills development courses. The resident was supported to attend a number of accredited courses including advocacy and cooking skills in the local Institute of Technology and the VEC and informed the inspector that they had very much enjoyed attending college.

Currently the resident was undertaking a course in cooking skills called Healthy Eating and the inspector observed the some of the menu choices which the resident brought home from this course. Staff were also supporting the resident to learn to cook and the resident was now able to make small meals using the microwave oven and electric grill.

The residents also attended a local day services where they engaged in activities of their choosing, such as hand massage and a session called 'talk time' where they had protected time to chat and catch up with their key worker.

Social activities, internal and external to the centre were also available to residents to promote general welfare and development. For example, the resident used the local restaurants, cinema, shops, went for walks and trips to other nearby towns.

**Judgment:**
Compliant

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**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):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found that arrangements were in place to ensure that the resident's health care needs were regularly reviewed with appropriate input from allied health care professionals where and when required.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to the local GP, psychiatrist and a range of other allied health care services as and when required.

From viewing the resident's care plan the inspector observed that the resident had a comprehensive annual health check each year. The last one in September 2015. The resident also had access to a GP as required, the last visit being February 2016. The resident was also seen by a dietician, chiropodist, optician, dentist and speech and language therapist in March and April of 2016.
Any issue the resident presented with was also followed up. For example, the resident reported to staff that they had a dizzy spell in February 2016. They were immediately brought to a local clinic to have the issue investigated and after tests were given the all clear.

Positive mental health was also provided for and where required the residents had ongoing access to mental health supports including psychology and psychiatry. The resident was last reviewed by a psychiatrist in April 2016.

The inspector found that arrangements were in place to ensure the resident's nutritional needs were met to an acceptable standard. The resident managed their own menu planning and was supported to make healthy food choices through education and staff support.

At the request of the resident the inspector had a meal with the resident and staff in the centre. Mealtimes were observed to be relaxed, person centred and a positive social experience for the resident. Staff were also observed interacting and chatting with the resident before, during and after the meal.

**Judgment:**
Compliant

### Outcome 12. Medication Management

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that the medication management policy was satisfactory and that practices described by the person in charge and observed by the inspector were suitable and safe. However, the written standard operating procedures/guidelines available where a resident refused to take their medication did not provide adequate detail on how to manage such an incident if it were to occur.

A medication assessment was carried out which determined that staff support would be required to support the resident in managing their medication. There were also appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal of medicines held in the centre. However, the inspector observed that the written standard operating procedures/guidelines available to staff where a resident refused to take their medication did not provide adequate detail on how to manage such an incident if it were to occur.
For example, while there had been no recent drug errors recorded in the centre however, it was recorded that on one occasion the resident refused to take their medication. The staff member in question followed the medication policy by recording and reporting to the incident. However, the written guidelines and standard operating procedures available to staff required more detail to ensure staff had enough information to respond to such a situation adequately.

A locked drug press secured in the staff office/bedroom was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. The policy in place provided for the prescribing, administration, recording, safekeeping, disposal, and storage of all medications kept in the centre.

There were no controlled drugs in use in the centre and from a sample of files viewed, all staff had training in the safe administration of medication.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
While a statement of purpose was available in the centre which outlined the aims, objectives and ethos of the centre, the inspector found that it lacked sufficient detail regarding the facilities and services to be provided.

The statement of purpose was made available to the inspector on the day of inspection. As stated above it outlined the aims and objectives of the centre however, it did not contain all the information as required by Schedule 1 of the Regulations. For example, there was insufficient detail provided on what day service options were available, transport arrangements and admissions to the centre.

The person in charge informed the inspector that the statement of purpose would be updated and that it would be reviewed annually or sooner if required.
Judgment:
Non Compliant - Moderate

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):
This was the centre’s first inspection by the Authority.

Findings:
There was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. However, while a system of announced and announced audits was happening in the centre, the inspector observed that an annual review of the quality and safety of care had not yet been carried.

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.

From speaking with the person in charge it was evident that he had an in-depth knowledge of the resident's support needs. He was also aware of his statutory obligations and responsibilities with regard to management of the centre. As part of this registration inspection the nominee provider and quality and safety officer was also spoken with. Both were found to be aware of their statutory obligations and responsibilities in their respective roles.

The person in charge was supported by the provider nominee and a management team in his role. He also had a visible presence in the centre and from viewing the staff roster the inspector was assured that he had a physical presence in the centre on a regular basis. He was also supported by a team of suitably skilled and experienced staff. The inspector found that the person in charge provided good support, leadership and direction to his staff team.

Announced and unannounced visits/audits were also carried out in the centre which were bringing about positive changes in practice. For example, from a sample viewed one audit identified the need for a system of recording the fridge temperature. The inspector observed that this action had been completed shortly after the audit had been conducted.
The inspector was informed that the annual review of the quality and safety of care and support of the centre had not been carried out to date. However, at the feedback meeting both the person in charge and the Quality and Standards Manager assured the inspector that this would be addressed as a matter of priority.

**Judgment:**
Non Compliant - Moderate

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The nominee provider and person in charge were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge. To date there had been no absences of the person in charge that required notification.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector observed that sufficient resources were available to meet resident's assessed needs as required in line with the statement of purpose.
Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. The resident residing in the centre was an independent young person and the inspector observed that there were sufficient resources in place to meet their assessed needs.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that there were adequate caring, skilled and competent staff working in the centre to meet the needs of the resident.

A selection of staff files were reviewed over the course of the inspection and all contained 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.

All staff were appropriately trained for their roles, and from viewing a sample of training records, they had the required mandatory training to support the residents. The person in charge also informed the inspector that he had a process of informal supervision with his staff.

However, on speaking with the person in charge the inspector was informed that there was no formal supervision in place or facilitated with any staff member. In turn, the inspector was not satisfied that staff were being adequately supervised appropriate to their roles in the centre.

Of the staff spoken with the inspector found that there were aware of the Regulations and Standards. They were also aware of the policies and procedures in place related to the general welfare and development of the resident living in the centre. The inspector observed that the resident received assistance and care in a respectful and dignified manner. Feedback from the resident and a family member concerning staff was also seen to be positive and complimentary.
**Judgment:**
Non Compliant - Moderate

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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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
While the inspector found that systems were in place to maintain documentation in the centre, some minor issues were identified with regard to the updating of some records or duplication of some records.

A copy of insurance cover was made available to the inspector and the centre had most of the written operational policies that were required and specified in schedule 5.

A residents guide was available that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process. Issues were identified with the statement of purpose and the contract of care however they were discussed and actioned under their respective outcomes.

The inspector found that records that related to residents and staff, were comprehensive and maintained and stored securely in the centre.

Management of the centre were aware of their requirements in relation to the retention of records and a policy was completed to reflect these requirements.

The inspector found overall that the many of the required policies were in development for the centre. The centre had recently been taken over by a new entity and there were some duplication found with regard to policies and some policies were in development. However, the person in charge showed the inspector the plan of action currently in place to address this issue and the inspector was assured that once completed all required policies would be in place and updated.
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:

Raymond Lynch
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 Meath Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001949</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 April 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 May 2016</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 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:

The measures in place to respond to complaints were not adequate in ensuring that all complaints were recorded or investigated sufficiently. There was also no system in place to assess the level of satisfaction regarding the outcome of a complaint.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
### 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:

The fees to be charged for services provided was not stated in the contract of care.

**2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

#### Please state the actions you have taken or are planning to take:

Information on the charges for services provided will be stated in the resident’s Contract of Care.

**Proposed Timescale:** 31/05/2016

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### 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:

While there were appropriate and suitable practices relating to the ordering, receipt, prescribing, storing and disposal of medicines, no standard operating procedures/guidelines were available where a resident refused to take their medication when administered by staff.
3. **Action Required:**
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 standard operating procedure in place for when a resident refuses to take their medication will be enhanced to provide better direction to staff on how to manage such a situation.

**Proposed Timescale:** 31/05/2016

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All the information required by Schedule 1 of the Regulations was not contained in the statement of purpose.

4. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose will be reviewed to ensure it contains sufficient detail on the information required as per Schedule 1 of the Health Act 2007.

**Proposed Timescale:** 30/06/2016

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The annual review for the safety and quality of care and support had not been conducted in the centre.

5. **Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.
Please state the actions you have taken or are planning to take:
An annual review of the safety and quality of care and support in the centre will be conducted, consulting with the resident and family.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no system of formal supervision in place for staff working in the centre.

6. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
The PIC will put in place a process of formal supervision with the staff in the centre.

Proposed Timescale: 31/05/2016

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all the policies required under regulation were available on the day of inspection. There were also duplicates and some needed updating.

7. 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:
Ensure policies set out in Schedule 5 of the Health Act 2007 are available in the centre, removing any duplicates.

Proposed Timescale: 30/12/2016