



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Prosper Fingal Residential Respite Service 2
Name of provider:	Prosper Fingal Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	24 August 2023
Centre ID:	OSV-0003395
Fieldwork ID:	MON-0036411

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Prosper Fingal Residential Respite Service 2 is a spacious detached two-storey house with a rear garden and parking at the front. It is situated just outside a popular seaside town in Co. Dublin. It provides respite care to adults, male and female, with mild to moderate intellectual disabilities. All individuals who avail of residential respite in this designated centre also receive day service supports from Prosper Fingal. Respite users who access this service can manage all their activities of daily living with minimal support. There are five single occupancy bedrooms available. An individual bedroom with a key is allocated to each person when availing of respite. Each respite user is allocated their own room during their stay. Two shared bathroom facilities are provided. All service users have free access to, and shared use of the lounge, kitchen/dining room other communal rooms. There is a laundry facility also available. The service also provides support to families and carers in times of crisis. Respite users are supported by a team of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 August 2023	09:55hrs to 15:50hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to assess the levels of compliance with the regulations since the previous inspection in October 2021. The inspector found the centre provided quality respite services to service users based on the high levels of compliance identified during this inspection and also from feedback from respite users and their families. There was good oversight of the care and support being delivered to respite users with well established lines of communication between respite and day services managers and staff, which benefited respite users as they transferred between the two settings. One area for improvement identified by the inspector was the arrangements in place for reviewing use-by-dates of food kept in the fridge and calibration of food thermometers.

This designated centre provides respite services to service users of Prosper Fingal day services in rotational order. The admission criterion for this centre referred to respite users with mild to moderate disabilities with the potential capacity to live a home life with low support. Respite users were assessed in relation to their support requirements to determine the type of respite service provision they required. The provider currently had two separate respite centres available to users of day services, depending on the individual support requirements of the service user. The second respite service was nurse-care-led and could accommodate respite users with mobility requirements. If respite users' support needs increased or decreased, they were able to transfer to the respite setting that better suited their needs.

The inspector met with a staff member on arrival and the person in charge a short time later. All respite users were attending their day service during the course of the inspection. Two respite users were visiting the service during the inspection in order to visit the service and receive a tour of the building before their first respite break. They appeared very happy with the centre and were known to staff. One of the respite users had attended the other respite service and expressed a preference to transfer, which was facilitated by the provider. The person in charge explained that all respite users and their families were invited to view the service before attending for their initial visit. The inspector also met with the research and development officer, along with the chief executive officer, as they made themselves available for the feedback session following the inspection.

The centre took a collaborative approach to the admission process to ensure the best possible experience for respite users. Respite stays were allocated to the three individual day services; therefore, respite users attended the respite with their friends and peers. Respite users' personal files were developed within the day service and were maintained electronically; therefore, respite staff had access to their social goals, changes since their last respite stay, communication needs, personal preferences, healthcare conditions and medicines.

A weekly planning meeting was held at the beginning of every respite break with staff and respite users. This was an opportunity for respite users to decide how they

would like to spend their week. Areas like cooking arrangements, meals, activities, plans, and goals were discussed. Throughout the day, the inspector observed information made available to respite users, such as the complaints process, the designated safeguarding officer, fire evacuation, menu plans and staff on shift. All the information was available in easy-to-read and picture format.

Along with the direct feedback from respite users gathered as part of the provider's annual review and unannounced audit process, the inspector found there was a culture of welcoming feedback with a view to the ongoing development and improvement of services. The input of respite users and their families were actively sought and actioned, as observed by the inspector during the inspection. Respite users' preferences in activities of daily living and what time they would like to go to bed had been raised by respite users during the last annual review, and this was recognised and shared among the staff team.

Also, all respite users had the opportunity to complete feedback forms following their stay in respite. This allowed respite users to give feedback on the care provided following their stay to the provider and staff. The majority of this feedback was positive. Some residents requested the biggest room in the centre during their next stay; the person in charge said this was a popular request and that the allocation of the room was shared among respite users as much as possible.

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

Capacity and capability

The inspector found that this service had the capacity and capability to deliver a good quality, person-centred service which met the requirements of the regulations in many areas. In relation to the capacity and capability regulations, the inspector found a slight improvement was required to the centre's statement of purpose to ensure that the admission criteria and exclusions were clearly outlined and accurate.

There was a robust management structure in place and very clear lines of accountability. The centre was run by a suitably qualified and experienced person in charge. The person in charge was very well known to residents and staff and worked in the centre one day a week as well as meeting with staff for supervision and meetings. The person in charge reported to the director of services. The person in charge received supervision from the services director and had regular meetings to discuss service needs.

The provider had well established mechanisms in place to support them in their oversight of the designated centre. Regular audits were completed, which identified issues and set out clear, time-bound plans to address these. Audits completed in this

designated centre included an annual review of the service's quality and safety of care, six-monthly unannounced visits and health and safety audits. The inspector saw that the six-monthly audits showed the progression of actions in a timely manner. There were relevant policies and procedures in place in the centre, which were an important part of the governance and management systems to ensure safe and effective care was provided to respite users including, guiding staff in delivering safe and appropriate care.

There was a regular core staff team who were very knowledgeable regarding the respite users' needs and had a very good relationship with them. The staffing levels in place in the centre were found to adequately support the respite users during their break. Staff were supported by the person in charge at all times by phone for advice and support when they were not present in the centre. The inspector met with one of these staff members during the inspection. They were knowledgeable in relation to the needs of respite users and were clear on the key policies and procedures within the centre.

A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development. Staff reported to the inspector that they felt supported in their roles and were comfortable in raising concerns or issues. Staff reported that they felt the provider responded in a timely manner to concerns raised by staff.

An up-to-date statement of purpose was available in the designated centre. This was reviewed by the inspector and was found to contain most of the information as required by Schedule 1 of the regulations. However, further information was required on the admission criteria to ensure it was reflective of the provider's policies.

The complaints process was displayed prominently at the entrance to the centre. All residents had the opportunity to complete feedback forms following their time in respite. This gave residents the opportunity to give feedback on the care provided following their stay to the provider and staff.

Notifications and incidents were reviewed on inspection, and the inspector found evidence of learning from adverse events. There was a limited number of incidents; however, when incidents occurred, there was a review completed by the person in charge and staff team. If necessary, the designated officer and safeguarding team would be notified. The Chief Inspector of Social Services had been notified of all adverse incidents or events to date.

Regulation 14: Persons in charge

The person in charge facilitated the inspection on the day and was found to be very knowledgeable regarding the respite users' needs. The person in charge worked full-time, had the required qualifications and experience and held the role of person in

charge for a year. They also had worked in the organisation since 2015 as a team leader and was therefore well-known to the respite users.

They managed more than one designated centre and had systems in place to ensure they were maintaining oversight of both centres.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed four weeks of the staff roster on inspection and found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the respite users, the statement of purpose and the size and layout of the designated centre. There was continuity of care from an established staff team who knew the respite users through both the respite service and day service. Staff were very knowledgeable regarding the respite users' social and health care needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff received continuous professional development training, including webinars and information-sharing sessions. The provider had identified that training in supporting and empowering service users to communicate their will and preference, securing their human rights, or representing their interests were important for all staff. Therefore, staff had training in capacity and decision-making and human-rights training. The inspector was informed that advocacy training was the next focus area that staff would be facilitated to attend.

The provider had established arrangements in place to facilitate staff to raise concerns or improvements that could be made regarding the quality and safety of the care and support provided to respite users. The person in charge provided informal and formal supervision to staff. The person in charge maintained supervision records and schedules. Formal supervision took place quarterly as per the provider's policy.

Staff members said that they felt supported in their role through a process of regular supervision, team meetings, training and key worker meetings. All staff had training appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. There was evidence of consultation with respite users and their representatives, as is required by the regulations

The provider had ensured that all required audits were completed and an action plan was derived from them, which was used as a monitoring tool for continuous improvement. There was evidence of completion of actions on the day of inspection, such as decluttering that had been identified for one area of the centre and repair of a television. Painting had been requested for the external and internal areas during the last six-month unannounced audit in May 2023. This work had yet to commence at the time of the inspection; however, funding had been approved. The centre had a clearly defined management structure, and the respite users received a very good standard of care and support.

The inspector was informed of plans to further strengthen the governance of the centre and the person in charge's oversight of two designated centres. A team leader had been recruited to the centre and would commence post in the coming weeks.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was an admissions and discharge policy which set out the arrangements for admitting and discharging respite users in line with the provision of respite services. It clearly stated the procedures for eligibility for access to respite places, exclusion criteria, allocation of places, emergency placements, voluntary contributions and an appeals process.

Admissions were coordinated between the day service and respite service. The responsibilities for booking requests were clear in this policy, and respite weeks were allocated to the three day services. Day service staff were then responsible for co-ordinating the requests for respite, taking into consideration priority and compatibility requirements.

Prior to the respite break, a member of staff from the respite service contacted either day service staff, the respite user themselves or a family member if required to obtain up-to-date information before their stay. There was a pre-admission process in place, with continual handover systems between the respite users' day service and respite service.

There were contracts of care in place for all respite users that accurately described the service being provided in accordance with the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre, including the types of service and facilities provided, the respite user profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations.

All respite users were required to complete travel training through the day service before staying in the centre. The centre did not have a dedicated vehicle, and respite users of this centre are assessed as having low to medium support needs and must be able to travel and use public transport independently. The centre also could not accommodate service users with physical disabilities that prevented them from being able to access bedrooms on the first floor. The criterion for admission to the centre was not clearly set out within the statement of purpose and required a review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

During the inspection, notifications and incidents were examined, and the inspector found evidence of adverse event learning. There was a limited number of incidents; however, when incidents occurred, there was a review completed by the person in charge and staff team. The designated officer and safeguarding team would be informed if necessary. The Chief Inspector of Social Services had been notified of all adverse incidents or events to date as required by the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of an absence of a person in charge, and a suitable notification had been made as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There was a clearly defined procedure in place for when the person in charge is absent. The provider had given notice in writing to the chief inspector of the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern; there was an easy to read information poster displayed in communal areas of the designated centre which included a photograph and details of the complaints officer.

The complaint's procedure was monitored for effectiveness, including outcomes for residents and ensured residents continued to receive quality, safe and effective services during their respite stay.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a range of comprehensive policies to guide staff in the delivery of a safe and appropriate service to respite users. Where required, policies had respite-specific information relating to the centre's operations. There were systems in place to review and update policies. Staff had signed policies as having read and understood them. The inspector noted that policies were discussed at team meetings and were being implemented by staff.

Judgment: Compliant

Quality and safety

The inspector found that the centre was reflective of the aims and objectives of the centre's statement of purpose. The respite service aims to 'provide a short-term safe, comfortable home, with an emphasis on developing capacity and assessing the needs and supports required to enable service users to live more independently'. The inspector found that this was a respite centre that ensured that respite users received the care and support they required but also had a meaningful person-centred service delivered to them.

The inspector completed a walkabout of the centre with the person in charge. The designated centre was found to be bright and spacious. It was clean and generally well maintained aside from some minor repainting internally and externally which had been approved by the provider for funding. There were five single occupancy bedrooms for service users availing of respite, allowing them their own private space during their stay. There were two communal lounge areas that residents could share that were large in size with televisions. There was also a communal kitchen and dining room area. All areas of the house were accessible to the respite users and suitable for their assessed needs. Suitable arrangements were observed for the safe storage of respite users' personal belongings during their stay. There were adequate arrangements in place for residents to launder their clothes during their stay in respite.

All respite users attend the day services of the broader organisation, and their personal plans were developed in their day services by their key workers. Progress on the respite users' goals was communicated well between the day and respite service via an electronic system. Personal plans were regularly reviewed and updated as required. Audits of these plans were regularly completed by quality and safety managers, and respite users had regular participation in reviewing and updating these plans.

The inspector reviewed the arrangements in place for the provision of meals and support for respite users with nutritional and or dietary needs. All meals were prepared by the staff team in the centre, and staff had all received training in food safety. The inspector observed cupboards in the kitchen labelled with pictures to support respite users in navigating food items and cooking utensils. Non-perishable food items were stored for respite users who had food allergies, including gluten-free allergies. The storage areas where food items were kept were found to be clean and organised. The inspector saw that the fridge and kitchen were stocked with wholesome and nutritious foods. The inspector viewed some food items in the fridge as being opened past their use-by-date that had not been destroyed and brought this to the attention of the person in charge. While food labels were used to indicate when food was opened, enhanced adherence to these dates were required.

The provider had made arrangements to detect, contain and extinguish fires in the designated centre. The inspector noted on the walk around there were suitable fire containment measures in place, and the provider had installed self-close devices on doors to further improve containment arrangements. Staff were completing regular simulated day and night evacuation drills and regular checks on doors, exit routes, and equipment. There were personal emergency evacuation plans in place for all service users availing of respite. There was an overall emergency evacuation plan in

place for staff and respite users, and this was displayed prominently.

The systems in place for the protection of respite users from abuse were aligned with National policy. The inspector found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep respite users, staff members and visitors safe in the centre. There was a risk register specific to the centre that was reviewed regularly and that addressed risks relating to the centre and respite users. Where appropriate, respite users were provided with risk assessments to ensure adequate control measures were in place to ensure their safety during their stay at the respite service.

Regulation 12: Personal possessions

During their respite stay, respite users were supported and encouraged to bring some of their personal possessions. Respite users were provided with appropriate storage options in their bedrooms for their personal items throughout their stay.

Respite users were well supported to manage to own finances. Where required, staff members maintained respite users' finances and detailed records were in place for all financial transactions.

Judgment: Compliant

Regulation 13: General welfare and development

There were measures in place to ensure that respite users' general welfare was being supported. Their likes, dislikes, preferences and support needs were gathered through the personal planning process initiated in day services and by admission meetings. This information was used for personalised activity planning for each respite user during their stay.

The provider ensured that the centre was well-resourced and that respite users could freely access their local community, nearby towns and shopping areas.

Judgment: Compliant

Regulation 17: Premises

There was adequate private and communal accommodation with enough room for the number of respite users the service is registered for. The designated centre, a two-storey building, met the needs of the respite users, all of whom were physically mobile and had low accessibility needs, as all bedrooms were located upstairs. It was clean, suitably decorated and generally maintained in a good state of repair. There was the availability of facilities for recreation and relaxation. There was internet access, television, games, and music choices available for respite users.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a number of choices available and sufficient snacks for respite users between main meals. Respite users were encouraged to eat a varied diet and were communicated with about their meals and their food preferences. The respite users were consulted about and made choices of what they would like to eat for their meals as part of the admission meetings.

There was a procedure in place for the calibration of a food probe used for checking food temperatures. The procedure involved taking a 'cold and hot reading' reading. While the majority of readings fell within the documented normal reading temperatures, some fell outside this range. Improvement was required to the standard operating procedure to ensure that staff had guidance on corrective action to take in this instance.

As discussed, improvement was required to the stock control of food stored in the fridge to ensure food was used or removed before use-by-dates.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. Any incidents that had occurred had been reviewed, and control measures were implemented to reduce risks to respite users. A risk register and health and safety statement were also in place for the centre, which highlighted the roles and responsibilities for risk management and identified risks relevant to this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire safety measures such as emergency lighting, alarm panel, fire doors and fire fighting equipment were in place. The provider had a schedule of servicing for all fire equipment to ensure that it was in good working order and staff were also completing regular fire safety checks.

In addition, all respite users attending the centre were reviewed and monitored to ensure they were able to evacuate safely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the respite users' assessments and personal plans on a computer. These provided guidance on the support to be provided to respite users while staying in the centre. Information was available regarding respite users' interests, strengths, likes and dislikes, the important people in their lives, and daily support needs, including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mealtime support plans.

Some respite users plans for their stay included meeting friends for coffee and dinner, cinema dates, baking, playing computer games, and watching movies. These were then recorded and then reflected in the weekly house schedule in accordance with the respite users' wishes.

Judgment: Compliant

Regulation 6: Health care

Due to the nature of this centre being a respite service, respite users and their family members were primarily responsible for maintaining healthcare needs and arranging healthcare appointments. As required, there were healthcare plans in place for respite users in order for staff to support them if they required additional support. There was also a procedure in place if a respite user became unwell; a nurse was available at all times within the organisation should a nursing review be necessary. Procedures for returning home if unwell were laid out in the centre's admission and discharge policy.

Judgment: Compliant

Regulation 8: Protection

Staff had completed training in safeguarding vulnerable adults and Children First. Staff were knowledgeable regarding their roles and responsibilities in safeguarding the respite users who accessed respite. Where allegations of a safeguarding nature had occurred, these were investigated and notified in line with statutory requirements.

Judgment: Compliant

Regulation 9: Residents' rights

The provider, person in charge and staff ensured that respite users' privacy and dignity were respected. Respite users were participating in and consenting to the support and care being provided. Respite users had freedom, choice and control in their daily lives while availing of respite. For example, where respite users had the capacity to stay alone in the centre for periods of the day without staff support, this was assessed and facilitated. Respite users also attended events in the community and met up with friends independently while in respite.

The person in charge displayed information on rights and reviews, which were facilitated in the centre and aimed to promote respite users' welfare and wellbeing.

The annual review assessed the leadership governance and management of the centre as well as the rights and development of the respite users and found a good standard of care and support was provided to those who availed of the service.

Staff had received training in human rights. The person in charge informed the inspector that the admission procedures had been recently reviewed to ensure that they prompted the rights of the respite users. As a result, the relationship status of respite users was recognised, and they could now request to attend at the same time.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Prosper Fingal Residential Respite Service 2 OSV-0003395

Inspection ID: MON-0036411

Date of inspection: 24/08/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: 1. Review and update the Statement of Purpose so as to ensure that the admission criteria and exclusions are clearly outlined, accurate and reflective of the Prosper Fingal Residential / Respite Admission, Transfer and Discharge Policy	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: 1. Review and update the standard operating procedure for the calibration of a food probe to include corrective action to take in the event that cold and hot readings fall outside the normal range 2. Improve stock control of food stored in the fridge so as to ensure food is used or disposed of before use-by-dates by refreshing staff on their responsibilities to undertake stock control in accordance with daily cleaning schedule and food labelling	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	27/10/2023
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	03/10/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20/10/2023