



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

Issued by the Chief Inspector

Name of designated centre:	Prosper Fingal Residential Service 1
Name of provider:	Prosper Fingal Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	09 July 2021
Centre ID:	OSV-0003398
Fieldwork ID:	MON-0028928

About the designated centre

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

Prosper Fingal Residential Service 1 is a designated centre consisting of three buildings. The centre can accommodate up to 15 residents both male and female with a mild to moderate intellectual disability. Some residents may also have a secondary disability such as a physical disability, sensory disability or a mental health need. The service operates 7 days a week for 52 weeks of the year. The staff team consists of a person in charge, social care workers, nursing staff and care assistants. The service operates on the principles of person-centredness, respect and inclusion. Staff aim is to provide a safe and comfortable home within a community environment which supports and promotes independence and well being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 2015 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
Friday 9 July 2021	11:30hrs to 17:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From meeting residents and from what the inspector observed, it was clear that this was a very well run centre which provided a high standard of care and support to those who were availing of its services. There were clear examples available to the inspector to demonstrate that a person-centred and human rights based approach was embedded in the practices of the staff and management team. Residents were enjoying a good quality of life and told the inspector that they were happy living with their friends and felt safe in the centre.

The inspector visited two of the three units of the centre during the course of the inspection. There were no residents living in the first unit which this was being added as a residential unit to the centre to allow for an increased footprint and the admission of a number of residents. In the second unit visited, the inspector met one resident and spent time speaking and listening to them. The resident told the inspector that the centre was a nice place to live and that they enjoyed sharing the space with their friends. They told the inspector about an upcoming holiday that was planned for the group. A number of residents and a staff members were planning on visiting Co. Cork for a short break away. The resident told the inspector that they planned on visiting Fota Wildlife Park and the Titanic Museum in Cobh while there. They were really looking forward to the break and explained that the COVID-19 pandemic and associated restrictions were difficult for them.

In addition to meeting and speaking with residents, the inspector received eight completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with residents indicating that they were very satisfied with the service they were in receipt of. One resident stated "I love living here, I like all the service users and staff, I like the garden and the flowers". Another resident said "I think the house is nice. I am happy living here and it is nice". Other residents said "I like it here and this is my second home" and "I am happy and I don't want to change anything".

The inspector also spoke with two family members of residents who were availing of the services of the centre by telephone. In both cases, the family members told the inspector that they were very satisfied with the services their loved ones were in receipt of and were complimentary of both the staff team and person in charge. One family member explained that their relative had made the centre "their home" and they "absolutely love it there". The second family member stated that the "staff team look after everyone so well" and added that they felt "very lucky to have been supported by such a great organisation".

The inspector found that there was clear evidence available to demonstrate that residents enjoyed a very good quality of life while living in this centre. It was also

clear that the human rights of the resident group had been considered, promoted and protected by the staff team. The staff team had developed strong relationships with the resident group and all interactions observed by the inspector between staff members and residents were respectful and kind. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease. Residents enjoyed a range of activities including arts and crafts, meditation, flower arranging, zumba classes, gardening, quiz nights and computer games. Through the questionnaires completed by residents, the inspector also learned that they engaged in a variety of activities outside the centre with the support of the staff team. These included meeting friends, using public transport, attending day services, going to the hair dressers, going out for coffees and meals, going for walks on the beach, meeting family members, swimming, attending football matches, going shopping and going for breaks away.

It was clear that the views of the residents mattered to the staff and management teams. There were weekly resident meetings held where the role of chair of the meeting was rotated amongst the resident group. Matters discussed included "what makes this a happy home", maintenance issues, menu planning, COVID-19 pandemic, "highlights of the past week", staff news, current affairs, activity planning, holidays away, shopping lists and much more. There was considerable thought given to the promotion of the rights of residents. For example, one resident self-identified that they wanted to change day services to one which was closer to their residential placement and staff members supported them to look into this in a meaningful way. They experienced "sampling days" in the day services which were available and following this the resident made an informed decision to move which has since allowed for skill development in the area of travelling independently. They are now being supported on a phased basis to use public transport to travel to and from their new day service independently. The resident was very proud of this achievement and was excited about this new chapter in their life.

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.

Capacity and capability

This centre was very well managed and operated and there was good oversight of the care and support being delivered to residents. The findings of the inspection were very positive and there was clear evidence to demonstrate that high quality services were being provided in the centre.

The inspector found that there was effective leadership by the person in charge and

registered provider and there were appropriate arrangements in place for the governance and management of the centre. In all but one case, the regulations inspected against were found to be compliant and it was clear that the registered provider was supporting the staff team and person in charge to develop a good knowledge of the requirements of the regulations and national standards. The centre was appropriately resourced to meet the collective needs of the residents availing of its services and there was a competent and confident workforce employed. There were a clear management structure in place and developed and effective management systems had been implemented to allow for oversight of the care and support being delivered.

A review of staffing arrangements found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the needs of the resident who was being supported. There was evidence to demonstrate that there was continuity of care which had a positive impact on the resident. The staff team had developed very positive and warm relationships with the resident and knew their needs and support requirements well.

The staff team employed in the centre had completed a wide range of training and a review of records found that all training described as being mandatory had been completed by all staff members. Additional training had been completed in areas such as communication, open disclosure, introduction to human right, positive risk taking, and person-centredness. There were effective arrangements in place for the supervision of the staff team.

Regulation 15: Staffing

The inspector found that the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a supportive environment for the resident being supported in the centre. There were staff duty rosters maintained in the centre which clearly outlined the names of staff who were working, along with their grades and the starting and finishing times of shifts.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members had received ongoing training as part of their employment in the centre which included training on the specific support needs of the resident. There were robust arrangements in place for the supervision of the staff team including regular team meetings, the presence of the person in charge and team leaders on the team, and regular one-to-one formal

supervision meetings with all staff members.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of high-quality person-centred care and support. There was good oversight of the care and support being delivered to residents and there was evidence to demonstrate ongoing quality improvement initiatives within the centre. There was a strong and competent person in charge leading the staff team and effective management systems had been developed and implemented.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated June 2021) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the residents who were availing of the services of the centre appeared to receive care and support which was of a high standard, promoted a human rights and person-centred approach, and safeguarded them from experiencing abuse. There was, however, a need for the upgrade of some fire containment measures and the installation of additional emergency lighting in one unit of the centre.

There was clear evidence available to demonstrate that the resident group were supported to live an active, meaningful and rewarding life in the centre. This was led by the residents and initiatives reflected their abilities, needs and interests. It was clear to the inspector that the staff team knew the residents' needs well and acted as advocates for them when required.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local

policies. While there had been a number of incidents of a minor nature in the time since the last inspection, the inspector found that these had been appropriately followed up on and investigated in line with local and national policies. There were safeguarding plans in place and the provider had carried out compatibility testing locally.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) and there were systems in place for stock control and ordering. There was a COVID-19 information folder available, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation and provided for a comfortable living environment for residents. Overall, the premises of the centre were found to meet the individual and collective needs of the residents through its design and layout.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre which contained the information required by the regulations. This document was available to the resident and their representatives.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. Residents had been supported to understand the COVID-19 pandemic and the need for increased infection prevention and control practices such as regular hand

washing and sanitization.

Judgment: Compliant

Regulation 28: Fire precautions

There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner. A fire alarm and detection system was fitted, however, in one unit of the centre there was an absence of appropriate emergency lighting from two egress routes. In addition, some of the fire containment measures in place in this unit were not operating correctly and another area of the unit required additional fire containment measures to be installed.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe in the centre and their families supported these statements. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that the resident group was supported to exercise their rights, were included in decision making processes about their care and support, and were supported to exercise choice and control over their daily lives while availing of the services of the centre. There was a culture present in the centre which promoted the inclusion of residents in the running of their home and promoted a person-centred approach to the provision of care and support.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Prosper Fingal Residential Service 1 OSV-0003398

Inspection ID: MON-0028928

Date of inspection: 09/07/2021

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: 28(2)(c) Install appropriate emergency lighting at the back door from the kitchen to the outside and at the back door from the utility to the outside in Knock Cross.</p> <p>28(3)(a) Ensure all self-closers on fire doors in Knock Cross are in working order. Install self-closers on fire doors that do not currently have self-closers in this unit.</p> <p>Seek fire expert advice on whether there is a requirement to change glass door, inside front door, to a fire door in Knock Cross.</p>	

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 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	17/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/09/2021