**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Camphill Communities of Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011518</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</td>
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<tr>
<td>Email address:</td>
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<td>Registered provider:</td>
<td>Camphill Communities of Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Adrienne Smith</td>
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<tr>
<td>Person in charge:</td>
<td>Andrew Syme</td>
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<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
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<tr>
<td>Support inspector(s):</td>
<td>Gary Kiernan; Louise Renwick</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>11</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 22 January 2014 11:00  To: 22 January 2014 19:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<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 11: Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</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 monitoring inspection was the first inspection of this centre. As part of the inspection inspectors observed practices and interactions, and reviewed documentation such as personal plans, healthcare records, policies and staff files.

The centre comprises two houses and is set in extensive grounds which include a working farm. Eleven people live in the centre. The inspectors found that the centre was homely, warm and spacious.

Overall, the inspectors found that residents received a good quality person-centred service. Residents were supported to maximise their potential and engage in meaningful activities, and all residents appeared to be content and fulfilled. There were regular meetings with staff and residents in relation to daily planning, organisation of the facility and long-term goal setting.

While evidence of good practice was found, some areas required improvements in order to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, largely in relation to documentation. These areas are discussed in the body of the report and are included in the Action Plan.
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

Judgement:
Compliant

Findings:
Inspectors found that, for the most part, residents were consulted about how they wanted to live their lives. Both regular meetings and daily gatherings are held and an annual review including goal setting for the following year was conducted. Pictorial representation of this was evident, and goals were being translated into actions. For example, residents said that they wanted a spring fair and that had been arranged.

However, inspectors did not find evidence that there was sufficient consultation with residents in relation to choice at mealtimes. There was a very structured routine and meals were decided for the whole group, but there was no evidence of individual consultation with regards to choice of meals and snacks. This will be further discussed under Outcome 11.

There was a comprehensive policy on complaints including procedure, governance and satisfaction monitoring. The policy was clearly displayed in an accessible format, residents were aware of what steps to take should they wish to make a complaint and had received training in this regard. There was evidence of a complaints log, but inspectors were concerned that this had not been filled in. The person in charge informed inspectors that no complaints had been received from any resident or family member. He attributed this to the consultation with residents which was on a daily basis and allowed any potential issues to be addressed before they developed into a complaint.
### 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

**Judgement:**
Non Compliant - Major

**Findings:**
Inspectors were satisfied that residents’ wellbeing and welfare was maintained to a high standard and that each resident had a meaningful role in their community. Residents participated in numerous activities which they said they found interesting. However, significant improvements were required with regard to the development of personal plans.

While a template for the development of personal plans had been prepared, and some steps had been taken towards developing personal plans, they were either missing, incomplete or had not been reviewed annually. For example, the accommodation arrangements for one resident had changed, and while there was evidence of consultation, choice and consideration of risk from discussion with both the residents and staff members, there was little evidence of this in the personal plan.

There was evidence of the input of various members of the centre’s multi-disciplinary team in that correspondence, reports and recommendations of reports were available. However, there were no comprehensive assessments of needs or the supports required to maximise the residents’ personal development.

### Outcome 07: Health and Safety and Risk Management

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Findings:**
Inspectors found that while steps had been taken to promote the health and safety of the residents, staff and visitors, a number of improvements were required with regard to
the risk management policy, the emergency plan and fire safety.

The risk management policy was not sufficiently detailed to provide guidance to staff and did not address all the matters specified in the regulations. For example, the arrangements for the identification, recording, investigation and learning from incidents or adverse events were not outlined. Inspectors also found that many of the requirements of the policy were contained in other policies and documents but they had not been consolidated into one risk management policy in accordance with requirements. There was a safety statement and risk register in place.

Inspectors found that there was a strong culture of health and safety awareness and risk assessment among staff. Training in risk assessment had been provided for a number of staff and inspectors observed that risk assessments had been carried out in all areas where residents lived and worked. Many of these risk assessments related to the farm activities which residents were involved in. Residents participated in relevant training where appropriate, such as moving and handling. An external health and safety professional visited the centre regularly and provided advice and carried out an audit of safety systems. Inspectors reviewed the most recent audit and found that there had been a small number of actions and they had been addressed.

There was a system in place to record accidents, incidents and near misses and it was evident that the person in charge had sufficient oversight of this process. There was an emergency plan in place which provided guidance on the emergency evacuation of the centre. However, it did not address eventualities such as flooding, power outage or loss of heat.

Inspectors found that the person in charge was familiar with infection control arrangements. A risk assessment had been put in place relating to biological risks associated with farm activities and inspectors observed that hand-washing facilities were provided in the farm buildings.

The centre had fire safety management systems in place, although some improvements were required in the documentation. There was evidence that the person in charge carries out monthly, in-house checks on a number of areas related to fire safety including the detection and alarm system, fire fighting equipment and fire exits. Staff were knowledgeable about fire safety and evacuation procedures. While the person in charge told inspectors that fire drills and training had taken place, their frequency and attendance by staff were not recorded.

The arrangements and record keeping for the servicing of fire equipment were not satisfactory. While there was a record of servicing for the fire detection and alarm system, by an external professional on a quarterly basis, this check did not include one area of the centre where a resident resided. The emergency lighting system was not tested and serviced on a quarterly basis in accordance with requirements. In addition, a record of servicing for the firefighting equipment was not available as the person in charge stated that it had been misplaced. The person in charge stated that this equipment had been serviced in November 2013.
**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.*

<table>
<thead>
<tr>
<th>Theme: Safe Services</th>
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<td>Judgement: Non Compliant - Minor</td>
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**Findings:**

Overall, inspectors found that there were measures in place to safeguard and protect residents from being harmed or abused, although some improvements were required.

An inspector read the centre’s policy on the protection of vulnerable adults and found that it was up to date but not sufficiently detailed to guide staff, as it required some additional information in order to be location specific. For example, the policy clearly outlined that there was a specific person to deal with allegations or suspicions of abuse, but did not identify a specific person for the centre.

The person in charge and staff displayed sufficient knowledge in relation to the protection of vulnerable adults, and were clear on the reporting process. Residents were also aware of the steps to take if they had concerns around protection, and could identify the person or people they would take their concerns to.

The person in charge informed inspectors that training had taken place for staff and residents around protecting vulnerable adults, and staff members confirmed this. However, documented records of staff training were not available.

Inspectors found that there was evidence of good practice in regards to safeguarding residents’ money. For example, there were agreements and guidance documents detailing residents’ contributions and the use of residents’ money. Residents accessed their own money, and inspectors found evidence in personal plans that residents were encouraged and supported to manage their own money. However, although there was evidence of good practice, there was no evidence of a specific policy which dealt with residents’ personal property, personal finances and possessions. This is discussed further under Outcome 18.
**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Minor

**Findings:**
There was evidence that residents’ wellbeing and welfare was maintained to a high standard and each resident had a meaningful role in their community. Residents participated in numerous activities that they said they found interesting. However, some improvements were required with regard to the development of personal plans as discussed in Outcome 5.

Residents have access to their own general practitioner (GP) and allied health professionals, for example, social worker, dietician, psychiatric services and counselling services. Evidence of these services was apparent in the personal planning folders of residents.

Inspectors found evidence of a varied and nutritious diet. Where required, residents were supported by a dietician and there was evidence of fortified diets where recommended. However, meal planning was structured and menus were planned for the entire group with no evidence that residents were offered choice of meals and snacks.

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**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Findings:**
Inspectors found the person in charge to be professional in his interactions with inspectors, and displayed a good knowledge of his roles and responsibilities. The position is permanent and the person in charge was suitably qualified and experienced for the role. He appeared to provide good leadership, had a good knowledge of the
Regulations and Standards and had helped to communicate these to the residents. There was evidence of his involvement in governance and management and inspectors were satisfied that he was engaged in continuing professional development.

The provider had established a clear management system and processes, and the roles of managers and staff were clearly set out and understood. For example, a case committee was in place to deal with any allegations which may arise and regular meetings were held between the provider and the person in charge.

**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

**Judgement:**
Compliant

**Findings:**
Inspectors were satisfied with compliance with this outcome in that there was evidence of sufficient resources to ensure the effective delivery of care and support to residents.

The two houses were staffed by five and four co-workers respectively, these staff live in the homes and provide 24-hour support. In addition there were three further members of staff providing support for day activities. The centre was maintained to a good standard and had fully equipped modern kitchens, spacious living areas and single en suite bedrooms. Transport was readily available to take residents to and from day placements or activities and social occasions.

**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

**Judgement:**
Compliant
Findings:
The numbers and skill mix of staff were appropriate to meet needs of the residents and there were robust recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. The organisation’s recruitment practices reviewed by inspectors ensured that the documentation required for staff employed in the centres was in place. Inspectors reviewed a sample of staff files and noted that they contained all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There was evidence of staff training, which showed that in addition to mandatory training staff members attended a range of other training in areas such as crisis prevention intervention, complaint management, sign language and other Camphill training days relating to the centre’s policies and procedures. However, the records of staff training were incomplete.

There is a formal supervision system for all staff members and this was documented. This system is focused on learning and development as well as formal supervision of each staff member’s performance. There are also daily meetings with the staff and residents each morning and a more formal weekly meeting to review the operation of the centre.

Inspectors noted that copies of the Regulations and the Standards were available to residents and staff. There were two volunteers who regularly provided assistance. Inspectors found that appropriate records – including a record of Garda Síochána vetting – had been maintained and these individuals had also attended training in the protection of vulnerable adults.

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

Judgement:
Non Compliant - Moderate

Findings:
During the inspection of other outcomes inspectors found evidence that some of the policies required under Schedule 5 of the Health Act 2007 (Care and Support of
Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were either not in place or were not sufficient to guide staff practice.

For example, there was no policy on residents’ personal property, personal finances and possession as discussed under Outcome 8. The policy on the protection of vulnerable adults did not include the name and contact details of the designated person for dealing with allegations or suspicions of abuse.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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</tr>
<tr>
<td>Date of Inspection:</td>
<td>22 January 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>5 March 2014</td>
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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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 18: Records and documentation

Theme: Use of Information

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy in relation to the protection of vulnerable adults was not location specific to include the name and contact details of the designated person for dealing with allegations and/or suspicions of abuse.

There was no evidence of one clear policy on residents’ personal property, personal finances and possessions.

Policies reviewed did not have a clear date of implementation and date of review, for example, the policy on behaviours that challenge.

Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
There is a failure to comply with the following regulatory requirements:

**Personal plans for residents**
- Personal plans for residents were incomplete, missing or had not been reviewed annually.

**Comprehensive assessment**
- There was no evidence of a comprehensive assessment for each resident which was reviewed at least once a year.

**Actions Required**
- Prepare personal plans for residents no later than 28 days after admission.
- Ensure a comprehensive assessment by a health care professional is carried out annually.

**Proposed Timescale:**
- 25/04/2014
Please state the actions you have taken or are planning to take:
Health and social care needs assessments are now in place for 3 residents. Need to complete health and social care needs assessments for 8 residents. Complete required assessments by 28/03/14. Ongoing reviews.

Proposed Timescale: 28/03/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Revised the risk management policy to include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Proposed Timescale: 05/03/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan did not include arrangements in the event of flooding, power outage or loss of heat.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The emergency plan is being revised to include arrangements in the event of flooding, power outage or loss of heat.

Proposed Timescale: 18/03/2014
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records of annual training and fire drills every six months were not available.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Annual fire training has been arranged. Fire drills have been carried out and documented in the respective fire registers for all houses. Fire training booked for 15/04/14. Fire drills ongoing.

**Proposed Timescale:** 15/04/2014

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**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records of emergency equipment servicing were missing. Servicing of emergency equipment that had taken place did not include one area of the residents’ accommodation.

**Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
All fire equipment in all areas of residents accommodation has been serviced on an annual basis or more frequently if required. Last service was November 2013. Missing service certificate record has been reissued. Emergency lighting and fire detection systems and equipment is being upgraded to include all areas of residents accommodation. Records Completed. Servicing to be completed by 28/03/14.

**Proposed Timescale:** 28/03/2014

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Records of training in relation to safeguarding residents and the prevention, detection and response to allegations of abuse were not available.
**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
Records of training in relation to safeguarding residents and the prevention, detection and response to abuse are now up to date.

Proposed Timescale: 05/03/2014

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Food was nutritious, varied and available in sufficient quantities. But there was no evidence of residents’ involvement in the choice of meals and snacks.

**Action Required:**
Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:
There are well stocked larders and fridges in all houses which residents have full access to choose and prepare their own meals and snacks at any time.

All residents are now consulted in the weekly community meeting for feedback and suggestions regarding choice of meals and food in the community.

We now have written policies on food and nutrition.

Proposed Timescale: 05/03/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff training records were incomplete.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.
Please state the actions you have taken or are planning to take:
All staff training records are now fully up to date.

Proposed Timescale: 05/03/2014

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<td>Theme: Use of Information</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of a policy on residents’ personal property, personal finances and possessions. The policy on the prevention, detection and response of allegations and/or suspicions abuse did not name the centre-specific designated person.

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:
Review and update the policy on the protection of vulnerable adults to include site specific details of the designated person for dealing with allegations and / or suspicions of abuse: Completed.

A policy is being written for residents' personal property, personal finance and possessions: Drafted.

Ensure all policies have a clear date of implementation and date of review.

Proposed Timescale: 25/03/2014