<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004810</td>
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<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
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<tr>
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<tr>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 November 2014 11:00  To: 19 November 2014 18:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the first inspection of this centre. This report sets out the findings of a registration inspection following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate. As this was a new centre, it was unoccupied at the time of the inspection. The person in charge was present for the inspection. The inspector met with the person in charge and viewed documentation such as care plans, medical records, policies, procedures and staff files. In addition, the inspector had the opportunity to meet with two future residents and staff members, who stated that the transfer to the new centre would be beneficial to the health and welfare of the residents.
There was evidence of compliance in all areas of the service inspected. The person in charge demonstrated detailed knowledge of future residents’ health and social care needs.

There were systems, policies and practices to ensure residents were safe and there was a clear organisational structure in place to support the provision of care.

Although the centre was not yet occupied, it appeared to be warm, clean, comfortable and well maintained.

Some improvement was required to the statement of purpose and the contract of care and the person in charge stated that these would be addressed.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Residents were consulted about how the centre would operate. Residents had been consulted with extensively about the move to their new home. The person in charge and staff confirmed that residents, staff and residents' families had also been invited to come and see it.

Systems were in place to ensure that the privacy and dignity of each resident would be respected and residents enabled to make choices about how they lived their lives in a way that reflects their individual preferences and diverse needs. The person in charge spoke about the importance that will be placed on ensuring privacy and dignity for all residents and the layout of this building and the allocation of residents' rooms and communal space had been organised to ensure maximum privacy and choice for residents. All residents will have their own bedrooms and bathrooms and individual sitting rooms have been allocated for those who would prefer this. The person in charge told the inspector that residents will be bringing all their personal belongings to the new centre.

The person in charge had taken measures to prepare residents or moving to their new home. Each resident had been to visit the house at least once each week since mid-August and some of the residents had helped out with the internal painting of the house. There was a detailed plan for the implementation of the move.

A rights review was undertaken annually for each resident by the rights review committee in the organisation. The person in charge stated that a rights review of each
of the three residents would be carried out shortly to ensure that the house move had not impacted on residents' rights.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints policy in place, which included details of the designated complaints officer and appeals process.

Systems were in place to protect residents' finances and belongings.

**Judgment:**
Compliant

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
There were systems and communication aids to assist and support residents to communicate at all times. For example, pictorial daily activity plans had been developed for each resident, which clearly illustrated individualised leisure pursuits, employment or sporting activity that they could be involved in each day. There was a communication policy to guide staff.

It was planned that the centre would be equipped with several TVs, telephone and computer access points and the person in charge said that it was also planned to have Skype available to residents.

**Judgment:**
Compliant

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**Outcome 03: Family and personal relationships and links with the community**
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
Families are actively encouraged and involved in the lives of the future residents. They were welcome to come and visit residents in the centre and some residents regularly went to visit their families at home. The person in charge explained that families will be kept informed of residents’ wellbeing and invited to attend and participate in support meetings and reviews of residents' personal plans. Each resident had an identified circle of support consisting of their families, friends and key workers and these groups met every three months. The inspector reviewed the personal planning templates which facilitated the recording of family involvement and review meetings.

Residents will be supported in making friends and integrating into the community. There was much evidence of residents' involvement with their local community, such as attending sports centres and religious ceremonies, dining out and shopping.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The person in charge stated that new contracts for the provision of services had been prepared to reflect the move to the new centre. These were in the process of being agreed with each resident and/or their families. The inspector reviewed a sample contract and noted that the services to be provided were not clearly set out and details of some additional charges were not included. The person in charge confirmed that the contracts would be revised to include this information.

There had been no recent admissions to the centre as all of the residents had lived in accommodation in this service for many years.

Judgment:
Non Compliant - Minor

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that
reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**
Effective Services

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

**Findings:**
Residents will be transferring to this centre and their current care plans with modifications in line with the changed environment will apply. The inspector viewed some care plans which were found to be well documented, informative, person centred and up to date. The care and support provided to residents reflected their assessed needs, wishes and interests.

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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

**Findings:**
The design and layout of the centre is suitable for its stated purpose. This centre is a large dwelling set in a residential area close to a town. The building has been refurbished to accommodate three residents. There are separate bedrooms, with en suite toilet, shower and hand washing facilities, for each resident. A private sitting room and kitchenette has been developed for one resident, and an additional private sitting room for another. This layout was based on the needs and preferences of the residents.

There was also a spacious kitchen, utility room, sitting room, additional bathroom, storage space, and two staff bedrooms. The rooms were bright and well maintained and the building had been finished to a high standard to promote residents safety, dignity, independence and well being. All of the residents who will be transferring to the centre are independently mobile, and no specialised equipment, aids and appliances are required to support these residents at present. All residential accommodation is on the ground floor.
Residents will have access to an enclosed garden at the rear of the house.

Judgment:
Compliant

**Outcome 07: Health and Safety and Risk Management**  
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

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

**Findings:**  
There were systems in place to promote the health and safety of residents, visitors and staff. There was an up to date health and safety statement and a risk management policy which included a risk register identifying risk in the building. The person in charge stated that the risk register would be reviewed and updated shortly after the move to identify any further risks that may occur on occupation of the house.

Adequate precautions against the risk of fire were in place. The provider told the inspector that, as part of the recent refurbishment of the building, fire retardant ceilings had been installed and new fire alarms, emergency lighting and fire doors had been provided. The person in charge planned to hold a staff evacuation drill in the house within the following week and for monthly fire drills to take place thereafter. He confirmed that all staff and residents would participate in a fire evacuation drill within one month of occupation. It was also planned for staff to receive training in the fire alarm system within the following two weeks. There were systems in place for internal checks of fire alarms and fire doors.

Fire compliance certification, signed by a competent person had been submitted with the application.

A new emergency plan, which included the arrangements for temporary accommodation, had been developed for the centre to guide staff in the event of an emergency.

All staff had received training in moving and handling.

There were systems in place to control the spread of infection, such as an infection control policy and a colour coded cleaning system.

Judgment:
Compliant
### Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

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

**Findings:**
Measures were in place to safeguard and protect residents from abuse. All staff received mandatory abuse training every three years and there was an abuse policy to guide staff. There was a personal property policy and a system for the secure management of residents’ money as required. Each resident had an individual secure lockable area for storage of valuables and money.

Supports were in place to promote a positive approach to behaviour that challenges. The person in charge showed the inspector that positive behaviour support plans had been developed for residents who displayed behaviours that challenge and were in place for some residents who will be transferring to this centre. The plans contained individual reactive strategies for behaviours of concern which identified dislikes and stress triggers as well as likes and stress reducers. Staff had received training in management of behaviour that is challenging.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
The person in charge was aware of the requirement to maintain a record of all incidents occurring in the designated centre, and to notify the Chief Inspector as appropriate.
Judgment:
Compliant

**Outcome 10. General Welfare and Development**
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The inspector was satisfied that residents will be afforded the opportunity for new experiences, social participation, training and employment.

The inspector saw that each resident's educational/employment/training goals had been assessed and set out in their personal plans. For example, residents enjoyed activity such as swimming, bocce, outings, walking and going to restaurants. One resident took weekly horse riding lessons, while another participated in a horticultural project. The inspector saw photographs of residents participating in these and other activities.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that arrangements were in place to ensure that residents’ overall health care needs will be met and that they will have access to appropriate medical and allied health care services.

The person in charge told the inspector that all residents will have access to their own GP services and there will be an out-of-hours GP service available. All residents will have access to a multidisciplinary team of allied health professional employed in the organisation.
Each resident will have access to cooking facilities and will be supported to have meals and snacks that they enjoy at times that suit them. Meal planning will be based on consultation with families about what residents like to eat and by observation of what they enjoy, while having regard for assessed needs and nutritional quality of food. Monthly weight monitoring, body mass screening and nutritional assessment was being undertaken for all residents and this was recorded in residents' personal plan and nutritional plans were developed if required. There were daily food journals maintained for each resident which recorded food and fluid intake. The person in charge confirmed that this system would continue for each resident.

Judgment:
Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that there were safe medication management systems in place to ensure residents were protected.

There was a medication policy to guide practice.

All staff, except one, had received medication management training within the past year. The person in charge stated that, as an interim measure, the untrained staff member would only work under the supervision of a social care worker who had been trained in safe medication management practices.

There was a protocol for the management of seizures and, where required, epilepsy management plans were prepared in conjunction with the GP. There was also a guide for the administration for emergency medication for epileptic seizures.

A secure locked medication cabinet was supplied to each resident for the safekeeping of their medications.

The person in charge confirmed that none of the residents would be self-administering their medication.

**Judgment:**
Compliant
**Outcome 13: Statement of Purpose**

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
A new statement of purpose had recently been developed to reflect the service to be provided in the new centre. The inspector reviewed the statement of purpose and found that it largely complied with the requirements of the Regulations and detailed the services to be provided. The person in charge said that copies of the statement would be available in the centre and that he planned to supply a copy to each resident and/or their families. The statement of purpose was due for review annually and a review date of October 2015 had been identified.

Some required improvement to the statement of purpose was identified but this was addressed shortly after the inspection and a revised version, which was found to be satisfactory, was supplied to the Authority.

**Judgment:**
Compliant

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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

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

**Findings:**
Effective management systems were in place. There was a clearly defined management structure that identified the lines of authority and accountability.

The centre will be managed by a suitably qualified and experienced person in charge,
who is appropriately supported by and reports to the provider nominee. He had extensive experience and training in both social care and management. He was knowledgeable regarding the requirements of the Regulations and standards and had a very good overview of the health and support needs and personal plans of residents.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge was clear about his role and responsibilities and about the management and reporting structure in the organisation. He told the inspector that he felt well supported in his role. He stated that he had monthly meetings with the provider, and could contact him at any time should he have a concern or issue in relation to any aspect of the service.

Arrangements were in place to cover the absence of the person in charge.

Support services were available within the organisation, including behaviour support services, with particular expertise in autism and behaviour that is challenging, a social worker, physiotherapist, financial controller and a health and safety officer.

Judgment:
Compliant

**Outcome 15: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge was aware of the requirement to notify the Chief Inspector of the absence of the person in charge and outlined the arrangement which were in place to cover any such absence.

Judgment:
Compliant

**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Staff who have been working with the residents and are familiar with their care needs will transfer from the current premises. The person in charge provided evidence that the numbers and skill mix of staff will be appropriate to the assessed needs of residents.

Suitable education and training is available to staff. Training records indicated that all staff had received training in protection and safeguarding, fire safety and minimal handling. Other training delivered to staff included management of behaviours that are challenging, first aid, person centred planning, food hygiene, medication management and creating positive social roles and connecting with communities.

Staff will be supervised appropriate to their roles. The inspector reviewed the proposed staffing roster which indicated that one social care workers and one social care assistant will be on duty at all times when residents are in the centre. The person in charge told the inspector that staffing levels will be flexible to meet the support needs of residents and they will be supported to continue attending day care services following their transfer to the new centre. The inspector met with some of the staff who confirmed that they were looking forward to the transfer, as the new centre was better suited to the needs of the residents.

The provider had ensured that safe recruitment practices were in place. There was a recruitment and selection policy to guide practice. The inspector reviewed a number of staff files and found them to be in compliance with the requirements of the Regulations. They included photographic identification, evidence of Garda vetting, written references and contracts of employment.
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspector was satisfied that records required by the Regulations will be maintained in the centre.

Records requested during the inspection were made readily available to the inspector and the sample of records viewed was of a good standard.

All policies as required by Schedule 5 of the Regulations were available and up to date.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Provider’s response to inspection report

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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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract did not clearly set out the services to be provided and some details of additional charges.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
1. Details of the services provided and in relation to any additional charges have been added to the Individual Service agreement contract. 2/12/2014

2. The revised Individual Service agreements with the appendices will by discussed with Residents and their representatives and Family following which they will be signed and held on residents records within the centre 12/12/2014

**Proposed Timescale:** 12/12/2014