

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Carriglea Cairde Services
Centre ID:	OSV-0003509
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Carriglea Cairde Services
Provider Nominee:	Vincent O'Flynn
Lead inspector:	Caroline Connelly
Support inspector(s):	Maria Scally
Type of inspection	Announced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	5

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 October 2014 09:15	13 October 2014 18:30
14 October 2014 09:15	14 October 2014 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was a registration inspection of a Residential Service which is one of a number of designated centers that come under the auspice of Carriglea Cairde Services Ltd. Carriglea Cairde Services Ltd provides a range of day, residential, and respite services in and around the Dungarvan area. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. Carriglea Residential Services consists of six houses which are located on the main campus which is approximately 5km from Dungarvan town. The centre provides residential care to residents who generally fall within the moderate/severe to severe/profound range of intellectual disability.

As part of the inspection the inspectors met with residents, the person in charge, the nominated provider, the clinical nurse managers, care staff and other staff members. Throughout the inspection the inspectors observed practices and reviewed documentation which included residents' records, centre-specific policies and procedures in relation to the centre, medication management, accidents and incidents management, complaints, health and safety documentation and the emergency plan. The six houses were visited and inspected for their suitability and compliance with the regulations.

A number of questionnaires from residents and relatives were received and the inspectors spoke to the residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. However there were some concerns expressed in relation to staffing levels. These were looked into during the inspection and are discussed under the relevant outcome. The person in charge was involved in the overall running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement was encouraged as observed by the inspector and from review of personal plans.

There was an extensive range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their personal plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of care with appropriate access to general practitioner (GP), psychiatry, psychology and allied health professional services as required.

Personal plans were viewed by the inspector and were found to be comprehensive, appropriate to the needs of the residents and up to date. The inspectors found that there were a number of improvements required in some of the premises, provision of privacy and dignity, complaints procedures, provision of space for visiting in private and in the documentation of residents' finances.

The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of 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. These areas include:

- display of complaints procedure
- issues with the premises
- provision of a private space for visiting
- privacy and dignity
- documentation of residents finances.

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):

No actions were required from the previous inspection.

Findings:

Residents with whom the inspector spoke stated that they felt safe and spoke positively about their care. Residents described the staff as being available to them if they had any concerns. The staff and residents informed inspectors that residents were actively involved where possible in the houses with residents' meetings held weekly. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive, issues discussed included menu planning and social aspects of care including trip planning. In some houses residents were spoken to individually rather than in the group and this was documented accordingly. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, what social activities they wished to take part in and what trips out they wanted to go on.

The inspector observed staff interaction with residents and noted staff promoted residents independence, while also being respectful when providing assistance.

The staff and residents confirmed that there was an open visiting policy and that relatives could visit at any time. Resident's privacy and dignity was generally maintained with many of the residents having their own bedrooms and screening was provided between beds in shared bedrooms. Staff were seen by the inspectors to protect residents' dignity in a respectful way when they dealt with hygiene and personal care issues. However in one of the houses only net curtaining was provided as screening on a number of bedroom windows which can be seen through when the light is on this did not promote or protect the privacy and dignity of the resident using those rooms.

The complaints procedure was viewed by the inspector and was found to meet the

requirements of the regulations. The procedure is outlined in the comments and complaints policy. Copies of the comments and complaints form 'Having Your Say' were seen to be available in the centre. However there was not an easy to read version of the complaints procedure displayed in a prominent place in the centre. There was a complaints log available for each house to record any complaints and the action taken to address such complaints. The inspector saw that complaints had been documented into the complaints log and there was a section for investigation/action taken. The inspector was satisfied that the complainant was satisfied with the action taken and outcome on complaints documented. However the inspectors were made aware of a concern raised with the provider and person in charge that was not documented in the complaints log and therefore documentation in relation to same was not available for the inspectors to see. The provider analysis all complaints by type and prepares an annual report with outcomes for the HSE as part of their service level agreement.

If a resident or relative requires independent support to make a complaint, there was evidence that advice was given on how to access an independent advocate and a poster was displayed with a picture of the advocate and contact information.

The inspector noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions and the inspectors observed very personalised bedrooms available for residents.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspectors noted that residents had access to appropriate media, such as television, newspapers and radio. A number of residents had a television in their rooms and one resident had her own sitting room with TV and DVD player. The inspectors noted that there were large screen televisions in communal rooms. There were computers available in the office in the houses but the staff said residents generally did not express any interest in accessing them.

There was a communication policy dated 2014 available which was viewed by the inspectors and found to be comprehensive. During the inspection, staff who spoke to

the inspector demonstrated awareness of the individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, the inspectors noted that individual communication requirements including residents with complex communication needs had been highlighted in personal plans and were also reflected in practice. For example the inspector noted that staff used communication approaches such as gestures, signals, facial expressions and vocalizations to communicate with a number of residents who had limited verbal communication. There were also communication feelings charts seen in resident's personal plans which indicated what behaviours the residents might display if they were feeling a certain way and also indicated what would be an appropriate response from staff in relation to behaviour displayed. Pictures were also used to aid communication for activities, menus and tasks. The inspectors saw a picture activity plan in residents' bedrooms and were satisfied that good communication took place in the centre.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The staff and residents confirmed that there was an open visiting policy and that relatives could visit at any time. They told the inspector that visitors were always made welcome and offered refreshments. However in a number of the houses and there was no space available for residents to receive visits in private if they required. This was particularly an issue where residents were sharing bedrooms and where bedrooms were very small in size. Visits took place in the day room which was not large enough to accommodate all residents and visitors.

The inspectors saw that relatives were updated as required in relation to residents' progress and many relatives attended residents' personal planning meetings. The centre had recently introduced family support plans seen by inspectors in residents' personal plans. The inspectors also saw in residents' personal plans that all contact with family members was documented from visits to meetings, phone calls and unplanned meetings and that residents and relatives were encouraged to have contact and be fully involved in all aspects of residents' lives. There was evidence that resident' representatives could bring any issue directly to staff and the staff were very responsive to any such issues raised.

The inspector saw that residents are supported to develop and maintain personal relationships and links with the wider community. Some residents regularly went out with their relatives for days out, or to their family homes and relatives for the day, weekend or for holidays and this was all documented as part of their personal plans.

The inspectors saw that the centre had access to their own transport and saw this transport at the centre and day service. They also had drivers and volunteers to assist residents in fostering links with the local community. Residents regularly attended shops, restaurants, sporting activities, a variety of social outings and went for regular walks out.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

The inspector viewed the admissions policy which outlined that admissions are managed in a fair and transparent manner. The service has admissions, transfer and discharges committee and all admissions have to go through and be approved by the committee.

The admissions criterion is set out in the policy and takes account of:

- Availability of a suitable vacancy or resources for a new service
- Prioritisation based on need and family circumstances
- catchment area (agreed with the HSE)

All applicants must be over 18 years of age and be assessed to have an intellectual disability (The applicants primary and predominant disability must be intellectual disability). The eligibility criteria also outlined when admissions can be declined. The admission policy was updated recently to take account of the need to protect residents from abuse from their peers as outlined in the regulations. The person in charge informed the inspector that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety and needs of other residents currently living in the centre.

The inspector reviewed copies of the written agreements in relation to the terms and conditions of residing in the centre. It was noted that the documents detailed the

support, care and welfare of the resident and details of the services to be provided for that resident. An attachment to the service agreement included a user friendly easy read version which included the fees to be charged in relation to residents care and welfare in the designated centre and what is included and excluded from these charges as required by the regulations. The service agreements were signed by family members when the resident was unable to sign.

Judgment:
Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. The inspectors saw that a number of group sessions took place in the hall/activation centre and other activation centres during the inspection which included pet therapy, music, drama therapy and physical activity. There is a large swimming pool attached to the hall and residents expressed their enjoyment of swimming and in using the swimming pool. There was a large multi-sensory room which one resident who was exhibiting behaviour that challenged found particularly beneficial and therapeutic. Other activities that were available were computer skills, keep fit, arts and crafts, gardening, cookery classes and visits to town, the beach, restaurants and areas of interest. The inspectors viewed the horticultural centre where many residents enjoyed planting and numerous other activities. There is a cafe on site where residents can go for drinks and snacks or take visitors to and residents reported that they all enjoyed going there. Inspectors noted that a number of residents participated in their own individualised activities; often on a one to one such as going out for walks with staff. Inspectors also noted that a number of residents regularly visited their friends and attended Mass in the centres church. Residents to whom inspectors spoke stated that they enjoyed the organised activities on site, and they also enjoyed eating out and going into town when they could.

The inspectors reviewed a selection of personal plans which were very personalised and detailed resident's specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses and other healthcare staff fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan. They agreed time scales and set dates in relation to further identified goals and objectives.

There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, medical, psychiatric and General Practitioner (GP), dentist and chiropody services. These will be discussed further in outcome 11 healthcare needs. The inspectors noted that there was a circle of support identified in each resident's person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. Since the last inspection comprehensive family support plans were introduced as previously outlined in outcome three.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The centre consists of six bungalow type houses which are located on the main campus which is set in a rural setting approximately 5km from Dungarvan town. The houses provide accommodation for up to 46 residents which include two respite beds. In three of the houses all residents have a single bedroom and two rooms have en suites. In the other three houses there is a mixture of single and shared bedrooms and there is one shared en suite bathroom between two bedrooms. Overall the inspectors were satisfied that there were adequate baths, showers and toilets with assistive structures in

place including hand and grab rails, to meet the needs and abilities of the residents.

However some of the single and shared bedrooms in two of the houses were noted to be very small in size and did not allow for residents to have chairs by the side of their beds and some did not have bedside lockers. A survey undertaken by the centres' staff with residents identified that residents would have liked to have a chair by the side of their bed to come down and relax in their own private space. This was particularly relevant as in these houses the communal space was also limited to a sitting room and dining room. These houses were to accommodate nine residents each and there was no additional space for residents to spend time alone or in a quiet area if they wished and as previously identified there was no space to visit in private. The staff identified this as a particular problem if residents were particularly noisy or if two residents did not get on well together then there was no space to move away to.

The inspectors noted in one of the houses hoists and other equipment were also stored in the sitting room as there was no storage space available in that house.

In the other houses there was adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. The premises overall appeared clean and were homely bedrooms were furnished with beds, wardrobes however there was no locked storage space for residents use. Residents that showed inspectors their rooms had personalised their rooms with photographs of family and friends and personal memorabilia. Laundry facilities were provided within the houses and were adequate but were used only for small items and at weekends. Laundry was completed in the main laundry on site which was well equipped. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them in good condition.

Equipment for use by residents or people who worked in the centre included wheelchairs, specialised chairs, hoists, overhead hoists and other specialist equipment were generally in good working order and records seen by the inspectors showed that they were up- to- date for servicing of such equipment.

Many of the houses had enclosed gardens with two houses sharing a garden on the front of the houses. Garden areas generally contained suitable garden seating and tables provided for residents use. Grounds were kept safe, tidy and attractive.

Transport is provided by the service to assist residents in accessing work, education and recreational opportunities and the centre had its own transport.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Certification of compliance with the fire regulations signed by a person competent in fire safety was forwarded to the authority and was seen by the inspector as part of the application for registration of the centre. The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire throughout the building. Pictorial fire safety plans were displayed in each resident's room identifying to them what to do in the case of fire. The inspector viewed records which confirmed that very regular fire drills took place with night drills in June and July 2014 and well as regular day drills. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspector examined the fire safety records with details of all checks and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested in November 2013. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was held on various dates in 2013 and 2014.

The inspector viewed minutes of the health and safety committee meetings and saw that regular meetings took place. The committee addressed all areas of health and safety including accidents and incidents, fire management plans, boilers, prevention of legionnaire's disease, transport of service users. The inspector viewed a health and safety audit undertaken of the centre in 2014. There was evidence of issues identified and actions taken. The health and safety representative meets with the management team monthly and gives feedback on all issues of relevance including statistics. The centre-specific safety statement was seen by the inspectors which had been revised in January 2014. Records confirmed that three members of staff had undertaken a safety management course.

Comprehensive risk assessments were seen by the inspectors and from a selection of personal plans reviewed the inspector noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management. There were also assessments of risks associated with, self harm, and making tea, supporting positive behaviour and the management of epilepsy where appropriate.

There was a risk management and risk assessment policy in place that met the requirements of legislation and the risk register included the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

A comprehensive emergency plan was in place in relation to fire and numerous other emergency situations such as power outage, accidents, and disruption to water supply. Staff demonstrated their knowledge of what to do in an emergency situation. There was an emergency information sheet seen in each residents file with photo identification. The inspector saw the emergency missing person pack which contained space blankets, torch, rain wear, high visibility vests to be used in the case of a search for a missing resident. Emergency contact numbers were seen for all staff and numerous services that may be required in an emergency situation.

The environment of the houses was generally homely and visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the centre was undertaken by the care staff once their caring duties were undertaken. The person in charge informed the inspectors that since the last inspection they had contracted cleaning staff to come in and do a deep clean of the premises and plan that this will be undertaken on a regular basis. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available. Staff had received training hand hygiene practical training in 2013. Observation of hand washing by the inspector indicated best practice was adhered to as staff took opportunities to wash their hands and use hand gels.

The inspectors viewed training records which showed that staff had received up to date training in moving and handling.

The inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own fleet of vehicles all vehicles were seen to be serviced regularly and insured appropriately.

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):
No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom the inspectors spoke knew what constituted abuse and demonstrated to the inspector an awareness of what to do if an allegation of abuse was made to them and clearly told the inspectors there was a policy of no tolerance to any form of abuse. The provider informed the inspector that two staff had completed a train the trainer course in safe-guarding and had provided this training to staff. Records showed that the staff had received training in 2013 and 2014. The designated person to deal with any allegations of abuse works in the community service as a CNM. The inspectors spoke to the designated person during previous inspections. She explained that she undertook a four day comprehensive training programme on abuse and all allegations of abuse are reported to her, she documents the allegation and commences the investigation involving all the relevant people and reports directly to the provider. Residents to whom the inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. The inspectors noted a positive, respectful and homely atmosphere and saw easy dialogue between residents in their interactions with staff.

There was a policy in place regarding resident's personal property and possessions. Inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes. However the inspectors found that the systems in place to record and safeguard residents' finances were not sufficiently robust. The inspector viewed the records maintained and saw that a number of transactions made were only signed for one staff and one of these involved giving a resident €100 going home. A money management competency assessment showed the resident did not understand the value of money therefore this should have a double checking signature system in place by staff to protect all involved. Written receipts were retained for some but not all purchases made on residents' behalf. Overall the inspectors formed the opinion that the system in place was not sufficiently robust to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping.

There was a policy on challenging behaviour and the inspector saw that staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspector it was noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. A psychologist was involved in the drawing up of behavioural plans for residents which the inspectors saw were fully followed and implemented by staff. The inspectors saw staff dealing with episodes of challenging behaviour in a calm and controlled manner during the inspection.

There was a policy in place in relation to restrictive practices dated march 2014. There was evidence available with regard to risk assessing in line with best practice any resident that required the use of bed rails/restraint. The personal plans detailed the use of restraint, the time the restraint was put on and when released and detailed the supervision and observation of a resident while restraint was in use. There was evidence that other options such as 'low low' beds and alarm mats were in use and had been considered for these residents and minimal restraint was in use in the centre.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

The inspectors saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation.

All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The provider outlined the arrangements to ensure that a written report was provided to the authority following any incident that required to be notified to the authority within three days and at the end of each quarter period.

The authority had received all notifications in a timely manner as required by legislation

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that resident's opportunities for new experiences, social participation, education, training and employment were facilitated and supported. The various day service within Carriglea Cáirde Services provide education and training in areas identified by service users such as computer skills, horticulture skills, advocacy

and relationship skills, and other life skills. Where necessary, the person in charge told the inspector adaptive communication tools and specialist software were used to aid learning.

Residents to whom the inspector spoke outline that some had regular roles within their houses and the inspector noted that such roles formed part of residents' goals in their personal plans. The resident's roles and responsibilities included keeping the house tidy, setting tables for meals, participating in food preparation and clearing up after their meals. The inspector was also informed that these roles were adapted to meet the capacity and needs of the individual residents.

Residents outlined to the inspector how they could access appropriate and accessible indoor and outdoor recreational events on site and also off site for example bowling, cinema, and trips to the seaside and to different local amenities.

The service has a transition to work team which sources external work placements to match the requests of service users thereby enabling them to access the world of work. Individuals are supported to source paid employment whenever possible and staff provided coaching in the specific requirements of the job until competency is achieved. There was no resident in the centre currently availing of this service but residents are assessed for their suitability.

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):

No actions were required from the previous inspection.

Findings:

There was a GP who was contracted to provide a regular service to the residents. Inspectors saw that residents had timely access to GP services and staff confirmed that out-of-hour services were adequate and responsive. Review of residents' medical notes showed that medical staff visited and reviewed all residents regularly. Psychiatry and psychology services were available as required and there was a social worker in the centre one day per week.

Residents were seen to have appropriate treatment and access to allied therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy, speech and language therapy, chiropody and optical were organised as

required by the staff. On the day of the inspection the inspectors met the chiropodist who attends the centre two days per week. On a previous inspection the inspectors met the physiotherapist who also attends the residents two days per week and carried out mobility assessments and various stretching and specific physiotherapy programmes with the residents.

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident support plan. From reviewing residents plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used including physical wellbeing assessments, epilepsy nursing assessment, falls assessments, resident related hazard assessment, eating and drinking assessment. Inspectors noted that there were a number of health support plans to address identified healthcare needs and records of support interventions provided by the interdisciplinary team members.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person-centred plans for residents'.

Inspectors were satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care.

The inspectors visited the kitchens and met the catering manager who demonstrated a good knowledge of the residents likes dislikes and special diets. She confirmed that this was all communicated to the kitchen via a planner system from each house. Inspectors were informed and saw that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff who spoke to the inspectors stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Inspectors noted that picture information charts were used to assist some residents in making a choice in relation to their meal options. Inspectors saw that residents' meals were prepared in the main kitchen on site and delivered in insulated food trolleys. The kitchen was found to be clean and well organised and staff were aware of their roles and responsibilities and had received appropriate food handling training.

The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good.

Inspectors reviewed the dining experience and noted that meals were well presented and residents requiring assistance from staff were observed providing such assistance in an appropriate manner. Other residents were seen to be involved in the setting of tables

and the preparations for mealtimes. Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were checked regularly and weight records were maintained. Appropriate referrals for dietetic and speech and language reviews were made, the outcome of which was recorded in the residents' personal plans. Many of the residents were seen to have nutritional plans and swallow plans as required. The inspector observed that residents had access to drinking water at all times. Jugs of drinking water and glasses were present.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be comprehensive. Inspectors noted that a copy of Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines were available. Nursing staff who spoke to the inspectors demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication was stored and secured in the nurses' office and the medication keys were held by the staff nurse on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. The maximum amount for PRN medication to be administered within 24 hour period was stated on all of drug charts reviewed. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

The inspectors did not see any residents that required their medications to be crushed and the staff informed the inspectors they endeavoured to get liquid medication wherever possible. They demonstrated an awareness of the requirement of the GP to prescribe crushed medications as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format.

Inspectors saw that the medication was dispensed from the local pharmacy for each

resident. Some houses had medication supplied in a blister pack system and other houses had boxes of medications and dispensed medications in the traditional method. The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

On the last inspection the supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. However the staff said these were only checked once a day and not at the changeover of shifts as required by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidance to nurses and midwives on medication management. On this inspection although there were no medications that required specific controls the inspector saw that the checking system had been increased to the changeover of shifts when required.

The inspectors saw that medication management was the subject of audit to evaluate the use of medication policies and protocols as part of quality care provision and risk management programmes. Medication audits were completed by the pharmacist in June 2014 and by the staff in October 2014.

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):

No actions were required from the previous inspection.

Findings:

A recently updated statement of purpose was available and reviewed by the inspector. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre.

The person in charge confirmed that she kept the statement of purpose under review and provided the inspector with a copy of the most up to date version following the inspection. The inspector noted that there was a copy of the Statement of Purpose available for residents in the centre.

The statement of purpose was found to be comprehensive and contained all the relevant information to meet the requirements of legislation.

Judgment:
Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Carriglea Cairde Services Ltd provides a range of day, residential, and respite services in and around the Dungarvan area. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board of directors meet on a bi-monthly basis. The board of directors has a number of sub committees each with their own terms of reference. The general manager is the chief executive officer who leads a senior management team. The senior management team consists of the person in charge, an administrator/quality and standards manager, a human resources manager, and a finance manager.

The person in charge works full-time and is a registered nurse intellectual disability and a registered general nurse. She has 32 years experience working in a nursing role in services for people with disabilities of which 15 years are in a management role. She holds a Bachelor of Science degree in nursing and a diploma in management. The inspectors formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The person in charge was actively engaged in the governance and operational management of the centre, and based on interactions with the person in charge during the inspection, she demonstrated a good knowledge of 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. The inspector saw that there was a copy of the National Standards and the Regulations were available to staff along with other relevant documentation.

The inspector noted that residents were familiar with the person in charge and approached her with issues during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspector were clear about who to report to within the organisational line and of management structures in the centre. A CNM2 deputised in the absence of the person in charge and was seen to be also fully involved in the management of the centre also.

The inspector noted that throughout the inspection the provider, person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents.

The provider visited the centre on a regular basis and had undertaken unannounced visits which he had documented. He had completed a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support as required by the regulations. A copy of this report was given to the inspector and found to be comprehensive. The inspector saw that there was also an annual report completed on all the services for 2013 and was told this report was completed annually.

The report detailed all aspects of the services and included health and safety, admissions, transfers, discharges, staff training and development, reports from the quality committee and maintenance projects.

There is also ongoing auditing of various aspects of the service which included medication management, resident's records, accidents/incidents, complaints, safeguarding and health and safety audit. An audit schedule was seen by the inspector to be in place. The inspector was satisfied that there were systems in place to monitor the quality of care and experience of the residents and that support and promote the delivery of safe quality services through ongoing audit and review.

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):
No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more and there had been no change to the person in charge. But the provider was aware of the obligation to inform the chief inspector if there is any proposed absence.

Support and acting up arrangements were comprehensive, the CNM covers for the person in charge when she is away and is supported by the nominated provider.

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):

No actions were required from the previous inspection.

Findings:

The inspector formed the opinion that the centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

There is an annual budget for the centre which is kept under regular review. The provider and person in charge told the inspectors that funding would be made available in the event of a major piece of equipment breaking down and requiring replacement.

The accounts and budgets are prepared and allocated by the accounts department and are managed by the person in charge and overseen by the registered provider who reports to the board of directors.

There is a fund raising committee for Carriglea Cairde Services and money raised is used to fund projects and comforts for residents.

The inspector noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required by the services fleet of vehicles.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. There was a centre-specific policy on recruitment and selection of staff. The person in charge stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. The inspectors met numerous staff who had worked in the centre for over ten years and one over 30 years.

A number of questionnaires received from relatives identified that they would like to see more staff available in the centre. The inspectors reviewed the staffing levels and outcomes for residents and were satisfied that the numbers and skill mix of staff available during the inspection was appropriate to meet resident's needs during the day however they recommended the night time staffing levels were kept under review as staff moved between houses at night to provide assistance where required.

During the inspection inspectors observed the person in charge, CNM's and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors staff members were knowledgeable of residents individual needs and this was very evident in the very personalised personal plans seen by the inspectors. Residents spoke very positively about staff saying they were caring and looked after them.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that accessible copies of the standards were available in the centre and staff spoken with demonstrated adequate knowledge of the regulations and standards.

There was a policy on recruitment and selection of staff and there was evidence of effective recruitment procedures and a comprehensive induction procedure. The inspector met with the human resources manager during a previous inspection and she outlined her role in ensuring all staff were recruited and inducted in accordance with legislative requirements.

The inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of 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 were available. There was evidence that new staff received a comprehensive induction programme and these were seen signed by the staff member and the line manager in individual staff files.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. Further education and training completed by staff included food hygiene, first aid, risk management, community inclusion, communication therapies, health and safety and hand-washing.

All care staff have at a minimum a Further Education Training Awards Council (FETAC) level 5 qualifications in healthcare.

The inspector noted that staff meetings took place and that staff were facilitated to communicate with fellow staff and the person in charge around issues relevant to the residents and the centre. A formal appraisal system had been recently implemented. Records showed that the staff had appraisals completed and staff and the person in charge stated they found this very beneficial.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
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 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspectors reviewed the centres policy and procedures and found

that the centre had 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.

Staff to whom the inspector spoke demonstrated an understanding of specific policies such as the medication management policy and managing allegations of adult abuse in practice. In relation to residents records such records were generally complete and up to date.

The inspector reviewed the directory of residents and noted that the directory was completed for each resident and contained the required information.

The inspector found that overall records were generally accurate, complete and maintained in a manner that allowed them to be easily retrieved by staff.

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:

Caroline Connelly
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 report¹

Centre name:	A designated centre for people with disabilities operated by Carriglea Cairde Services
Centre ID:	OSV-0003509
Date of Inspection:	13 October 2014
Date of response:	21 November 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

In one of the houses only net curtaining was provided as screening on a number of bedroom windows which can be seen through when the light is on this did not promote or protect the privacy and dignity of the resident using those rooms.

Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The service will replace the net curtains with blinds in the bedrooms to protect the privacy and dignity of service users.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

There was not an easy to read version of the complaints procedure displayed in a prominent place in the centre.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

An easy read version of the complaints procedure is in place in all locations throughout the centre.

Proposed Timescale: 21/11/2014

Theme: Individualised Supports and Care

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

The inspectors were made aware of a concern raised by a relative with the provider and person in charge that was not documented in the complaints log and therefore documentation in relation to same was not available for the inspectors to see.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The concern is now documented in the complaints log in the residential setting and all documentation is available in relation to same.

Proposed Timescale: 21/11/2014

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In a number of the houses and there was no space available for residents to receive visits in private if they required. This was particularly an issue where residents were sharing bedrooms and where bedrooms were very small in size. Visits took place in the day room which was not large enough to accommodate all residents and visitors.

Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

In the interim as an immediate measure an additional room will be available within close proximity to the homes for visitors, as well as the existing coffee dock location on site. All service users, staff and visitors will be informed of same.

In line with congregated settings report, the organisation is reducing numbers in all residential settings. The management team will develop a plan to provide single bedrooms, visitor's room, and adequate storage facilities for all homes. The organisation will liaise with service users, staff, families, HSE, housing authority to progress these issues. The detailed plan is scheduled for completion by 31/01/2015 and will include action time lines.

Proposed Timescale: 31/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises failed to meet the requirement of legislation in the following areas
The single and shared bedrooms in two of the houses were noted to be very small in size and did not allow for residents to have chairs by the side of their beds and some did not have bedside lockers. A survey undertaken by the centres' staff with residents identified that residents would have liked to have a chair by the side of their bed to come down and relax in their own private space.

The communal space was also limited to a sitting room and dining room. These houses were to accommodate nine residents each and there was no additional space for residents to spend time alone or in a quiet area if they wished.

The inspectors noted in one of the houses hoists and other equipment were also stored in the sitting room as there was no storage space available in that house.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Bedside lockers are now in place for all service users.

Bedside chairs will be provided where there is space to accommodate within the bedrooms.

In line with congregated settings report, the organisation is reducing numbers in all residential settings. The management team will develop a comprehensive, time framed plan to provide single bedrooms, visitor's room, and adequate storage facilities for all service users. The organisation will liaise with service users, staff, families, HSE and housing authority in the planning and implementation phases. The detailed plan is scheduled for completion by 31/01/2015 and will include action time lines.

Proposed Timescale: 31/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The system in place to manage residents finances is not sufficiently robust.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The organisation is currently reviewing the procedures in relation to service users finances and the focus of the review is to ensure practices are improved in recording and accounting for residents finances.

Proposed Timescale: 31/12/2014

