

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

Issued by the Chief Inspector

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| Name of designated centre: | Ocean Wave Services |
| Name of provider: | Ability West |
| Address of centre: | Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 May 2024 and 28 May 2024 |
| Centre ID: | OSV-0001495 |
| Fieldwork ID: | MON-0041307 |

About the designated centre

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

Ocean Wave Services is a designated centre run by Ability West. The centre is located on the outskirts of Galway city and can provide residential care for up to five male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of one two-storey house, where residents have their own bedroom, some en-suites, bathroom facilities, kitchen and dining area, utility, sitting rooms, staff office and garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|---------------------|----------------------|------------------|------|
| Tuesday 21 May 2024 | 11:00hrs to 12:00hrs | Anne Marie Byrne | Lead |
| Tuesday 28 May 2024 | 11:00hrs to 15:00hrs | Anne Marie Byrne | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations, and was facilitated by the person in charge. The inspector also had the opportunity to meet with one resident, and with a staff member. Overall, there were very good areas of practice found upon this inspection, particularly in relation to, residents' assessment and personal planning, positive behavioural support, staffing and safeguarding. In response to the findings of the last inspection carried out in July 2023, the provider had ensured all areas requiring improvement had been addressed. However, this inspection did identify where there was significant improvement required on the part of the provider, at an organisational level, to investigate a serious incident which had occurred in this centre. This will be discussed in more detail later on in this report.

This centre comprised of one two-storey house located on in the West of Ireland. Each resident had their own bedroom, some of which were en-suite, there were shared bathrooms, a sitting room, living room, kitchen and dining area, utility and staff office. There was also a garden area to the rear of the centre, which the provider had resurfaced since the last inspection, to ensure it was safer for residents to use. The provider had also replaced outdoor garden furniture, and the inspector was informed that since this outdoor area was improved, one resident in particular, loved to sit outside with their cup of tea, when the weather was fine. The house was very clean, well-maintained and comfortably furnished. In the months prior to this inspection, the utility and kitchen underwent an upgrade, and many of the rooms had been re-painted, which have a fresh and inviting feel to this house. The person in charge had also recently requested for an upgrade of an upstairs bathroom, and they were awaiting a response from the provider in relation to this. In recent months, there was a more effective maintenance system put in place for this centre, which was resulting in any repair and maintenance works being rectified in a timely manner. Residents had decorated their bedrooms to their own personal taste, with many displaying photographs of family and friends, and other items of interest to them. One resident was in the process of buying a new bed, and was being supported by staff to choose the one they wanted. The kitchen was a room where many of these residents liked to sit and relax, and there was much information displayed to them in an accessible format. For example, on the notice board, a photo roster informed on what staff were on duty each day for that particular week, information about upcoming events was displayed, and a picture format menu was used to let residents know what meals were planned for the week ahead.

Four residents lived in this centre, one of whom had transitioned to the service in recent times. There was one vacancy and at the time of this inspection, the inspector was informed that the provider had no plans to admit another resident. All four residents got on well together and many primarily required staff support in relation to their assessed behavioural support, cognitive and social care needs. Some were experiencing changing needs, and staff and the person in charge were vigilant in ensuring the needs of these particular residents were subject to more

frequent re-assessment. This had a positive impact for these residents, as it had resulted in timely multi-disciplinary review of various aspects of their care. This was an overall aspect of this service that was well-known by staff to need on-going review, and it was robustly overseen by the person in charge to ensure any change to residents' needs, was quickly identified and responded to.

The resident whom the inspector met with, was getting ready that morning to head out to a personal appointment. They were being supported by the person in charge to do so, and were relaxing in the kitchen with a cup of tea before they headed off. Due to their communication needs, they did not engage directly with the inspector about the care and support they received. They did smile and greet the inspector, and the person in charge was observed to confidently interpret the resident's gestures and facial expressions, when communicating. The other three residents had already left for their day service; however, the person in charge did speak at length with the inspector about their individual care and support needs.

These residents all had their own personal preferences for social activities, and all attended day service each week. They sometimes went on outings as a group, and more often than not, they were given one-to-one time with staff to engage in the activities that they enjoyed doing. Given the location of this centre, residents were close to shops, restaurants, cafes, popular walk-ways and various other amenities. They enjoyed going to the cinema, going shopping, some had recently gone on an overnight trip to Dublin to attend a concert, while others liked to get for walks to local shops and nearby attractions. There was transport allocated to this centre, and staff also had the availability of local taxi services, to bring residents out, should they require it.

There was a consistent staff team working in this centre, with many having supported these residents for a number of years. The person in charge had allocated administration time each week, and also worked on the roster providing direct care to residents. This was an arrangement that worked well in this centre, as it further enhanced the person in charge's oversight of the quality of care that these residents were receiving. A new member of staff had been recently recruited to the service, and they were in the process of their induction to ensure they got to know the residents, prior to working directly with them.

There was a high emphasis in the centre on promoting good quality care, through engaging frequently with residents, there was timely re-assessment of residents' care and support needs, and the person in charge ensured clear and regular communication was maintained between all staff, particularly in relation to incidents that had occurred. This had resulted in positive outcomes for these residents, and had enabled consistency in the care that they required to be provided to them. Although this inspection did find that there was a good response at a local level where significant incidents had occurred, there were clear deficits in the urgency of the provider, in investigating and learning from these incidents, so as to better inform organisational procedures governing this particular aspect of their designated centres.

The specific findings of this inspection will now be discussed in the next two sections

of this report.

Capacity and capability

This was a well-managed and well-run service that ensured residents were receiving the care and support that they were assessed as requiring. The provider had addressed the actions required from the last inspection, which had been identified primarily to aspects of staffing and premises. Although the provider was found to be in compliance with most of the regulations they were inspected against upon this inspection, there were failings found on the part of the provider, to put robust procedures and review systems in place, at an organisational level, following a significant incident which had occurred in this centre, a few months prior to this inspection.

The monitoring of the quality and safety of care in this service was largely attributed to the full-time presence of the person in charge, internal auditing systems, and also through on-going engagement between local management, staff and residents. In relation to incident management, at a local level, there were robust control measures put in place, which was particularly observed in relation to a significant incident which had occurred in this centre in February 2024. Although for the most part, there were good systems in place governing how this centre was ran, there was a clear failing identified in how the provider themselves, responded to the aforementioned incident which had occurred. At the time of this inspection, local management had taken an active role in responding to this incident, and for monitoring of re-occurrence. However, a similar response was not observed on the part of this provider. This inspection took place almost four months after this said incident, and the provider had still not completed a thorough investigation into this incident, or implemented any procedural changes within the relevant policy to better guide local management, on what to do, should a similar incident within the organisation occur.

The person in charge held a full-time role, and this was the only designated centre operated by the provider in which they were responsible for. This enabled them to base themselves at the centre, where they held both an administrative and direct care role. They had managed this centre for a number of years and knew the residents' assessed needs very well. They had meetings with their staff team on a regular basis, and were also in frequent contact with their line manager. Where any issues arose, or additional resources were needed, they had a system available to them to raise this with the provider.

Since the last inspection, the provider had put better arrangements in place to support this centre's staffing resources. Based on the assessed needs of these residents, continuity of care was fundamental to how this centre operated. This was achieved through maintaining and sustaining a core staff team, and there were also familiar relief staff able to cover any additional shifts, should it be required. The

skill-mix and number of staff was maintained under very regular review by the person in charge, who was cognisant of requesting further staff support, should changes to residents' assessed needs be identified.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. They had good knowledge of the residents' assessed needs and of the operational needs of the service delivered to them. They were supported in their role by their staff team and manager. This was the only designated centre operated by this provider in which they were responsible for, and current governance and management arrangements gave them the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection of this centre in July 2023, the provider had made improvements to ensure that the staffing arrangement for this centre was subject to on-going review, which had ensured a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of these residents. Where additional staffing resources were required from time to time, the provider had arrangements in place for this. The centre recently recruited a new staff member, and a formal induction had taken place to ensure this staff member was supported to get to know the residents, and the service delivered to them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training that they required in order to carry out their roles and responsibilities. Where refresher training was required, this was scheduled by the person in charge. All staff were also subject to regular supervision from their line manager, as and when required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was resourced to meet the assessed needs of the residents who lived in this service. There were suitable persons appointed to manage and oversee the running of this centre. There were also good internal communication systems, whereby, the person in charge held regular meetings with their staff team to discuss resident related care. They also had regular contact with their line manager to review operational matters. Six monthly provider-led audits were being carried out in accordance with the requirements of the regulations, and all actions arising from the most recent visit had been completed.

Following a significant incident which occurred in this centre a few months prior to this inspection, local monitoring of residents' finances had been revised, to include, more frequent checks and balances of residents' accounts. However, there was an overall lack of urgency on the part of the provider to complete their own internal review into this particular incident. For instance, at the time of this inspection, the provider had not completed an investigation into this incident, to establish how it occurred. Furthermore, although the provider recognised that significant improvements were required with regards to the oversight of this aspect of service, again there was a lack of urgency in how the provider was monitoring for this. For example, at the time of this inspection, which was almost four months after the aforementioned incident had happened, the provider had not conducted a suitable audit of residents' finances. A competent person was scheduled to complete a financial review in this centre in June 2024; however, this time line demonstrated a lack of urgency in the provider's overall response to this incident, to inform on any particular learning, and better inform the revision of any procedural changes required, to the management of residents' finances and personal possessions, that was required at an organisational level.

Furthermore, following notification of this incident to the Chief Inspector of Social Services, the provider was requested to provide additional assurances around their response to this incident. Although for the most part, the additional actions that the provider committed to doing were completed, the provider had not fully completed a review of the policy and procedure relating to residents' personal finances and property, which they had assured the Chief Inspector, would be completed by 30th April 2024. At the time of this inspection, this revised document was still in draft format, and a copy was available to the inspector. However, it afforded little guidance on what procedural changes were being made at an organisational level, to ensure residents' finances would be better safeguarded, on foot of the particular incident that had occurred in this centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review, response and

monitoring of all incidents happening in this centre. All incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Many of the provider's own processes and systems had been well implemented in this centre to ensure residents were receiving a good standard of care. This was particularly observed in relation to the regularity of the re-assessment of residents' needs, which was informing the care practices that staff were consistency providing on a daily basis. However, as previously mentioned, there was a failing found on the part of this provider, to carry out an investigation into a significant incident which had occurred in this centre, so as to inform any learning required.

Due to the changing needs of some residents living in this centre, there were many aspects of service that were maintained under very regular review. Fire drills were being carried out on on a more frequent basis, to continually assess the level of support each resident required in order to evacuate. Timely referrals had been made to the relevant multi-disciplinary professionals to review the changing needs of a resident which had been detected through this centre's incident reporting. In addition, various safety risks had been identified to some residents, which had resulted in the relocation of their bedroom to the ground floor, so as to ensure their safety. There was clear communication maintained between all staff in relation to any residents' changing needs, which had a positive impact on risk management practices, as well as, residents' care and support arrangements.

Following an incident which occurred in this centre a few months prior to this inspection, this had prompted a review of safeguarding measures, oversight of residents' finances and also aspects of risk management. Locally, there was a very effective response to this incident, whereby, more robust measures were put in place, to oversee that no other incident of this nature could re-occur in the centre. There was also timely and consistent communication maintained between local management and staff in relation to the changes that were implemented, and thorough monitoring was maintained by the person in charge, to oversee that all new measures were adhered to by staff.

However, the provider's own response to this incident did not reflect the same urgency, as was implemented locally by management and staff. The provider had failed to conduct a thorough investigation into this incident, to appropriately guide on any changes required to practices to this aspect of service, based on the learning from this incident.

Regulation 11: Visits

Residents were encouraged to welcome visitors to their home, and were equally supported to visit family and friends, if they so wished. There was also sufficient areas in this centre for residents to meet with their visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

In recent months, local management had revised a number of measures in order to support residents with managing their finances, as well as, ensuring residents' finances were safeguarded. There were weekly checks and balances of residents' accounts being completed, and this was again overseen by the person in charge by a further check. Risk assessments relating to residents' had been updated, and there was a clear money management plan in place for each resident. Residents were supported to make purchases when out and about in the community, and since these revised measures were put in place, no incident relating to residents' finances had re-occurred.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to be as active as they wished to be, within their local community. Residents attended day services during the week, and were supported by staff in the evening time, and at weekends, to get out and about. Staff were cognisant of the cognitive needs of some residents, and scheduled activities that were meaningful to them. This was an aspect of the service that was regularly overseen by the person in charge, to ensure residents were receiving a good quality of social care.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one two-storey house, which was well-maintained, clean and provided residents with a comfortable living environment. Since the last inspection of this centre, the provider had carried out multiple redecoration and

refurbishment works, which included ground works to the garden, so as to make this area safer for residents to use. Rooms had been repainted, and a new kitchen and utility installed. Where any maintenance related issues arose, the person in charge had a system in place to report this, which was then rectified in a timely manner by the provider.

Judgment: Compliant

Regulation 26: Risk management procedures

Following on from the last inspection, the provider had addressed issues which were raised in relation to falls risk management. This included resurfacing of the outdoor area, which made it now safer for residents to use. However, this inspection found that significant improvement was required on the part of the provider, to investigate and learn from, serious incidents involving residents.

A few months prior to this inspection, a significant incident occurred in this centre pertaining to residents' finances. At a local level, this was promptly responded to, whereby, additional control measures were put in place to safeguard residents' finances from a similar incident from re-occurring. The consistent implementation of these in practice at a local level, was clearly observed within many of the supporting documentation that the person in charge had in place, such as various risk assessments, audits, checks, and also through regular meetings between staff and local management. These additional measures to include, were robustly overseen by the person in charge, and no further incident of a similar nature had since re-occurred in this centre.

However, the provider had not put their own arrangements in place to ensure this particular incident was thoroughly investigated, to inform any learning, or changes needed to organisational systems and processes, relating to risks pertaining to the management of residents' finances. For example, no critical incident review or investigation had been completed, to establish how this incident occurred in this designated centre, so as to inform the actions that the provider needed to take, at an organisational level, to prevent a similar incident from re-occurring.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, to include, fire detection and containment arrangements, all staff had received fire training, regular fire safety checks were being carried out, and emergency lighting was available. Fire drills were regularly occurring, with a further scheduled the week of this inspection to

specifically test night time evacuation arrangements, and inform a review of residents' personal evacuation plans and fire procedure for the centre. There were multiple fire exits within the centre, and these were observed to be maintained clear. Due to the changing needs of some residents, this was an aspect of this service that was maintained under regular review by the person in charge, to inform on any changes required to residents' evacuation arrangements, should a fire occur in this centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed for on a regular basis, and clear personal plans were then developed to guide staff on how they were required to support each resident with their individual needs. Due to the changing needs of some residents, the person in charge had ensured these particular residents were subject to more frequent re-assessments, as and when required. Residents were also supported to choose personal goals that they wanted to achieve, and the person in charge also kept this under regular review, to ensure residents were being adequately supported to work towards these goals.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that adequate supports and arrangements were in place to provide them with the care they required. The centre also had access to a range of allied health care professionals, and where referrals were required, these were made on residents' behalf. There were also clear personal plans in place to guide on residents' assessed health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

For residents who were assessed as requiring positive behaviour support, the provider had ensured that these residents were receiving the support that they required. There was a good response from local management and staff where behavioural related incidents had occurred, resulting in further review of residents

by the behavioural support therapist, as and when required. Where restrictive practices were in use, these were subject to regular review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, report, respond to, and monitor for any concerns relating to the safety and welfare of these residents. Where safeguarding concerns had been raised, there were safeguarding plans in place, which clearly set out the measures to be implemented by staff, in order to keep residents safe from any further harm. This centre also had the support of a designated safeguarding officer, in the review of any such incidents that occurred. All staff had also received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Residents' meetings were regularly occurring, where residents were asked about their thoughts on activity and menu planning, and were given the opportunity to give feedback on the service they received. Residents' individual interests, capacities and wishes were taken into consideration in all aspects of how this service operated, and the person in charge ensured that they were kept informed of any changes arising.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|---------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Ocean Wave Services OSV-0001495

Inspection ID: MON-0041307

Date of inspection: 21/05/2024 and 28/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|---------------|
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A financial review of Oceanwave was carried out on 05/06/2024, in accordance with Ability West Policy and Procedures. This was conducted by two members of the finance department. A copy of the review and recommendations have been forwarded to Area Service Manager and PIC. Each service user has now a vulnerable adult account to ensure their finances are safe. Each month as per policy if there is no statement available there is a check balance on each service users account. The ASM is responsible for oversight of same.</p> <p>The Operations department have recirculated the Ability West Finance Audit Tool to all Persons in Charge requested a monthly finance audit to be included in audit schedule. Circulated 21/06/2024.</p> <p>This has been disseminated to all PICS through Leaders call and is agenda item for Quality Department meeting again with all PICs /ASM on 15/07/2024.</p> <p>The Policy and Procedure for the Administration of Service User’s personal finance has been updated and approved by the Policy Advisory Group. The document has been signed off by relevant persons and is circulated to all ASM/PIC 24/06/2024.</p> | |
| Regulation 26: Risk management procedures | Not Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

At the end of Q1 2024, an incident review group was established to review incidents on a weekly basis, which consists of members of Area Service Managers and Quality & Compliance. The group reviews all reported incidents each week to ensure an effective response can be provided to any serious incident of concern. Additionally, a "People Leaders Call" occurs every second week with the CEO, Area Service Managers, Heads of Departments, Persons in Charge and Team Leads to discuss organizational developments and shared learnings. The Administration of Service Users Finances Policy & Procedure was discussed at a meeting on 14/05/2024.

An After Action Review will be finalized by PIC/Quality Department by 10/07/2024 and will be disseminated at PIC meeting 15/07/2024.

In addition, the Operations department have recirculated the Ability West Finance Audit Tool to all Persons in Charge to ensure they are being carried out as stated. This was completed 21/06/2024. Furthermore, the provider has requested information from all Persons in Charge in Ability West on the status of resident's financial accounts. The provider will utilize the information received to identify residents who may be susceptible to financial abuse.

The Policy and Procedure for the Administration of Service User's personal finance has been updated and approved by the Policy Advisory Group. The document has been signed by relevant persons and will be circulated to all centers by 24/06/2024.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|---------------|-------------|--------------------------|
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Orange | 15/07/2024 |
| Regulation 26(1)(d) | The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. | Not Compliant | Orange | 15/07/2024 |