Program Evaluation Management Report

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July 1, 2024 – December 31, 2024

Our Vision

We are a leading organization that champions for and supports people with developmental disabilities, while cultivating relationships that enrich our community.

Our Values

Innovation – Our founders pioneered the opportunities that exist today for people with developmental disabilities. We build on their courageous tradition of innovation and creativity in the design and delivery of our services.

Integrity – We operate with integrity in all that we do—as a service provider, as an employer, and as members of our community.

Respect – We treat everyone with respect. Dignity, choice, ability, privacy, and opinion are fundamental principles of who we are.

Quality – We embrace the highest standards in all that we do. Quality in service and character drives our actions and attitudes.

Caring – We act with a genuine spirit of caring. A sincere interest in and concern for the complete well-being of all people define our actions.

Our Mission

To support people in their individual pursuit of a fulfilling life.

The Arc Carroll County

ACHIEVE WITH US.

Table of Contents

Message from the Executive Director

I was struck by a quote from Abraham Lincoln as I was searching for inspiration for our upcoming strategic planning process. It reminded me of my early days at The Arc in the 1990s when the organization was in the midst of creating its first strategic plan. At that time, The Arc was recovering from challenging times and looking for ways to establish stability and growth. I recall numerous meetings with stakeholders, both internal and external to the organization, as we worked tirelessly through a comprehensive planning process. We conducted a detailed SWOT analysis—identifying our strengths, weaknesses, opportunities, and threats—and crafted mission and vision statements that continue to guide our work today.

Fast forward to now, as we prepare to update our strategic plan. One of the core aspects of this process is gathering feedback from our stakeholders to understand what they value about The Arc and where they see opportunities for growth and improvement. I'm proud to say that our planning process has consistently aligned with the needs and expectations of our stakeholders, enabling us to shape a clear direction for the future. Over the years, we have learned what works best for us, developing a planning process that is practical and focused.

In the early years, our strategic plans were largely aspirational, filled with grand visions for the future. The goals were exciting, but as we began to implement them, we found that some became less relevant as our industry and clientele evolved. Today, our planning is much more focused and targeted, with a clear emphasis on how our service delivery directly impacts people's lives. Each goal is carefully aligned with our mission, vision, and values, and is measurable in terms of its real-world outcomes.

I am incredibly proud of our achievements over the past six months. We continue to make significant strides toward our strategic goals and, in many cases, have exceeded our expectations. We remain committed to investing in our direct support professionals and staff in supporting roles, as well as in technology, transportation, and housing. Looking ahead, I am confident that our next strategic plan will continue to strengthen our dedication to best practices in service delivery.

Our commitment to strategic planning remains one of the most effective ways to ensure a bright future, despite the challenges we face.

Don Rowe
Executive Director
2/14/2025

Data Analysis Procedures

Data is regularly collected from program areas and is compiled and analyzed by the Director of Quality Assurance upon receipt. Any negative trends identified are promptly communicated to the relevant program management staff. In addition to this ongoing analysis, the data undergoes a formal review every six months to assess its reliability and validity, with findings presented at quarterly staff meetings. Furthermore, all incident and behavior support plan-related data are reviewed by the Quality Management Committee, which meets quarterly.

Meaningful Day Services
Number of People Receiving Supports

As of December 31, 2024:
- 118 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 9 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 17 DORS Funded (Summer Job)

As of June 30, 2024:
- 119 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 11 Vocational Rehabilitation (DORS)
- 10 Pre-ETS (DORS)
- 0 WBLE
- 6 DORS Funded (Summer Job)

Changes: 5 people joined (DDA Funded)
6 people left (DDA Funded)

Goal #1 – FY 25

The Arc Carroll County's Educational Partnership/Transition Program will increase their effectiveness, efficiency, and service access of the program.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of experiences students receive regarding community resources i.e. DORS, DDA, SC, BERC, etc.	Guest speakers giving exposure to possible jobs	All Educational Partnership Students	Monthly (not including Summer)	Completed Lesson Plans	Day Program Manager	5 for school year	0 for '24-'25 school year	7 '23-'24 school year	Not achieved	To give students a view of the operations of businesses and possible jobs available to them
Number of graduating students entering the Arc for adult services	Students entering the Arc as their provider agency	All eligible graduating students in Carroll County	Semi Annually	Application for Services	Compliance Manager	See below	4	N/A	N/A	To show effectiveness of program reflected in students choosing The Arc for adult supports
Percentage of referrals that obtained a paid job in VR.	Number of adults that got a job through DORS & SYE Funding	All VR Adults	Semi Annually	Progress Notes	Job Developer	70%	67% 6 of 9	73% 8 of 11	Not achieved	To show effectiveness of the program
Percentage of students that got a job through SYE funding	Number of students that got a job through SYE	All Educational Partnership Students	Semi Annually	Progress Notes	Day Program Manager	5%	5%	100%	Achieved	To show effectiveness of the program

Number of students receiving DORS or SYE summer funding.	Number of students granted summer funding	All Educational Partnership Students	Semi Annually	DORS authorizations	Day Program Manager	30 Students	17 Students	23 Students	Not achieved	To measure access to revenue sources other than DDA, and to measure the access of students to become familiar with the Arc Carroll County.

Strategies:

Funder requirements will be maintained. The Arc will continue to maintain a relationship with The Division of Rehabilitation Services (DORS) and Carroll County Public Schools.

The Educational Partnership team will continue to practice person centered goals for vocational and educational success, focusing on education, job placement, vocational goals and objectives, lesson planning and curriculum implmentation.

Circumstances influencing results:

Measure 2 has been reworded to "Number of graduating students entering the Arc for adult services" since educational partnership classes have been reduced.

The measure, "Number of Pre-ETS that used 80% or more of their authorized hours." was removed because this measure doesn't align with how the pre-ETS classes are now conducted.

Action Plan:

Continue tracking current measures.

Goal #2 – FY 25
The Arc Carroll County's Meaningful Day Services will increase its effectiveness, effiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Meaningful Day Services	Number of goals successfully completed	All persons served	Annually	PCPs and supporting data	Program Coordinator	90%	58% 44 of 76	63% 104 of 166	Not achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Day Habilitation and CDS	Number of hours spent in Day Habilitation and CDS	People in Day Habilitation and CDS	Semi Annually	Database	Director of Finance	40%	57%	52%	Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of integrated activities individuals participated in	Total number of volunteer & community-based activities people took part in that receive Day Habilitation	People in Day Habilitation Services	Semi Annually	Database	Compliance Manager	50	144	112	Achieved	To track the number of volunteer and community-based activities that people participate in under Day Habilitation Services to show an increase in community integration.
Number of hours spent volunteering	Total number of hours people volunteered in the community	People in Day Habilitation and CDS	Semi Annually	Database	Compliance Manager	1,500	1522	1,739	Achieved	To track the number of hours spent in the community volunteering in Day Habilitation and CDS. This will

										show an increase in community integration.
Number of hours spent in the community	Total number of hours people spent in the community	People in Day Habilitation	Semi Annually	Database	Compliance Manager	10,500	10,828	11,706	Achieved	To track the number of hours spent in the community for people receiving Day Habilitation. This will show an increase in community integration.
Number of individuals in Community Integrated Employment	Total number of people in Community Integrated Employment Services	People in Community Integrated Employment	Semi Annually	Database	Community Employment Coordinator	>35	36	36	Achieved	To track the number of people receiving Supported Employment.
Number of Community Integrated Employment Sites	Total number of Community Integrated Employment Sites	People in Community Integrated Employment	Semi Annually	Employment Tracking System	Community Employment Coordinator	33	33	33	Achieved	To track the number community integrated employment sites to show an increase in employment opportunities and connections.
Percentage of staff under Job Development, Job Discovery and Employment that are CESP Certified.	Number of staff under Job Development, Job Discovery and Employment that are	Staff having 100% of DDA Required Training completed	Semi Annually	Training Database	Human Resources	50%	78% 7 of 9	55% 5 of 9	Achieved	To track the number of staff that are in compliance with this training requirement.

	CESP Certified								

Strategies:
C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

The leadership team will continue to meet on a regular basis to guide the process.

The Employment Services team, including DSP's and Coordinators will meet on a monthly basis to discuss progress made, what still needs to be completed, continuing to emphasise the person-centered philosophy, and work collaboratively on community integration.

The Day Program Manager will participate in state-wide, and regional forums on topics related to employment and will foster participation and training for Direct Support Professionals.

Circumstances influencing results:

None.

Action Plan:

Continue tracking current measures.

Community Living Services
Number of People Receiving Supports

As of December 31, 2024:

- 23 Residential
- 63 Support Services

As of June 30, 2024:

- 24 Residential
- 67 Support Services

Changes:

6 people left support services
2 person joined support services
2 person left residential services
1 person joined residential services

Goal #3 FY 25

The Arc Carroll County's Community Living Program will increase its effectiveness, efficiency, and service access.

Personal Supports

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Personal Support Services.	Number of goals successfully completed	All persons served	Semi Annually	PCP's and supporting data	Program Coordinator	90%	70% 14 of 20	50% 33 of 65	Not achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Personal Supports	Compliance using the DDA standards	People in Personal Supports	Monthly	Wage Detail Analysis	Director of Finance	90%	59%	58%	Not achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of new people receiving supports	New admissions into the program	People entering Personal Supports	Monthly	Enrollment Data	Program Coordinator	6	3	2	Not achieved	To track new entries into the program
Number of individuals that exceeded their funded hours	Compliance using the DDA standards	People in PS	Monthly	Wage Detail Analysis	Director of Finance	0	See below	0	N/A	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of integrated activities individuals participated in	Total number of community-based activities people took part in	All people receiving personal supports	Semi-annual	Database	Program Coordinator	100	251	N/A	Achieved	To track the number of community-based activities that people participate in under Personal Supports to show community

										integration. *Number is unduplicated community integrated activities.
Percentage of individuals that maintain social connections	Number of people that have social connections	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	100%	100%	Achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals that are involved with other members of the community	Number of people that interact with other members of the community	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	89%	89%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

The Support Services Coordinators will participate in state-wide, and regional forums on topics to community inclusion and will foster participation and training Direct Support Professionals.

The Support Services Coordinators and Direct Support Professionals will continue to make progress towards DDA's vision of the Person-Centered Philosophy.

Circumstances influencing results:

Measure 4: Number of new individuals that exceeded their funded hours is documented at the end of the fiscal year. This data will be on the next PEMR.

Measure 5: "Number of integrated activities individuals participated in" is new. This measure tracks the number of community-based activities (unduplicated) that people participate in under Personal Supports to show community integration.

Action Plan:

Continue tracking current measures.

Community Living – Group Home

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Community Living – Group Home Services.	Number of goals successfully completed	All persons served	Annually	PCP's and supporting data	Program Coordinator	90%	86% 12 of 14	76% 13 of 17	Not achieved	To track the number of people meeting the goals outlined in their Person-centered Plan
Percentage of individuals whose daily routine is person-centered	Number of people whose has a person-centered routine	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	100%	100%	Achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals who have personalized their own space	Number of people that have personalized space	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	100%	100%	Achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals that have social connections	Number of people that have social connections	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	96%	100%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that engage in their preferred activities	Number of people that engage in preferred activities	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	96%	100%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances
Timeliness of follow up medical appointments	% of follow up appts. is completed within 2 weeks prior or 2 weeks after the	All residents receiving Health Services	Monthly	Medical Appointment Records	Health Services Coordinator	75%	90%	95%	Achieved	To track number of follow up appointments maintained as ordered by medical personnel

	doctor's requested return date								

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

The Assistant Director of Community Living will participate in state-wide, and regional forums on topics to community inclusion and will foster participation and training Direct Support Professionals.

The Assistant Director of Community Living and Direct Support Professionals will continue to make progress towards DDA's vision of the Person-Centered Philosophy.

Circumstances influencing results:

None.

Action Items:

Continue tracking current measures.

Goal #4 FY25

The Arc Carroll County's Transportation Services will maintain its efficiency per regulations.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
School buses passing mandatory inspections	Percentage of buses passing Board of Education required inspections	All school buses	August, October, March	Inspection Sheets	Director of Transportation	80%	90%	90%	Achieved	To track buses passing mandatory inspections, as a bus being red lined has a fiscal impact on the entire operation
Preventative maintenance appointments completed on time for school bus fleet	On time = every 6 months or every 5,000 miles	School Bus Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	90%	90%	90%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time for MTA fleet	On time = every 6 months or every 5,000 miles	MTA Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	100%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time car & minivan fleet	On time = every 6 months or every 5,000 miles	Car & Minivan Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	100%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

Funder requirements will be maintained.

Action Items:

Continue tracking current measures.

Goal #5 FY 25
Ninty percent of The Arc Carroll County's overall satisfaction will rate in the satisfied category.

Educational Partnership/Transition

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize student satisfaction	Overall satisfaction of student (Perfect Score = 15)	All Students (not including MSTC)	Annually	Satisfaction Surveys	Educational Partnership Manager/ Director of QA	90%	See below	92% 30 of 30	N/A	To track satisfaction
Maximize teacher satisfaction	Overall satisfaction of teacher (Perfect Score = 15)	All involved teachers	Annually	Satisfaction Surveys	Educational Partnership / Director of QA	90%	See below	98% 10 of 10	N/A	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Educational Partnership staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	93% 4 of 4	N/A	To track satisfaction

Meaningful Day Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	People in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	See below	99% 50 of 119	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of people in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	See below	89% 47 of 119	N/A	To track satisfaction

Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Employment Services Staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	91% 38 of 42	N/A	To track satisfaction

Personal Support Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 50)	People in FISS	Annually	Satisfaction Surveys	Program Coordinator	95%	See below	98% 22 of 67	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	See Below	100% 5 of 81	N/A	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	FISS Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	92% 30 of 38	N/A	To track satisfaction

Residential Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	All residents	Annually	Satisfaction Surveys	Program Coordinator	95%	See Below	95% 5 of 24	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	See Below	100% 5 of 81	N/A	To track satisfaction

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Residential Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below 49 of 65	92%	N/A	To track satisfaction

Transportation

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Transportation Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	91%	N/A	To track satisfaction

Global

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize overall staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Administrative Staff	Annually	Satisfaction Surveys	Director of QA	90%	See Below	92%	N/A	To track satisfaction

Stratagies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

Statements of dissatisfaction will be addressed on both an individual and systematic basis.

The board reviews the results of the satisfaction surveys in all deparments yearly. Dissatisfaction in relation to families, providers, employers, persons served, and the board are immediately addressed. In regard to staff

dissatisfaction, during monthly staff meetings, staff collaberate to come up with resolutions to implement agency wide.

Circumstances influencing results:

All measures – Survey results are complied on an annual basis. The results of The Arc's satisfaction surveys will be on the next PEMR.

Goal #6 FY 25
The Arc Carroll County will globally increase its effectiveness, efficiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of preventable slips, trips, or falls	All preventable Slips, Trips, and Falls for people supported	All Programs	Quarterly	Incident Reports	Director of QA	<10	4	4	Achieved	To lower preventable fall related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Number of other safety related incidents	Incidents involving police, elopement, injury, accidents, and physical aggression	All Programs	Quarterly	Incident Reports	Director of QA	<10	24	34	Not achieved	To lower safety related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Overall adaptive behavior in relation to behavior plans	Number of people with adaptive behavior	All Programs	Monthly	Behavior plan data	Director of QA	90%	54%	66%	Not achieved	To track the performance of people utilizing behavior support plans
Percentage of fully trained staff	Staff fully trained as per agency requirement	All Program Staff	Semi Annually	Training Database	Human Resources	85%	98%	97%	Achieved	To track training percentages for staff
Percentage of all staff with required DDA training	Staff having 100% of DDA trainings completed	All Program Staff	Semi Annual	Training Database	Human Resources	90%	99%	100%	Achieved	To track training percentages for staff and efficiency of bringing new staff into compliance

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

The Safety Committee will meet bi-monthly to review health and safety related incidents and discuss how The Arc can decrease these incidents.

The Quality Management Committee will meet on a quarterly basis to review all incidents and talk about ways to decrease the likelihood of these types of incidents reoccurring.

The Arc implemented several systems including iCare Manager and Relias. Both systems improve compliance for trainings, medication management, incident reporting, etc.

Circumstances influencing results:

None

 Action Items:

Continue tracking current measures.

Safety Summary

Over the past six months, the number of preventable slips, trips, and falls has remained consistent; however, The Arc continues to perform below the established target. To maintain and improve safety, The Arc provides ongoing training and resources to all staff. For instance, all employees receive annual training on slip, trip, and fall prevention. Additionally, if concerning trends emerge, a team meeting is held to assess the situation, develop strategies, and implement measures to reduce the risk of falls.

Examples of safety-related incidents include instances of physical aggression towards others and minor vehicle accidents. The Arc remains committed to enhancing training and staffing strategies to mitigate these risks and prevent similar incidents in the future.

Reportable Incident Analysis

During the reporting period, there were seven reportable incidents, including two incidents related to abuse and one related to an injury. Additionally, 19 incidents involved emergency room visits, urgent care visits, or EMS evaluations. The number of such incidents has decreased in the second half of 2024 following a transition to a new nursing agency, which has demostrated a stronger alignment with the specific needs of the individuals we support. Emergency room visits were recorded acorss the Residential Program, Personal Supports Program, and Day Proram, with 47% occurring during Day Program hours.

Three hospitalizations occurred and were reported. None remain in the hospital. Most of the individuals made a full recovery from the illness that resulted in hospitalization. One death occurred between July 1, 2024 – December 31, 2024.

Three hospitalizations were reported during the period, two of which have since been discharged. The majority of the individuals fully recovered from the illnesses that led to their hospitalization. One hospitalization resulted in one dealth that occurred between July 1, 2024 – December 31, 2024.

There were zero serious vehicle accidents between July 1, 2024 – December 31, 2024. There were 5 minor vehicle accidents that occurred during this timeframe. None of the staff or individuals required treatment from the emergency room or urgent care. Examples of minor accidents that occurred include hitting a curb with the back tire, sideswiping a fence, and hitting a deer.

The Quality Management Committee was responsible for reviewing the incidents and to monitor proper implementation of agency precedures and recommend corrective actions if necessary. The committee found all incidents to have been handled appropriately. The committee did not find it necessary to make any recommendations beyond those already made in the reports.

The staff is to be commended on their actions to ensure the safety of people served.