



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

Issued by the Chief Inspector

Name of designated centre:	Esmonde Gardens
Name of provider:	St. Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	07 December 2023
Centre ID:	OSV-0001855
Fieldwork ID:	MON-0033482

About the designated centre

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

Esmonde Gardens is a designated centre which accommodates six adults, both male and female, with mild to moderate intellectual disabilities, mental health, dual diagnosis and behaviors that challenge. The centre comprises of one single storey building and Esmonde Gardens, can accommodate up to six residents. The house is located in a busy town in Co.Wexford. All residents have their own bedrooms which are decorated to suit their preferences. The house has communal kitchen/dining and living areas. It is located close to local shops, pubs, restaurants, sports facilities, boutiques, cafés, beaches and health services. There were a number of day services/workshops allied to the centre. The staff team currently comprises of care assistants, social care workers and nursing staff. Service vehicles are available to residents in this house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 7 December 2023	08:00hrs to 14:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision regarding the renewal of registration for this designated centre. The centre is currently registered for a maximum of six residents and six individuals live here. The inspector had the opportunity to meet and spend time with five of the six residents during the inspection.

This designated centre comprises a large single storey property set in a quiet residential area close to the centre of a large town in Co. Wexford. On arrival, early in the morning, the inspector was guided by the person in charge to where the sign in documentation was located. Residents had finished their breakfast and were getting ready to start their day. Some were in their bedrooms, some in the kitchen and some in the living room. All residents greeted the inspector and welcomed them to their home. The residents had prior notice of the inspection with some stating that they understood what HIQA did and were happy to have an inspection take place. One resident had left to attend their day service prior to meeting the inspector.

One resident was relaxing in the kitchen in an armchair and they showed the inspector their Christmas jumper. They told the inspector they were going to their day service, they enjoy the activities they do there in particular drama and knitting. They said that they enjoyed the company of their friends in day services in particular relaxing with them and chatting over cups of tea. They told the inspector that the person in charge and the staff team were important to them and they 'were very fond of them'.

One resident was sitting in the living room when the inspector arrived and they were supported by a staff member. The resident was observed to move freely throughout their home and they came to sit in the kitchen when the inspector was there with others. Another resident who was sitting in the living room, showed the inspector a favourite book that they were looking at. They told the inspector it was about a robot and they liked to relax with their feet up and the television on.

A resident relaxing in their room watching a film came out to greet the person in charge and the inspector and later they were observed being supported to prepare a drink to the consistency they required. Staff were observed engaging with residents and talking about plans for the day and supporting them in getting ready in an unhurried and relaxed manner. One resident showed the inspector a tracksuit with a 'county emblem' that was for a different county. They said that they had fun teasing staff about this. They explained that they like to be busy and volunteers in the day service to work and enjoys chatting to people.

As this inspection was announced, resident and their representatives views were sought via a questionnaire in advance. These are used in order to gather additional information on what it was like to live in the centre. Six questionnaires were

completed and given to the inspector. They outlined that residents liked their home and felt safe there. Comments such as - 'I am very happy living here' ' I like socialising and eating in restaurants' 'I have a television and a computer' 'I'm happy' were recorded on the form. Two comments were also recorded that indicated some residents felt comfortable in stating when they were less happy 'Even though we have a visitors area it does not feel private' 'sometimes some people I live with annoy me'. Both of these had previously been said to the person in charge and the provider was making changes to the premises regarding the visitors room and there were supports in place for residents who required them.

Residents presented with a combination of spoken language or non-verbal means of communication with some using a combination of verbal and non-verbal cues. All residents had lived together for a long time and some commented on how much they liked living with their friends. As the premises was spacious and the communal areas were large and spread throughout the house this also allowed individuals to spend time alone or in smaller groups if they preferred. Residents were observed relaxing in different parts of their home, in their rooms or moving freely around their home.

Residents used their kitchen to prepare drinks and snacks and staff explained that some residents were developing independence skills that they had identified as important, for example preparing a snack, their breakfast or loading the dishwasher. There was a warm and welcoming atmosphere in the house. All residents who spoke with the inspector were comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support as they needed it during the inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspector about residents' likes, dislikes, goals, and talents. From what the inspector saw, was told and read, residents were very busy and enjoying a good social life in their local community. Staff also spoke of feeling listened to by the provider and person in charge and felt they could raise any issues using the systems available to them.

Overall, the inspector found that the provider was for the most part, recognising areas where further improvements were required and putting actions plans in place. One area for improvement that of the provider's oversight of resident finances was identified and this will be discussed further later in the report. Residents were busy doing things they enjoyed and were keeping in touch with their family and friends.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of the inspection were that the local management team were identifying areas for improvement and taking action to bring about improvements. Residents were, in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service. However, improvements were required in the provider's application of their systems in relation to financial oversight.

The person in charge was full time and responsible for this and another designated centre. They were present in this centre regularly and in their absence there was a team leader on duty. They were supported in their role by the senior residential manager who also held the role of person participating in management of the centre and who was present in the centre regularly. The inspector met with all members of the centre management team over the course of the inspection.

There were systems to ensure that staff were recruited and trained to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. Residents were complimentary towards the staff team. Staff were described as encouraging, helpful, kind and supportive. During the inspection, the inspector observed fun, kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspector found that there were at all times sufficient numbers of staff present with the necessary experience to meet the needs of the residents who live in this centre. Residents reported to the inspector that the staff team are kind and respectful and that they knew them all. The inspector met with members of the staff team over the

course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The person in charge and team leader reviewed the effectiveness of the staffing arrangements on an ongoing basis. There was a workforce plan in place that provided direction on the management of staffing resources. Where staff were unavailable in either a planned or unplanned capacity due to leave or illness then the provider had a small team of consistent relief staff available that were used to fill gaps on the roster. The core staff team had been in the centre over a number of years.

The person in charge and provider had identified a safe minimum level of staffing that was in line with residents' assessed needs and this was for the most part achieved. Where on occasion staffing fell below the assessed minimum there was an immediate risk system in place to alert management and relief staff were utilised or staff worked longer hours if necessary. The inspector reviewed the centre roster and found that it was well maintained and provided an overview of the staffing arrangements.

The person in charge roster was also available to the staff team so that they knew where the person in charge was based on any given day and in addition, an on-call roster was also available. These ensured that the staff team could access support as required out of hours and at weekends.

The inspector reviewed a sample of staff personnel files and found that they were well maintained and contained all information as required by the Regulation and Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team access to and uptake of training and refresher training was found to be consistently high. They were completing training identified as mandatory by the provider, and a number of trainings in line with residents' assessed needs. For example, in response to residents' needs the provider had supported staff to complete a number of additional training programmes such as epilepsy management or human rights awareness training.

There were systems in place to ensure that staff were in receipt of regular formal supervision to ensure that they were supported and aware of their roles and responsibilities. The provider's policy for frequency of supervision was being adhered to and there were an enhanced number of meetings as part of the induction or probation process. The team leader or person in charge provided supervision to the staff team and the team leader in turn was supervised by the person in charge. The team leader and person in charge had a schedule for the year in place and were

working to ensure all staff received support as required.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records specified in Schedules 2, 3 and 4 of the regulations were maintained and available for the inspector to review.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The person in charge was supported in their role by both a team leader and a member of the provider's management team who held the role of person participating in management of the centre. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with the inspector were aware of their own roles and responsibilities.

The quality of care and experience of the residents was being monitored on an ongoing basis. The person in charge had systems in place to complete audits and reviews, and to ensure the actions from these reviews were followed up on and completed. The person in charge and the team leader met on a regular basis and reviewed actions and audits that were delegated to staff members for completion. In addition there was a system of daily and weekly checks and audits and the person in charge utilised the provider's checklist systems to set, track and monitor identified actions.

The provider had systems in place to complete annual and six-monthly reviews for all of their designated centres. The inspector reviewed an annual review for the previous year and the last two six monthly unannounced audits both of which had identified actions in line with the findings of this inspection. A quality improvement based action was developed as an outcome from these audits. To ensure enhanced oversight the provider used managers from areas within their service other than residential services to complete service-neutral audits and service reviews.

There were regular staff meetings to ensure effective communication systems were in place and the person in charge was also involved in other meetings such as with persons in charge from other centres operated by the provider.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and this was reviewed by the inspector. The Chief Inspector was notified of the occurrence of all incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy which was reviewed in line with the requirements of the Regulation and a procedure in place that was effective and available in an accessible format for residents and for their representatives to use. There was a nominated complaints officer and systems to log and show follow ups on complaints made. Residents were encouraged to express any concerns they may have safely and there were reassurances provided by the person in charge and staff team that raising an issue of concern was positive. Residents told the inspector that they knew who to talk to if they had a concern or worry.

The inspector reviewed the complaints register for the centre and found that to date in 2023 two complaints had been received for this centre. These complaints had been received and managed in line with the provider's policy and were recorded as closed and resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their local community.

The centre was large but presented as homely and personalised to the individuals who lived there. There was plenty of private and communal spaces available for residents. Shared spaces were homely and appeared comfortable. Residents were

observed during the inspection to spend time in their preferred space. Residents' bedrooms were personalised to suit their tastes. Photos and art work were on display throughout the house, and soft furnishings contributed to the home feeling homely and comfortable. While some improvements were found to be required in financial oversight by the provider the residents were in receipt of a high quality of care and support.

From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside their home. They were attending activities, day services, going to work, using local services, and taking part of local groups and societies. In addition, residents had meaningful goals documented in their personal plans that they had an active part in developing.

Regulation 12: Personal possessions

The provider had a policy and procedures in place regarding the management of residents' personal possessions. The provider policy directs that the provider would complete quarterly reconciliations on accounts to ensure that there were no discrepancies and that residents' finances were safeguarded. The inspector found that these were not being completed by the provider as directed. One audit had been completed in 2023 to date and this stated that there had been no bank statements available to review. No actions were identified for follow up following these audits.

The inspector acknowledges however, that the person in charge in the centre was implementing local reconciliations against bank statements that they had requested to ensure that there were no safeguarding risks to residents. While these checks were robust they did not form part of the provider's processes and were reliant on the presence of the person in charge.

Additional oversight systems in the centre were in place and the person in charge maintained oversight of these daily and weekly reviews of cash balances and receipted transactions. Where residents had previously had not had full access to their own finances the person in charge and provider had worked to establish accounts in resident's name and residents' were supported by advocates in choosing how they had access. Residents had a financial assessment in place which showed the level of support they required to manage their finances. Associated financial risk assessments had been completed. As part of these risk assessments there were additional asset or possession checks being completed to ensure all residents possessions were present in the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The centre comprises a large, single storey premises set in a residential area close to a large town. The centre was designed and laid out to meet the number and needs of residents living in the centre. The premises was spacious, warm, clean and comfortable. Shared spaces were homely and residents' bedrooms were decorated in line with their wishes and preferences. All residents had personal items in their rooms such as televisions, radios or ways to listen to music. Residents had comfortable seating or lighting such as fairy lights that contributed to a relaxed atmosphere. Residents' rooms were decorated in a way that they had chosen for example with colours they had selected, items important to them on display or furniture they had selected.

There was a large garden area to the rear of the premises designed to be accessible for all and one resident commented they liked it. In the hallway there was a small seating area with two armchairs and a radio. Staff report that some residents like to sit here as they can see movement of people in the house and outside.

There were systems in place to log areas where maintenance and repairs were required. As already stated the provider was engaged in works to create a new visitor room within the centre and moving a staff office.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. There was an up-to-date safety statement in place with a centre specific ancillary statement. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Service records and maintenance plans were in place for the equipment present in this home, such as hoists or specialist beds.

Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that there was positive risk taking also in evidence that supported the rights of residents, such as spending time without staff support or the risk of storing prescribed thickening agents for drinks in the kitchen.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured there was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape including sufficient emergency lighting which was being regularly serviced. There was a procedure for the safe evacuation of residents and staff, which was displayed.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Staff had completed fire safety awareness training, and dates are identified for refresher training for those who required it. Daily, weekly and monthly checks and audits were in place.

Fire drills were occurring regularly in the centre in line with the provider's policy and being completed at different times. Minor review was required however, to ensure that learning identified from drills was implemented at the next drill such as leaving via the nearest exit point.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, hopes and dreams in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews.

Residents were supported to set goals that had meaning for them, there was evidence of brainstorming around possible goals in areas such as 'my rights', 'my community' or 'education'. Residents were supported to have nights away, to go to concerts, attend sporting events in addition to participate in activities in their home such as getting the shopping or cleaning their room.

All residents had copies of their personal plans and outlines of their goals in their bedrooms and these were available in a format that was accessible to them. Photographs of residents engaged in activities formed part of the documentation around goals and these were used to aid discussion and to support planning.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' complex needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend medical appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required. An annual overview of health checks and needs was in place that supported the staff team in planning supports for residents as may be required.

Health related care plans were developed and reviewed as required. Risk assessments were in place to address any risks identified in health care plans, for example the risks associated with visual impairment or with respiratory care. Residents were supported to access national screening programmes in line with their health and age profile, and in line with their wishes and preferences.

The care plans in place clearly provided guidance to staff in areas such as managing a nebuliser, thickening of drinks to a safe consistency or management of the sluice as part of continence management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. Plans were updated where required as part of safeguarding plans or in response to incidents or accidents.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented and in an ongoing review and monitoring basis. There were systems for recording when a restriction was used out of context or unexpectedly and these were reviewed in detail by the person in charge supported by the behaviour support

therapist and overview by the provider was also in place.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre, notwithstanding the area outlined under Regulation 12. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Safeguarding plans were linked with associated risk assessments and positive behaviour support plans. Safeguarding plans that were in place were reviewed and implemented in line with national guidance and there was clear guidance for staff to follow. Easy-to-read or symbol supported information was provided and used to support residents in their personal development. These included information such as 'what is personal space' or 'when not to touch or hug'.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers. Resident meetings had set agenda items that included residents' rights, the inspector reviewed a sample of minutes and found a variety of areas were discussed including privacy, safe use of my phone and giving consent.

They had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing financial or advocacy supports. There was information available in an

easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety or sexual health.

Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 Esmonde Gardens OSV-0001855

Inspection ID: MON-0033482

Date of inspection: 07/12/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>SD-10 Individuals Finance Policy has been reviewed by the provider. Enhanced auditing practices have been introduced in the new policy. A more robust approach, with a focus on checks and systems for all transactions, including bank accounts, has been introduced as part of financial risk management at provider and local levels. The Quality Review group will formally ratify the reviewed policy on 07.02.24</p> <p>In the interim, priority auditing practices, such as local level bank reconciliations, have commenced and individuals bank statements have been audited by the provider for the period 01.01.23-31.12.23 to assure the provider that finances are safeguarded.</p>	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	07/02/2024