Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Richview Designated Centre
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	29 June 2026
Centre ID:	OSV-0001865
Fieldwork ID:	MON-0046289

About the designated centre

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

Richview Designated Centre is a designated centre operated by SOS Kilkenny CLG. It provides a residential service to a maximum of 15 adults with a disability. The centre comprises of three large detached houses in close proximity to each other in an urban area in County Kilkenny. Each house comprises of a large sitting room, dining areas, well equipped kitchens, utility room and ample showering/bathing facilities. There are garden areas provided for the residents to avail of as they wish in each house with one in particular having a large garden to the rear of the unit. Residents are supported to use their local community and frequent local amenities such as pubs, hotels, cafes, shops and local clubs. The designated centre is staffed by social care leaders, social care workers and care assistants. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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
Monday 29 June 2026	15:00hrs to 19:50hrs	Linda Dowling	Lead
Tuesday 30 June 2026	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, conducted to assess the provider's regulatory compliance in relation to the care and welfare of residents who were living in the centre. It was completed by one inspector over the course of two days. The inspector found that residents spoken to were happy living in the centre and overall, the centre was meeting good levels of compliance across the regulations reviewed. However, a significant gap in the oversight and protection of one resident's finances was identified in addition to improvements required to residents' rights and one resident's assessment of needs and personal plans.

This centre consists of three properties, two were two story and one was bungalow style. The centre is registered to provide full time residential service to 15 adults. At the time of inspection there were 13 residents living in the centre with two vacancies. On the first day, the inspector arrived at the first premises in the afternoon and was greeted by the team leader, a staff member and one resident. Another resident was being supported to hold their annual review meeting in the kitchen with their family. Later in the evening when all residents had returned from day service and individual activities the inspector spent time with all four residents in the kitchen while everyone enjoyed a hot drink.

Residents were seen to get drinks and snacks freely and one resident had their own gluten free snacks in a designated press along with copping boards and containers only used for their gluten free foods. Residents were engaged in activities including watching television, jigsaws and word searches. Residents chatted to each other, staff and the inspector about plans they had for the weeks ahead including working, attending planned events in day service, overnight trips away and home visits. Residents mentioned jobs they do in the house such as vacuuming, putting away shopping and cleaning the kitchen. One resident had plans to move to a downstairs bedroom within the same property and a resident upstairs had requested they move into what will be a spare bedroom upstairs. Both residents had plans in place for paint colours, furniture and some new bedding they wanted for their new rooms.

The inspector visited the next property which was a two story house, home to five residents. One resident had their own living space which included an en-suite bedroom with access to a private rear garden, a kitchen and living room. This living space was just off the hallway in the main house and the resident sometimes spent time in the main house. The inspector visited this resident and they were happy to show them around, the person in charge was with the inspector and the resident was seen to ask them questions and seek reassuring information. The resident had verbal communication although they required time to understand information received and to ask questions. The person in charge and the staff member were very familiar with their communication attempts and sounds. For example, they made a snoring noise to ask who was the sleepover staff on duty.

The inspector spent time in the main house, one resident gave a guided tour around the property, they showed the inspector their bedroom and spoke about photos on the wall and their areas of interest including movies and music. This resident spoke kindly about other peers and was aware of their own individual interests. When the inspector and resident returned to the kitchen another resident came in, they had a portable music player in their hand and were seen to interact with staff. A further resident had just returned from a home visit, they were in the sitting room watching television. This resident expressed that they enjoy their home visits and doing jobs on the farm. The remaining resident had just got into bed for a rest and the inspector sought consent from the resident before entering their bedroom. This resident was admitted to the centre six months previously and was still adjusting to their new surroundings. The staff member and resident were seen to have a good relationship and were observed making jokes and developing plans for the following day. The resident said they had everything they needed and they had further plans to decorate their bedroom, they had new curtains in a bag and maintenance had been requested to secure a curtain pole. The resident stated they had a busy day and were relaxing after their shower and later in the evening they would spend time in the kitchen with the other residents of the centre.

The inspector visited the final property, a bungalow, around 18.30hrs. This property was home to four residents. On arrival three residents were sitting at the kitchen table, one resident was working on their laptop and the other two were enjoying a drink and a snack. A staff member was also in the kitchen and one was in the office. The remaining resident was relaxing in the sitting room although on hearing the chat at the table they came out to join the conversation. A variety of conversations were held with all residents involved. Some were talking about their day and things they had done, others spoke about the week ahead. There was a detailed discussion held in relation to the hot weather and if they would get funding for an air conditioning unit or would it even be beneficial. While not all residents agreed with each other they were all respectful and allowed everyone to talk and give their opinion. Residents were laughing and joking between one another. One resident was seen to get up from the table, they wanted to get ready for bed, they required a mobility aid and they were able to navigate the premises well. Another resident was quick to get up and carry their bag for them down to their room.

On completing a walk around of the final property the inspector had the opportunity to speak with three individual residents while they spent time in their bedrooms. One resident who uses a wheelchair showed the inspector how they mobilise around the house, they had an electronic opening device on their bedroom door for ease of entry and exit. They also spoke about the new equipment they received to support them to transfer from their bed to their chair. The resident noted they are unable to access the full kitchen including the appliances and cabinetry, although when asked about how they are involved in preparing meals or baking they acknowledged they can do this at the table they did not express any further dissatisfaction about the restricted access. This is discussed further under regulation 9: residents rights. The resident told the inspector about how they wear a watch at night that allows them call staff for support if they need it. The resident spoke about their paid employment two days per week, how they enjoy knitting club, going on foreign holidays with

their family, they also listed a variety of concerts they had attended and further ones they have planned for the year ahead.

The next resident gave consent to enter their bedroom, they were ready for bed and were relaxing watching television. They spoke about how they had a meeting with their occupational therapist to discuss the layout of the bedroom and the challenges they were having mobilising around. The resident decided it would be best to get a smaller bed to allow them ease of movement in their bedroom. They had planned to go shopping for a new bed in the coming weeks. They told the inspector they enjoyed doing word searches and beaded art and showed them some of their art on display in the house.

The next resident invited the inspector into their bedroom, they were eager to show them their fish. They spoke about how one was recently unwell and how they looked after it, they were aware of how to keep the tank clean and how much to feed the fish. They spoke proudly of their bedroom and how they decorated it choosing their preferred characters and music artists to have on display. The resident spoke about their partner and how they meet every fortnight and speak regularly on the phone. They were aware of their rights and how they could escalate any concerns they might have.

Overall, while some areas were identified that required improvement the inspector found the residents were involved in the day-to-day running of their home and had opportunities to participate in activities they enjoyed within the centre, day service facilities and the wider community. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The provider's systems to monitor the quality and safety of service, provided for the residents, included unannounced provider audits every six-months, and an annual review. Through the review of documentation and discussion with residents, staff members and members of the management team the inspector found that provider's systems for the day-to-day management and oversight of the centre were effective on the day of inspection.

The centre had a suitable and competent person in charge, they were supported in their role by a team leader and had support from senior management. Audits completed in the centre were identifying actions and leading to improvements. The staff teams were suitability trained and familiar with the assessed needs of the residents and their personal preferences.

Regulation 14: Persons in charge

The person in charge was employed full-time in the role since February 2024. The inspector found that the person in charge was ensuring effective governance, operational management and administration of the designated centre. They also held the same role for one other designated centre that was not occupied on the day of inspection.

The person in charge was supported by a team leader and residential operations manager who was registered as a person participating in management.

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

On speaking with the person in charge the inspector found that they were familiar with residents' support needs and was endeavouring to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed the last two months of rosters and found that there was an established staff team in place which ensured continuity of care and support to the residents. The roster demonstrated that staffing was in line with what the provider set out in their statement of purpose. The rosters were seen to reflect reduction in hours when residents were on home visits and an increase in scheduled hours for events such as concerts.

The staffing team allocated to the designated centre were stable and consistent, they comprised of social care workers and care staff. The designated centre had no requirement to utilise agency staffing at the time of inspection. Although on occasions the team leader covered gaps in the roster to maintain continuity of care for the residents. Staff who were newly employed were supported to complete an induction with the provider and a local induction to the designated centre. They were also supported through the probation process.

The person in charge was completing team meetings every month in each location. From review of records, the attendance at these meetings varied, although the provider had updated their policy to include a minimum attendance at team

meetings in any given year. Some staff who weren't in attendance at team meetings were seen to sign off on the minutes when they read them, available on the providers data management system.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It identified that the staff team in the centre had up-to-date training in areas including safeguarding, medication management, fire safety and manual handling. While the inspector identified some minor gaps in centre specific training such as coeliac disease and diabetes alternative information was provided to these staff including short information videos and information booklets until the training was next available.

The person in charge had a supervision schedule in place for all staff to receive two meetings per year as per the provider's policy, 11 out of 21 staff were due to have their meeting over the next fortnight the remaining staff had completed theirs for the first half of the year. From review of minutes, good discussion was held in relation to review of work performance, work plan targets, personal training and development along with professional practice including record keeping and quality of work. Actions were seen to be set where necessary and reviewed at subsequent meetings.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with that in place in the centre during the inspection. The person in charge was employed in a full-time position with responsibility for one other currently unoccupied centre operated by the provider. The provider had oversight systems in place, as required by the regulations. This included an annual service review and unannounced visits every six months followed by corresponding reports. These reviews led to the development of quality improvement plans, with actions monitored and reviewed on an ongoing basis.

The person in charge and operations manager had monthly meetings in place, these meetings included review of the operations of the centre, staffing and resources and

professional development along with progression of actions from provider and local audits. Minutes were keep of each meeting and actions were set where necessary.

The inspector reviewed the provider's new annual review template which had been updated and was now available on their online management system. The review was subdivided into themes in line with the national standards. The evidence recorded was appropriate to the themes and actions were identified with an appropriate timescale and identified person responsible for areas that required improvement. The review also included feedback from residents and their representatives. Any feedback recorded was positive and complementary of the staff team, management and overall service delivery.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre, and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services, in line with the regulations.

The inspector reviewed the incident, accident and near miss records and found that all incidents requiring notification had been duly reported.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including review of premises, review of risk management, communication and individual assessment and personal plan.

Residents were found to be supported to engage in various social activities. For the most part residents had plans in place that outlined the supports they require. Residents were being supported to develop and achieve their goals and explore activities of interest.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes.

Easy read information was available on topics such as safeguarding, intimate care and complaints. Residents were supported to understand these topics and their rights through key working sessions and residents meetings. In addition there was information available at the centre with additional leaflets and posters on display.

Each resident had personalised communication and decision making profiles on file. These profiles outlined how they communicate best, it also detailed how each individual resident gives or does not give consent. Details included words, phrases, gestures and body language specific to the resident.

Regular resident meetings and key working sessions were held with all residents in relation to a variety of topics. Some residents were supported to understand their swallow care plans through key working sessions and with the support of visual aids. Residents' meetings were also capturing the voices of residents in relation to how they were involved in the running of the centre including meal planning, day trips, informed of any planned maintenance works or potential transitions or admissions in or out of the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had policies, systems and processes in place to ensure residents' finances and possessions were kept safe. However, the provider failed to ensure these were implemented for all residents in the centre.

The previous report identified where a resident was supported in the management of their finances by others. The provider was engaged with the resident and their representatives and working to try and put transparent systems in place to ensure the resident had full access to their own funds. On this inspection however, the inspector found no progress had made and the provider continued to fail to protect this resident's personal finances and had not taken sufficient action to address this risk.

The provider had allowed for the process to continue whereby a residents was not in receipt of their own money. While the resident was in receipt of some 'pocket money' they have no direct access to their personal finances and needed to seek permission when they wished to spend their own money.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available in the centre and the residents had a number of individualised risk assessments in place to support their overall safety and well being.

The inspector reviewed the risk assessments on file in the centre for five of the residents and found that measures in place suitably addressed the risks identified. Residents had risk assessments in place for weight loss, aspiration, relationships and medical diagnoses such as diabetes and coeliac disease. The inspector also reviewed the centre risk assessments for safeguarding, fire, self injurious behaviour and lone working. All risks were reviewed regularly and were appropriately risk rated. There were no major risks in the centre at the time of inspection.

The inspector also reviewed the provider's system for recording incidents and accidents, all incidents were reviewed by the person in charge and behaviour support where required. Incidents were low level and were recorded with sufficient detail. Learning from incidents is also discussed at team meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As previously mentioned one resident had been admitted to the centre in December 2025. There was an absence of assessment of needs completed on admission and gaps remained in the resident's personal plan and subsequent support plans on the day of inspection, this required review.

On admission to the centre the provider faced challenges in obtaining a full assessment of needs for the resident and while attempts were made to gather information and develop a proposed plan for the resident this did not identify all of their needs. Since admission the provider has engaged with clinicians to complete a full review of the resident to identify their needs but this was still in progress at the time of inspection. While the resident had been with clinicians such as occupational therapist and prescribed equipment, for example, a comfort chair was obtained and seen to be in place, there was an absence of a comprehensive personal plan and subsequent support plans to guide staff practice in relation to their identified care and support needs.

The inspector acknowledges that all other residents in the centre had a full assessment of need with associated support plans in place that detail their care and support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Each resident's healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing appropriate health and social care professionals, as required.

Each resident had an annual review of their health, with planning for the year ahead for routine appointments and reviews. The person in charge ensured that all residents had up-to-date hospital plans in place should they require a stay in hospital.

Two residents had experienced complex health concerns since the previous inspection, on review of appointments and follow up reviews both residents had received effective care and support through the identification of the concern, treatment and recovery.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

For residents who required it they had behaviour support plans or guidelines in place to guide the staff team in managing specific behaviours of concern. The staff team reported they were well supported by behaviour support specialists who were available if any concerns arise, they also reviewed plans and guidelines regularly and attended team meetings and offered staff training when necessary.

There were a limited number of restrictive practices in place across the centre, each was identified, recorded and regularly reviewed. The local management team were focused on reducing restrictions where appropriate. The provider had also identified external training in restrictive practices for all staff, managers and behaviour specialists to attend. This will be rolled out in the coming months.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider was striving to ensure residents were informed about matters that affect them, for example their rights, access to advocacy and the complaints system. Although improvements were required to ensure all residents had full access to all areas of their home.

The last inspection report for this centre identified that the layout and configuration of the kitchen and dining area in one house required review to ensure it met the needs of all who lived there. On this inspection, no works or changes had been made to the kitchen and one resident was still unable to access the appliances and cabinetry in the kitchen. While it was reported the resident had not expressed any concerns or interest in entering this space the provider was unable to provide evidence of where they had consulted with the resident to determine their wishes in relation to this matter. This required review.

Judgment: Substantially 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	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Richview Designated Centre OSV-0001865

Inspection ID: MON-0046289

Date of inspection: 30/06/2026

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	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Following the HIQA inspection, all Persons In Charge and Senior Management reviewed the HIQA findings and a review of financial arrangements within the designated centre took place. A Social Work referral was made seeking support regarding financial governance and the transition from the existing arrangements to an appropriate governance structure. All parties were informed of the HIQA findings and advised that Social Work would engage with them regarding the required changes. Social Work outlined the non compliance and the providers challenges in remaining compliant with the current financial arrangements in place for the person supported. There was an agreement to share persons supported details for financial accounts with provider once they're kept secure. They are also happy for the provider to obtain 6 monthly copies of persons supported statements for their files as per policy. All agreed that key worker led capacity building training and practice around using online banking would be very beneficial and empowering for person supported.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Person In Charge has completed a comprehensive assessment of the resident's needs,	

and this is being continuously reviewed and updated as further information becomes available. The assessment reflects the resident's current presentation, identified care and support needs, preferences, risks, and the interventions required to support them safely and effectively. The staff team continue to liaise with relevant clinicians and healthcare professionals to ensure that any new or emerging needs are identified and appropriately incorporated into the assessment and associated support plans.

Where changes are identified, the resident's personal plan and support plans are updated accordingly to ensure that they remain reflective of their current needs and provide clear guidance to staff. The provider recognises the importance of maintaining accurate and comprehensive documentation to support consistent and person-centered care.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person supported was asked about their involvement in meal preparation and baking. They acknowledged that they can participate in these activities at the table and did not express any further dissatisfaction regarding the restricted access to the kitchen.

The provider acknowledges that the restriction on access to the kitchen constitutes a restrictive practice in relation to the individual and will continue to review and report on this quarterly.

The provider will continue to engage with the person supported through key-working sessions to establish whether their views change or whether they wish to engage more directly in the use of the kitchen facilities.

The person supported has the support of two staff members when present in the kitchen area and can request assistance with accessing or using any items or facilities in the kitchen if required.

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.	Not Compliant	Orange	30/10/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/10/2026
Regulation 09(2)(e)	The registered provider shall ensure that each	Substantially Compliant	Yellow	30/10/2026

	resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.			