



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

## Issued by the Chief Inspector

Name of designated centre:	Cluain Farm
Name of provider:	Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	12 November 2025
Centre ID:	OSV-0005455
Fieldwork ID:	MON-0039852

## About the designated centre

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

Cluain Farm provides full time residential care and support to seven male and female adults. The designated centre is a large rural two storey house, divided into two separate houses and four studio apartments. Residents living at the centre have access to communal facilities such as sitting rooms, kitchen/dining rooms, and spacious grounds. Each resident has their own bedroom which are decorated to their individual style and preference. The centre is located in a rural area, and has three vehicles to support access to the local community. Residents are supported by a staff team on a 24/7 basis with sufficient numbers and skills mix to meet the residents assessed needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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
Wednesday 12 November 2025	10:15hrs to 17:00hrs	Julie Pryce	Lead
Wednesday 12 November 2025	10:15hrs to 17:00hrs	Florence Farrelly	Support

## What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with the regulations, and to help inform the registration renewal decision.

The designated centre is in a rural location, and comprises two houses and an apartment around a courtyard. The premises were appropriate to meet the needs of residents, and were well laid out, appropriately maintained, and were nicely furnished and decorated. Throughout the day of the inspection the inspectors observed residents utilising various areas of their home, some of them enjoyed the extensive grounds and others were observed to be comfortable and relaxed inside.

There were seven residents on the day of the inspection, and the inspectors met all of them during the course of the day. On arrival at the designated centre, some residents had already gone out on their activities and others were going about their morning routine.

One resident who was still at home invited the inspectors to his apartment. The resident was the sole occupant of this apartment, but also spent significant parts of their day in one of the shared houses with other residents. They showed the inspectors their personal photos and spoke about spending time with their family. They spoke about some of their preferred activities, including social farming, swimming and one-to-one social days out with staff.

Inspectors observed interactions between residents and staff during the course of the day and saw that there was a comfortable and familiar relationship between staff and residents, and that staff communicated effectively and in a caring manner. The inspectors observed two of the residents who did not have verbal communication, and found that they were comfortable with the staff supporting them. One resident smiled at the inspector who spoke to them, and continued to smile and nod to their support worker. The other was seen to be moving around their home smiling and singing, and was helping staff to put the bins out, which staff explained was a favourite job.

Another resident spoke at length to the inspectors, and explained that they were very happy in their home, and that they felt safe all the time. This resident also spoke about their favourite activities, including getting hair and nails done. They had been out horse riding on the morning of the inspection, and told the inspector about this with enthusiasm. They invited an inspector to see their room, which they referred to affectionately. They had chosen all their own soft furnishings, and there were various personal items throughout the room. They showed the inspector how they cleaned and looked after their own room, and were clearly very proud of it.

One resident asked to speak to an inspector privately. They said that the house can be busy at times, but that they had their own room, and their own personal office to

go to for activities if they found the house too busy. They said that they would go and talk to a staff member if they felt upset, or if they need support with anything.

Residents had been offered the opportunity to complete questionnaires sent out by the Office of the Chief Inspector in advance of the inspection and two residents had completed these questionnaires. Their responses were positive, and they had mentioned activities that they enjoyed.

The provider had also ensured that the views of residents and their families or representatives had been incorporated into the annual review regarding the care and support provided in the designated centre. The comments from residents and their families were all positive, and when asked specifically if anything could be done better, there were no suggestions. One family member said that they had raised an issue and it had been dealt with in a timely manner.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre, and only minor improvements were required in some of the documentation as discussed under Regulation 23: Governance and management and Regulation 12: Personal possessions of this report.

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

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

All required policies were in place, had been regularly reviewed and were made available to staff.

## Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. He was knowledgeable about the support needs of residents, and about his role in relation to the regulations.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from a regular relief panel of five support workers who were known to the residents.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to three staff members on duty, the person in charge and the deputy service manager during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff training was up to date, or had only recently become due, in which case the required training had been scheduled. Staff had received mandatory training in fire safety, safeguarding and positive behaviour support. Training in human rights, Children First, and infection prevention and control had been undertaken. Training in relation to the specific needs of residents had been undertaken, including the management of epilepsy and diabetes. Most of the staff team had received training in autism awareness, and where staff had not received this training, the course undertaken in positive behaviour support included information about autism.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date as discussed under Regulation 23: Governance and management of this report. Staff were supervised on a daily basis by the person

in charge and the deputy service manager, who were supported by senior support workers.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

### Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the building and all contents and residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a deputy service manager. All the required actions identified at the last inspection had been implemented.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and was available in the designated centre. The annual review was a detailed report of the care and support offered to residents. Residents had been included in the preparation of this report and some of their views had been incorporated as mentioned in the first section of this report.

An unannounced visit on behalf of the provider had taken place in January 2025, and again residents and their families were included in the preparation of this report. The inspectors reviewed a sample of the required actions identified in this report and in the annual review, and found that they had all been implemented. For example, an issue with the fire alarm being activated by dust in the attic had been rectified, the driveway had been resurfaced and the front walls and gates had been painted.

However, the regulations require a copy of the annual review of the care and support of residents to be made available to the chief inspector, together with a copy of the report from each six-monthly visit undertaken on behalf of the provider, and on this occasion there was no separate report for the second unannounced visit of the year to the designated centre.

There was a monthly schedule of audits in place, and audits had been completed in accordance with the schedule. For example, audits of medication management, fire safety and restrictive practices had taken place. The records of these audits indicated that where required actions were identified, the person responsible for the action was named. There was also a monthly check list which outlined all the required tasks, and was signed off when tasks were complete.

Accidents and incidents were reported and recorded appropriately. There was a detailed record of any incidents which included any required actions. If a new risk was identified a risk assessment was developed or updated which included control measures required to mitigate the risk. If referrals were required to any member of the multi-disciplinary team, this was identified and followed up.

Staff team meetings were held every month to six weeks, and local management meetings including the person in charge, the deputy services manager and the senior support workers were regularly held, and records of these meetings were maintained which included agreed actions and required timelines.

Formal staff supervision conversations were held every quarter, and records were maintained of these conversations. The inspectors reviewed the records for three staff members and found that the schedule was up-to-date. A review of the record of one of the conversations and found a detailed discussion had taken place. Any actions from the previous supervision conversation were reviewed, and staff responsibilities were discussed. Any supports required were identified and staff learning needs were identified. Staff were supported to raise any concerns at these meetings.

The designated centre was appropriately resourced, for example there were sufficient staff to meet the needs of residents, and all equipment was in place and all required maintenance was completed in a timely manner.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All of the required policies were in place in accordance with Schedule 5 of the regulations, and each of them had been regularly reviewed. The inspector reviewed the policies on safeguarding, risk management, and the visitors policy and found them to be evidence based and regularly reviewed.

The required actions from the previous inspection in relation to the retentions of documentation, the visitors policy and the information in the risk management policy had all been implemented.

Staff were required to sign each policy to indicate that they had read them, and the sign in sheets were maintained and up-to-date.

Judgment: Compliant

#### Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan. Residents were supported to be protected from all forms of abuse.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale

which indicated that the intervention was the least restrictive to mitigate the identified risk.

## Regulation 10: Communication

Each resident had detailed information about the ways in which they communicate in their person-centred plans. For example, one resident had a communication chart which described various presentations and their meaning. For example, if the resident was muttering under their breath this meant that they didn't want to engage.

Another resident used some sign language, and there were photos of the resident making each of their signs, for example asking for a drink, or requesting support with a shower. Another resident had a section in their risk assessment relating to the loss of items, which had been identified as causing them distress. There were pictures of their personal items to assist the resident to communicate if they had lost something.

There were decision making profiles in the personal plans which outlined the ways in which each resident liked to have information presented to them, and how best to assist them with understanding.

Information was made available and accessible to residents. There were various pieces of information throughout the designated centre, for example the residents' handbook was available in an easy-read version in each house. Social stories had been developed for some residents and were available in their person-centred plans to assist understanding. For example a social story had been developed for one resident in relation to outings for meals.

Residents had been referred to a speech and language therapist (SALT), and their recommendations had been incorporated into the guidance for staff. The SALT had recently attended the designated centre to introduce a resident to an assistive interactive device which was being trialled.

All staff who spoke to the inspector could describe the various ways in which residents communicated, and the inspector observed effective communication with residents throughout the inspection.

Judgment: Compliant

## Regulation 12: Personal possessions

There was a detailed record of each residents' belongings, including any valuable items. If any items were taken off the list, there was a record of the reason, for example an item had been broken or disposed of.

Residents were supported with their finances in accordance with their abilities, and there was an annual financial capacity assessment undertaken for each resident. Each resident also had a financial agreement in place, and the inspectors reviewed three of these. There was some ambiguity in these documents as to the obligation of the resident or the provider to finance some aspects of trips away. A review of the support agreements for residents did not provide any further clarity.

While it was evident that, to date, residents had been supported by staff on trips, and that the costs to residents related only to the travel and accommodation, there was no written agreement in relation to this.

However, finances were well managed in an otherwise transparent manner, and the inspectors were assured that residents were protected from financial abuse, and were supported in a person-centred way.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

There was a clear emphasis in the designated centre on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

There was a system of person-centred planning, and the plans were detailed about the support each resident required. Guidance for staff in these plans included information about how best to support each resident with their activities. Supports identified including the required skills of the staff supporting the resident, and any preferences about staff, for example a resident might prefer a female staff to accompany them to the beautician.

Residents were involved in a wide variety of activities including horse riding, aqua aerobics, shopping and going to the gym. Some residents enjoyed trips away, and these were planned as part of their person-centred planning.

The inspectors reviewed five of the person-centred plans and found them to be detailed documents that had been developed with each resident. There was a section in each plan named 'Resident's happiness' which included information about what made each resident happy, or indeed the opposite. One resident also had a detailed section called 'how to help me with worrying'. Each resident had a 'perfect week' document which included preferred activities and the supports required.

Individual 'core meetings' were held with each resident each month, and the records of two of these meetings were reviewed by the inspector. Topics for discussion

included safeguarding, complaints, and new activities. The inspectors saw that staff had discussed the forthcoming HIQA inspection with residents so that they were well prepared for the visitors on the day.

Goals for achievement were set with residents at these meetings, which included both long term and short term goals. For example, one resident was working towards getting their passport for a trip next year. An individual annual review was held with each resident at which their achievements and further aspirations were discussed.

Overall it was clear that residents were supported to have work and leisure activities of their choice, and to be supported in personal development, and that their voices were heard.

Judgment: Compliant

### Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including the spacious gardens, living areas and kitchens and an activities room which had art supplies and games.

Some residents had additional areas for their sole use, for example one resident had an office, and another had a shed, both of which were used for their preferred activities. They each had ample storage and there were sufficient bathrooms to meet the needs of residents.

The designated centre was well maintained and visibly clean, and was personalised with items and photographs throughout. These included photographs of residents on outings or at activities. Each resident's bedroom was decorated and personalised in accordance with their preferences.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both

local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

General risk assessments and management plans included a 'venue risk assessment', a risk management plan in relation to slips trips and falls, and the risks relating to fire. Each was risk rated appropriately and included the control measures required to mitigate the risk.

Each resident had an individual risk assessment which included areas such as medical issues, individual activities and financial support. Each of these was appropriately risk rated, and again included any required control measures.

Newly identified risks were responded to immediately and effectively. For example where an incident involving a resident had affected another resident, there was a clear record of the incident and possible causes identified. A risk management had then been developed to reduce the likelihood of a recurrence.

The inspectors were assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment, and there were fire doors throughout.

All staff members had received fire safety training and regular fire drills had been undertaken, including drills under night time circumstances where there were reduced staff numbers, and records were maintained of each drill. The records included details of the response of each resident, and indicated that residents could be evacuated in the event of an emergency.

There was a detailed personal emergency evacuation plan (PEEP) in place for each resident and the inspector reviewed three of these plans. Each PEEP included information specific to the resident in relation to the supports they would require to evacuate in an emergency.

Where there had recently been an issue whereby there were repeated false alarms due to the sensitivity of the detection devices in the attic, this had been addressed and resolved.

The PIC consistently monitored any risks associated with fire safety, and the inspector was assured that all required control measures were in place to ensure the safety of residents in the event of a fire.

Judgment: Compliant

## Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. Annual health assessments were undertaken by the general practitioner (GP) for each resident.

There were care plans in place for identified healthcare issues. For example there was a care plan in place in relation to diabetes for one resident which included information about medication, diet and skin integrity. Where another resident was at risk of seizures due to a healthcare issue, there was detailed guidance for staff around prevention of the issue.

Residents had been offered, and supported to take up, age-appropriate healthcare screening, and some residents had accepted and undertaken such screening.

Residents had access to various members of the multi-disciplinary team including a GP, SALT and mental health support. Overall the inspectors were assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. These were referred to as 'stress and coping plans' and the inspector reviewed three plans that were in place to support residents.

These plans included detailed guidance for staff as to how to respond to the behavioural support needs of residents. The plans outlined four levels of presentation of residents, and the response that was required from staff under each of the circumstances, including the support required following any incident.

The stress and coping plans were kept under regular review, and were updated if any incidents occurred. Various members of the multi-disciplinary team were involved in these reviews, including the positive behaviour support team.

The inspectors found that strategies outlined in these plans were implemented, while supporting the rights of residents. For example, following a recent incident, two of the residents no longer travelled together in the same vehicle, but as they

enjoyed each other's company on activities, this was accommodating by the use of two vehicles to travel to the venues.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks. Each restrictive intervention was clearly documented, and there was a clear rationale for their use. There was an emphasis on removing or reducing restriction where possible, for example a 'PRN' (as required) medication was no longer considered to be necessary, so had been referred to the MDT for review with a view to discontinuing.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

## Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

Where there had been incidents involving residents which posed a risk to the safety of others, detailed safeguarding plans were in place, and evidence from a review of the records that the plans were effective.

The inspector reviewed two safeguarding plans, and found that there were associated positive behaviour support plans and detailed risk assessments in place which outlined the support that residents required to ensure their on-going safety. The person in charge, the deputy service manager and the staff team were knowledgeable about their role in the specific support needs of residents.

Residents who spoke to the inspectors all said that they feel safe in their home. The inspector was assured that residents were safeguarded from all forms of abuse.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cluain Farm OSV-0005455

Inspection ID: MON-0039852

Date of inspection: 12/11/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>ACTION: Operations Manager will complete 2nd 6 monthly unannounced visit and complete report by 17/11/2025 (COMPLETE).</p> <p>ACTION: Operations Manager to schedule 6 Monthly unannounced visits for 2026 by 31/12/2025.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>ACTION:</p> <p>SM will review the Support Agreements and Finance Agreements of the People we Support to reflect the cost to the People We Support when they go on holiday by the 31st of January 2026</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and	Substantially Compliant	Yellow	17/11/2025

	quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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