



**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:	Westside Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	27 January 2026
Centre ID:	OSV-0001790
Fieldwork ID:	MON-0040460

About the designated centre

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

Westside Residential Services is located on the outskirts of a town in Co. Mayo. The centre has the capacity to support seven individuals. There are three houses in the designated centre, all located in the same area. One house comprised of five bedrooms and the two other houses accommodated two residents in an individual apartment type setting. This residential service operates on a full-time basis throughout the year. The service provides accommodation to both male and female residents with ages ranging from 18 years to end of life. All residents have their own single bedrooms which are fully furnished and individually decorated in line with each residents' likes and preferences. The centre benefits from its own mode of transport for access to community outings. The staff team consisted of a person in charge, social care workers and social care assistants. There were sleepover staff and one waking night staff available at night to provide support to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 27 January 2026	16:00hrs to 18:30hrs	Angela McCormack	Lead
Wednesday 28 January 2026	09:00hrs to 14:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, this inspection found that residents living in Westside residential service were provided with person-centred care where their choices and rights were respected.

This inspection was announced and was completed to monitor compliance with the regulations. This inspection also formed part of the monitoring to inform the renewal of the registration of the designated centre. The inspection was completed over two half days, one evening and the following morning. As part of the inspection announcement, an easy-to-read information leaflet called 'Nice to Meet you' was provided. This document included the name of the inspector and the purpose of the visit. Questionnaires were also provided to seek the views of residents. These questionnaires were completed by four residents with support from staff members.

Westside residential service comprised a large detached two-storey house and two semi-detached single storey houses that were located across the road from the main house. The centre could accommodate seven adults, five in the main house and one each in the semi-detached houses. There were six residents accommodated at the time of inspection. One resident was in hospital at the time of inspection, therefore they were not met with. There was one vacancy in the main house following the sad death of a resident in July 2025.

The inspector got the opportunity to meet and spend time with five residents throughout the inspection. In addition, the inspector spoke with three staff members and observed interactions between staff members and residents. The questionnaires gave positive feedback about the centre and about the care and support provided. Feedback received showed that residents were satisfied with their bedrooms, choices offered, activities, food and staff supports.

On arrival on the first evening, the inspector along with the person in charge, visited one resident in their individualised home. The resident welcomed their visitors and made tea and coffee for everyone. With support from their staff, the resident spoke about their life and various activities that they were involved with. It was clear that the resident had a busy life doing activities that were meaningful to them. These included advocacy work, volunteer work and going to various social events with family and friends. The resident agreed to show the inspector around their home. They appeared proud to show some of their personal belongings and pieces of equipment that they had stored in their shed.

The inspector spent the remainder of the first evening in the main house where they met with three residents and three staff members. One resident who lived in this house had sadly died last July after an illness. There was a table with beautiful photographs of this resident on display in the sitting-room. This was located beside where the resident liked to sit. Staff members spoke about the loss and about how

the resident's death left a big gap in the house. It was clear to the inspector through discussions and a review of various documents, that the centre was aware of the impact this loss had on the other residents. It could be seen that residents were supported through their grief in ways that were appropriate to their understanding. For example; one resident was supported with the development a 'memory book' following the death of their parent last year. In addition, the inspector was informed that the centre held a prayer service at the house following the resident's death which residents were involved with. Following this, one resident indicated their wish for a party to be held in the house. A Christmas party was planned and held, which residents enjoyed with consideration being given to making this an annual event.

Residents were seen to move freely around their home with support from staff where required. Residents communicated with the inspector in their own individual manner. One resident chose not to directly engage with the inspector, but rather to watch what was going on from a distance. Observations were that residents were comfortable in their home, had their preferred areas to relax in, and were supported by staff members who knew them well.

The following morning, the inspector got to meet, and spend time, with one resident prior to them going to their day service. The resident spent their week between staying at their family home and at the centre. They had arrived into the centre the night before. The inspector was informed that plans were in progress for the resident to spend weekends at the centre. The resident was happy to meet with the inspector and spoke to them about their life and things that they liked to do. They expressed their happiness about the centre and spoke about the range of activities that they do while there.

Through observations and discussions with residents, the inspector could see that residents were supported with their needs by caring staff members. There was a friendly and warm atmosphere in the homes. Caring and respectful communications were observed between residents and staff members. Staff were seen to respond to residents' communications with dignity and respect. Staff members spoke about residents in a caring manner and it was clear that they were good advocates for all residents and knew how to support them with their individual needs. Residents had the autonomy to make everyday decisions in their lives. For example; it was noted in one resident's personal plan that should they choose not to go to their day service on any given day, that this was to be respected. Residents were consulted about their care and about their homes through easy-to-read documents. These were discussed at residents' meetings. Two residents spoke about their involvement in fire drills and described what they would do if the alarm went off. One resident spoke about their health and medication and said that they were happy with how they were supported with this.

Residents who the inspector spent time with said that they were happy and that they felt safe living in Westside. Some residents spoke about their friendships with each other. Most residents attended a day service each day which they said they enjoyed. Residents were supported to take part in a range of leisure and recreational activities. These included; going shopping, going on hotel breaks, eating out and going to social events in the wider community. One resident spoke about a

trip abroad that they were going on in the coming weeks. They said that they were looking forward to this, and had been supported to get their passport. Residents also spoke about the ceili they attend each week where they meet other people living locally and enjoy a dance and a sing-song. Another resident was observed speaking about their visit home to family at the weekend. They were reassured about this. It was clear that all residents enjoyed meaningful relationships with families and friends, and that this was important to them.

The homes were bright, clean and homely and promoted accessibility for residents with mobility needs. The communal areas were nicely decorated with framed artwork, photographs, and table lamps all which helped to create a cosy atmosphere. Residents had their own individual bedrooms that were decorated nicely and reflected their unique needs, personalities and interests. Some wear and tear was observed in the main house. This had been identified by the service itself, with plans in place to address this. This included upgrading some internal doors, upgrading kitchen cupboards and external painting.

Overall, the service was found to provide safe, person-centred care to residents. Residents appeared relaxed and comfortable in their homes.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

There was a clear governance and management structure in place with effective monitoring systems. The centre was found to be in compliance with the regulations overall. One area for improvement was required in the recording of residents' personal property to further protect residents' possessions.

The governance structure included a person in charge and a person participating in management (PPIM). The management arrangements were strengthened since the last inspection. There was now an assistant manager supporting in the operational management of the centre with allocated hours each week for administrative tasks.

The staffing levels, roster patterns and skill-mix appeared to meet the needs of residents at this time. Staff members were provided with training to support them to have the skills and knowledge to support residents with their needs. There were effective arrangements in place to oversee staff training.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre was completed by the provider and submitted to the Chief Inspector of Social Services within the time frames required.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a competent and qualified person in charge. The person in charge worked full-time and had responsibility for one other designated centre located nearby. The arrangements in place supported them to manage Westside residential service effectively. The person in charge was in post for a number of years and it was clear that they had very good knowledge about the centre, residents' needs and their responsibilities under the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with ongoing training and supervision to support them with their professional development.

The inspector reviewed the current training records for staff. From this it could be seen that all staff had undertaken the mandatory training required to support residents in the centre. This included training in fire safety, behaviour management and safeguarding . Where refresher training was due, this was identified by the person in charge and arrangements made to ensure staff undertook these refreshers in a timely manner.

The inspector reviewed four staff files which contained certificates of training completed and supervision meeting records held with their line manager. The person in charge had a schedule for supervision meetings to be held with staff in line with the provider's policy and time frames. Staff spoken with said that they felt well supported.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was insurance in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that residents were supported to be safe and to have their needs met. The centre was resourced with suitable numbers of staff and vehicles to meet the needs of residents and to support them to do activities of their choosing. The systems for the monitoring and oversight of the centre were effective in ensuring that a person-centred and safe service was provided. This included regular audits completed by the person in charge and provider.

There were a range of policies and procedures in place to provide guidance and procedures for safe care and support. These included policies and procedures as required under the regulations. These also outlined the roles and responsibilities of staff, which helped to ensure that there were clear lines of accountability. A number of policies were under review at the time of inspection, as part of the ongoing review and updating schedule.

Staff meetings were held regularly which facilitated staff to raise any issues of concern. The inspector reviewed four staff meetings that took place between May 2025 and January 2026. From this review, it could be seen that discussions took place on fire safety, residents' needs, staff training, safeguarding and incidents. In addition, the person in charge completed quarterly analysis and review of incidents that occurred in the centre. The inspector reviewed the analysis for incidents that occurred in 2025, where it could be seen that a detailed review took place which included upward and downward trends. This demonstrated very good oversight of the risks that were occurring in the centre and the supports that residents' required with emerging needs.

The person in charge undertook regular audits throughout the year. The audits for 2025 were reviewed by the inspector and showed that consistent monitoring occurred. The provider ensured that unannounced visits occurred every six months as required in the regulations. The provider report completed in November 2025 was reviewed by the inspector and found to be very comprehensive. Actions were developed to improve the quality of the service provided. This demonstrated that there was effective oversight and monitoring of the centre. An annual review of the service was completed as required under the regulations. The report for 2025 was reviewed by the inspector. This included consultation with residents and their representatives. This also showed where areas to improve the quality of care and

support was identified, with actions noted that were kept under review for completion.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all information that was required to be notified to the Chief Inspector was submitted as required in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. There were clear arrangements in place for the receipt and management of complaints, should there be a complaint made.

The inspector reviewed the provider's policies where it could be seen that there was an up-to-date complaints policy in place that outlined the arrangements for dealing with complaints. This was also available to residents in an easy-to-read version and discussed with residents at regular residents' meetings.

Judgment: Compliant

Quality and safety

Westside residential centre provided person-centred care and support to residents. Residents' needs were kept under ongoing review. Residents were supported

proactively with any changing or emerging needs. This ensured that the service was safe and to a good quality.

Assessments on the health, personal and social care needs of residents were completed. Personal plans were in place to guide safe practice. Residents were protected through the ongoing review of incidents and through discussions at team meetings about safeguarding. Improvements in the recording of residents' personal possessions in line with the provider's policy was required however. This would enhance the protection of residents' possessions.

Residents had access to various multidisciplinary team (MDT) supports and allied healthcare professionals, as required. This supported residents to achieve the best possible health and wellbeing. Staff appeared knowledgeable about residents' needs and this was also observed in practice by the inspector throughout the inspection.

In summary, the care and supports provided to residents were found to be person-centred, safe and regularly monitored.

Regulation 10: Communication

The inspector reviewed three residents' communication support plans. These were found to provide clear information on each resident's individual communication preferences.

Staff were observed responding to residents' communications in a caring and respectful way. It was clear that staff members knew residents well and were responsive to residents' preferred communications. In addition, residents had access to telephones, mobile phones, televisions, music players, magazines and the Internet in line with their individual preferences. One staff member described a resident's communication preferences. They also spoke about working closely with the resident's day services in order to enhance their communication methods. This resident had been referred for speech and language support also. All of this showed that a collaborative approach was promoted in the centre to support residents with their communication needs and preferences.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had a policy and procedure in place for the management of residents' personal property and personal finances. Residents' support needs with regard to managing their finances were assessed. Where support was required, this was in place.

The processes for supporting residents with their financial affairs included keeping records of income and expenditure and maintaining a record of their personal possessions of value. However, the following was found;

- From a sample of two residents' personal and clothing property records reviewed by the inspector, it was found that not all the possessions of value in line with the provider's procedure were recorded appropriately. For example; one resident's record of their personal property said that their last purchase was in March 2024, but no specific date was recorded, nor was it clear that this was their last purchase of value. This required improvements in order to ensure that residents' personal property and items of value are protected.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector found that residents were supported with their general wellbeing and had opportunities for personal development.

Residents talked with the inspector about their interests and about the activities that they enjoyed. These included; going out for meals, going to concerts, going on shopping trips and going on holidays. One resident spoke about an upcoming trip abroad that they were going on as part of their advocacy group.

In addition, residents had access to an external day service, depending on their preferences. One resident enjoyed doing volunteer work in their local community and had discussed plans with their support staff to seek employment. The resident had trialled a work experience in a local business. This had ceased on the resident's request, with an alternative work placement being considered.

Within the house, residents had access to a range of leisure and recreational activities that were meaningful to them. For example; listening to music, watching YouTube clips of areas of interests. In addition, residents had access to sensory items, magazines, and art and crafts.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre supported residents' nutritional needs and provided a range of wholesome and nutritious foods that residents were involved in choosing and shopping for.

One staff member explained to, and showed, the inspector the arrangements for supporting residents' with the choosing and purchasing of preferred meals and snacks. Residents were supported to choose meals for the week ahead through the weekly residents' meetings. One resident spoke about the types of lunch that they liked to bring with them to their day service, which included healthy salads.

Meals provided in the centre were wholesome and nutritious and met residents' individual assessed needs, such as 'Feeding, Eating, Drinking and Swallowing' (FEDS) support requirements. In addition, there were a range of snacks and beverages available to residents. Residents were observed getting snacks and beverages as they wished. The inspector reviewed two residents' support plans, where it could be seen that clear guidance was provided about FEDS support. In addition, staff members were found to be knowledgeable about individual dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place which contained all the information that was required under this regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good arrangements in place for risk management in the centre. These included procedures for risk management, ongoing monitoring of incidents and the development of centre specific emergency plans.

The person in charge talked through, and showed the inspector, the risk management procedures in place. These included the procedures for the identification of risks and the development and monitoring of the centre's risk register that included active risks in the centre. The inspector reviewed a sample of risks that were included on the risk register, which the person in charge talked through and explained the control measures in place to mitigate harm.

In addition, the inspector reviewed three residents' care plans that included individual risk management plans that outlined specific risks that could cause harm to them and described the control measures to reduce any risk of harm.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good arrangements in place for the safe management of medicines within the centre.

The inspector reviewed the provider's policies and procedures for safe medicine administration. One staff member talked through and showed the inspector the medication management arrangements, where it was found that there were good arrangements in place. This included effective arrangements for the ordering, receipt, safe storage, administration of prescribed medication, and the disposal of unused or spoiled medicines.

Regular audits were completed of medication arrangements, of which three audits between August and December 2025 were reviewed by the inspector. Three residents' individual assessments on their capacity to self-administer their medicines were reviewed by the inspector and found to be up to date, with clear guidance on supports required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were good arrangements in place for the assessment and review of residents' needs.

Three residents' personal plans were reviewed by the inspector. These showed that comprehensive assessments were completed of residents' health, personal and social care needs. Care and support plans were in place and kept under review and updated if changes occurred. This meant that changes in need and supports were identified and provided in a timely manner. Residents had access to MDT supports where required to support with their needs.

Annual review meetings occurred to review residents' care and support. The inspector reviewed three residents' review meetings and found that these were attended by residents and their representatives, as relevant. This showed that a collaborative approach was taken to support residents with their care and support.

In addition, residents were supported to identify and achieve personal goals that were meaningful to them. Through the inspector's review of three care plans, goals identified were found to be kept under review to ensure that they were achieved in a timely manner with progress reviewed regularly.

Judgment: Compliant

Regulation 6: Health care

Residents were found to be supported to achieve the best possible health and wellbeing. There were good arrangements in place for monitoring residents' health and changing needs, with appropriate follow-ups to allied healthcare professionals and MDT completed.

The inspector reviewed three residents' personal plans which included support plans for health and wellbeing. Residents were facilitated and supported to access a range of allied healthcare professionals, including national screening programmes and vaccinations where recommended and agreed by residents.

Residents were found to be supported appropriately and safely at times of illness. On the days of inspection, one resident was being supported by familiar staff while they were required to stay in hospital for treatment for an illness. In addition, the service were proactively providing supports to residents whose needs were changing. For example, the annual review of the service identified that some residents would be undergoing various healthcare interventions in 2026, and plans were in progress to support them with this through accessible information and staff support.

Judgment: Compliant

Regulation 7: Positive behavioural support

This inspection found that there were good arrangements for supporting residents with distress and behaviours of concern.

There were policies and procedures in place for behaviour support and for restrictive practices which were available and reviewed by the inspector. Two supports plans for behaviour and stress reduction were reviewed by the inspector. These were found to provide clear guidelines to staff members on how to best support residents. Staff spoken with were found to be knowledgeable about the specific supports that residents required. Support plans were developed with input from MDT. It was evident through the documentation reviewed by the inspector that every effort was made to establish the causes of behaviours such as ruling out possible physical and specific emotional causes of upset.

Restrictive practices used in the centre were kept under ongoing review. The assessments of restrictions included clear rationales for their use and it could be seen that they were reviewed to be the least restrictive measures for the shortest duration and were assessed as to the impact on resident's rights. The provider had Rights Review Committee established who monitored practices in the centre also

and made recommendations. Two members of this committee had visited the centre during 2025, with a further review with the person in charge planned.

Judgment: Compliant

Regulation 8: Protection

Residents' protection and safety were promoted in the centre.

The inspector reviewed the provider's procedures for safeguarding and found that the procedures were followed where there were protection concerns in the centre. The training records reviewed by the inspector showed that all staff members completed training in safeguarding vulnerable adults. Safeguarding was also a regular agenda item at both staff meetings and area meetings. Residents were supported to learn about how to self-protect through accessible easy-to-read information that was discussed with them. Residents spoken with said that they felt safe. Observations by the inspector throughout the inspection were that residents were comfortable and relaxed around each other and staff members.

In addition, three intimate care plans were reviewed by the inspector, which showed that residents' rights, autonomy, and dignity were promoted through the guidance in the plans.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted about the running of the centre through regular meetings. It was clear through talking with residents and staff members, that residents were supported to make choices in their lives and that these choices were facilitated. For example, one resident spoke about their specific interests which were seen to be promoted in the centre where the resident was supported to collect items of interest.

In addition, residents were supported with information to help them make informed choices and to aid in their understanding of various topics. For example, residents had access to information on relevant healthcare related topics. Residents were also provided with information on human rights, complaints, safeguarding, and advocacy services in an easy-to-read format which were in an accessible location.

Residents were supported to practice their faith and visit family graves. In addition, residents' choices about whether they attended a day service and about how they spend their days were respected. Overall, it was clear from communications and

observations that residents' choices about how they lived their lives were respected and promoted.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Westside Residential Service OSV-0001790

Inspection ID: MON-0040460

Date of inspection: 28/01/2026

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge will conduct a review of the existing Property Registers for all residents to ensure accurate recording of people's possessions. 01/03/2026</p> <p>The provider is currently reviewing the policy in relation to people supporter's finances and will include in this revision a specific value for items to be recorded within the property register. 01/05/2026</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).

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	01/05/2026