



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

Issued by the Chief Inspector

Name of designated centre:	Ash Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	09 February 2026
Centre ID:	OSV-0004055
Fieldwork ID:	MON-0045272

About the designated centre

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

Ash Services provides residential and respite services for up to eleven residents with an intellectual disability. This centre consists of two houses that are located next door to each other in a housing estate in a rural town in Co. Galway. One of the houses provides six full-time residential places, and the other house is a five bedroom house providing rotational respite services for up to eleven individuals. Some of the residents have severe intellectual disability with mobility problems, other residents have autism and require 1:1 support. Each house contained suitable communal areas, such as two sitting rooms, dining rooms, kitchen and utility room, bathrooms, Residents' have their own bedrooms which are suitably decorated to meet their needs and wishes. The residents are supported by a team of social care staff and there are three staff on duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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 9 February 2026	09:55hrs to 16:45hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations. The inspection was facilitated by the person in charge. The inspector met and spoke with three staff members who were on duty and the area manager. The inspector also met with six residents and four respite service users. The findings from this inspection indicated a well managed service with good compliance with the regulations reviewed.

The designated centre comprises of two purpose built single storey houses situated next to one other on the outskirts of a rural town in Co. Galway. Six residents availed of residential care in one house, while the second house provided respite care for up to five residents each night. Most residents living in the residential house had lived together for several years and knew one another well. There was one resident who had been admitted since the previous inspection who had settled in very well. Seventeen service users availed of the respite service on a rotational basis, with length of stays varying from one night to several nights per week. In both houses, each resident had their own bedroom, shared bathrooms and communal use of sitting rooms, dining areas, utility, staff office and kitchen. Bedrooms were found to be decorated in line with residents personal preferences and were personalised with residents own effects including framed artwork, photographs and items of significance to them. The arrangements in the respite house for the storage of personal clothing and other personal items required review to ensure that each service user had appropriate facilities provided for the duration of their respite stay. Both houses were found to be visibly clean throughout, they were bright, comfortable, and furnished in a homely manner. The person in charge outlined plans in place to renovate and upgrade bathrooms and shower rooms as well as further planned redecoration and painting of the centre both internally and externally. Both houses were wheelchair accessible and fully equipped to meet the assessed needs of residents, particularly those requiring support with their mobility. There were overhead tracking hoists, specialised beds and mattresses, specialised showering equipment and comfort chairs available to those that needed these. Accessible gardens which included lawn areas, shrub beds, potted plants and pergola with outdoor seating area were also available for residents to use. A new paved patio, seating and garden area had been provided to the rear of the residential house. The person in charge outlined how the project had been completed with the help of local fund raising. The inspector reviewed photographs which showed residents enjoying using this space during the summer months. Residents had also enjoyed the official unveiling of the patio and garden, which had been celebrated with a mass and party for all residents.

There was consistent stable staffing arrangements in place which promoted consistency, effective communication and a predictable environment which had a positive impact on residents well-being and quality of life. Staff spoken with had a

thorough understanding of each resident's unique needs, routines, preferences, and interests.

On the morning of inspection, all residents had left to attend their respective day services. Residents normally attended their day service programme during the weekdays, while one resident choose not to attend one day during the week. This resident choose activities of their choice on that day and often arranged to meet up with family members. The inspector met with all six residents when they returned from day service programmes later in the afternoon. Most residents were unable to tell the inspector their views of the service, however, all appeared happy, smiling, content and relaxed as they went about their usual afternoon routines. Staff were observed to offer each resident their choice of drinks and snacks. Some preferred to sit and relax in the sitting room, while others preferred to have their snacks in the dining room. Others were observed moving freely throughout the house, spending time in their bedrooms, interacting with staff in the office and in the kitchen. One resident told the inspector how they were getting on well with everyone in the house and enjoyed using the exercise thread mill each evening in the relaxation room. Residents and staff were seen interacting with one another in a warm, familiar manner, demonstrating positive, respectful relationships. The inspector noted that residents had choice of foods for their evening meal and observed staff preparing a variety of appetising options.

Staff spoken with, documentation and photographs reviewed showed that residents were supported to attend a range of outings and activities of their choice in the evenings and at weekends. Some residents enjoyed going for walks, going shopping, eating out, going to the cinema, and going on day trips to places of interest. Residents had been on day trips to large shopping centres in Galway and Athlone, to visit religious churches and shrines, to visit pet farms and equine therapy centre. Residents had enjoyed a number of small holidays breaks away including overnight stays in Lahinch, and Spanish Point in County Clare and enjoyed visits to the Cliffs of Moher , Lisdoonvarna and the Aran Islands. Another resident had enjoyed celebrating a milestone birthday with friends and family in a local venue. Photographs reviewed also showed residents enjoying a mock wedding, afternoon tea, attending the St. Patrick's day parade, partaking in a local 5K run, using outdoor exercise equipment in a local park and in house music session. Residents had also enjoyed attending music concerts, a visit from an Olympian sports star, meeting with the Rose of Tralee and celebrating at the home coming for the Galway All-Ireland Senior Camogie Champions. It was evident form the person centered plans reviewed that residents were supported to achieve their individual goals. The centre had its own minibus along with the use of a second bus on evenings and at weekends which residents could use to attend activities.

The inspector also met with residents who arrived to avail of a respite service during the afternoon. They told the inspector how they enjoyed availing of the service. They mentioned how they could choose activities of their choice and decided upon their preferences during each stay. Some mentioned how they enjoyed eating out or getting a takeaway meal, having their nails done, going to the cinema and going shopping. One service users told the inspector how they liked to watch wrestling

and the news programmes on the television, while others liked to relax and watch Netflix on the televisions in their bedrooms.

Overall, the person in charge demonstrated a strong commitment to advocating on behalf of residents and respite service users, ensuring their rights, preferences and well being were actively promoted and respected. All staff had completed training on human rights. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, monthly key worker meetings, the personal planning process and ongoing communication with residents and their representatives.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The findings from this inspection indicated a well managed service with clear governance and effective oversight arrangements in place to support the delivery of safe, good quality, person centered care. There was good compliance with the regulations reviewed. While the provider had identified and planned to carry out refurbishment and upgrading of bathrooms and shower rooms there was no time bound plan in place to address this at the time of inspection.

There was a clearly defined management structure with clear lines of accountability. The person in charge worked full-time in the centre and was supported by the area service manager. There was an on-call management rota in place for out of hours and at weekends. The on-call arrangements were displayed, clear and readily accessible to staff in the centre.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents. The inspector noted that there were adequate staff on duty to support the residents and respite service users on the day of inspection. The staffing rosters reviewed for the month of February indicated a team of consistent staff. The roster clearly set out the staff on duty including their roles and staff member in charge of each shift. There was a full staffing compliment in place and the rosters had been completed to 17 May 2026.

Training was provided for staff on an ongoing basis. There was a training schedule in place for 2026. The training matrix and training records reviewed identified that all staff including relief staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider had effective systems in place to monitor and review the quality and safety of care in the centre including regular audits, oversight of incidents which were used to inform quality improvement. The annual review for 2025 had been completed and included consultation and feedback from families. The provider had continued to complete six-monthly unannounced reviews of the service, the most recent review having been completed in November 2025. Issues identified as a result of the review had either been addressed or were planned. For example, improvement works identified following an audit of fire doors had been recently completed, and there were plans in place to upgrade and refurbish bath and shower rooms. The person in charge continued to complete a schedule of weekly and monthly audits of areas such as identified risk, infection, prevention and control, incidents, fire safety, medication management, restrictive practice and residents finances. Issues identified as a result of these reviews were discussed with the staff team at monthly staff meetings. The outcome of recent audits reviewed indicated satisfactory compliance. The area service manager continued to meet with the person in charge on a regular basis to discuss risk and other issues pertaining to this centre.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge. They were found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They were knowledgeable regarding their statutory responsibilities and showed a willingness to comply with the regulations. They had a regular presence in the centre and were well known to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. Nursing supports were also available in the organisation as required. There were consistent and stable staffing arrangements in place. There were normally three staff members on duty during the morning, afternoon and evening time in both houses. There were two staff on duty (one on active duty) at night time in the respite house and one staff on duty at night-time in the residential house. All staff worked across both houses in the centre and were familiar with the needs of all residents and respite service users. The staffing rosters reviewed for 9 to 15 February 2026 accurately reflected the staff on duty in both houses.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, medicines management, epilepsy care, assisted decision making, feeding, eating, drinking and swallowing guidelines, use of hoists, risk management and a human rights based approach had been completed by staff. The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required. There was a training schedule in place for 2026 with an easy to use online booking system in place.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was good compliance with the regulations reviewed on this inspection.

The provider had maintained stable staffing levels which supported continuity of care and contributed positively to the overall quality and safety of the service. The provider had continued to enhance the living environment including the provision of new outdoor recreational areas for residents and improvements to fire safety management following a review of all fire doors in the centre. The provider had plans in place to refurbish and upgrade the bathrooms and shower rooms as well further repainting both internally and externally in the centre.

The provider and local management team continued to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. Residents and respite service users were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal goals. The stable and consistent staffing supported the continuity of care and contributed positively to the overall quality and safety of the service. Plans discussed with the inspector regarding improvement and upgrading of bathrooms and shower rooms as well as ensuring appropriate personal storage facilities for the duration of respite users stay needed to be progressed to further enhance the quality and safety of the service.

Staff were familiar with, and knowledgeable regarding residents' up-to-date health care needs. The inspector reviewed the files of two residents and one respite service user. Each resident and respite service user had a recently updated comprehensive assessment of need completed. A range of risk assessments had also been completed and care and support plans were in place for all identified issues. Support plans were found to be comprehensive, informative, person-centred and had been recently reviewed. Residents had access to general practitioners (GPs), an out of hours GP service, medical consultants, as well as, timely access to a range of allied health services. The person in charge spoke of enhanced access to a range of allied health services in the organisation and of how supports were available in a more timely manner. They advised that members of the multidisciplinary team now regularly attended staff team meetings which promoted shared learning, informed decision-making, and ensured that care practices were guided by professional expertise.

Personal plans had been developed in consultation with residents, family members and key working staff. It was clear that residents were supported to progress and achieve their chosen goals. There were regular progress notes recorded and photographs demonstrating achievement of goals.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding was a standing agenda item and discussed at all staff meetings. A number of safeguarding incidents had been reported to the Chief Inspector of Social Services over the past year, relating to negative peer-to-peer interactions between some respite service users. The person in charge advised that the compatibility of service users was taken into consideration when planning the respite schedule of stays to ensure all service users enjoyed their stay. They advised that there were no active safeguarding concerns at the time of inspection.

The provider and local management team had systems in place for the regular review of identified risk in the centre as well as regular reviews of health and safety, infection prevention and control and medication management. The management and staff team continued to review restrictive practices in use. Restrictions in use

were being managed in line with national policy and there had been a further reduction in their use. All restrictions were logged, risk assessed with a clear rationale outlined for their use. All had been recently reviewed by the organisations restrictive practice committee.

The provider and local management team had fire safety management systems in place. The provider had proactively conducted an audit of all fire doors and ensured that identified issues were completed. All staff, residents and respite service users had been involved in completing fire drills and fire drill records reviewed by the inspector indicated that there had been no issues of concern in evacuating the building in a timely manner. The design of the building supported safe and efficient bed evacuation from some bedrooms.

Both houses in the centre were found to be comfortable, visibly clean, spacious, furnished and decorated in a homely style. Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided. There were service contracts in place and the inspector noted that all equipment was serviced in line with service schedules. The person in charge and area service manager outlined plans in place to refurbish and upgrade the bathrooms/shower rooms along with the completion of internal and external painting of the centre. At the time of inspection there was no time bound plan in place for the completion of these works.

Regulation 12: Personal possessions

The provider needed to review the current arrangements for personal storage in the respite house. Respite service users shared wardrobe spaces with others attending on different nights, which compromised dignity, privacy, infection control and does not support person centered care. The provider needs to ensure that secure individual storage facilities are provided to ensure that service users belongings are managed safely and securely.

Judgment: Substantially compliant

Regulation 17: Premises

Both houses in the centre were found to be comfortable, furnished and decorated in a homely style. However, identified improvement works which had been identified and requested through the provider's maintenance system needed to be progressed. These included the upgrading of bathrooms and shower rooms, repainting of internal and external wall's and cleaning of the roof.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff, residents and respite service users. Fire drill records reviewed by the inspector indicated that there had been no issues in evacuating residents in a safe and timely manner. Recent remedial works to fire doors further enhanced fire safety management in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with and knowledgeable regarding the assessed needs of residents. The inspector reviewed a sample of three files. There were recently updated comprehensive assessments of need completed. There were individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that assessments and support plans were regularly reviewed.

Residents were supported to identify and achieve personal goals. Annual meetings were held with residents, their key workers and family representatives, and regular

reviews took place to track progress of identified goals. Records and photographs reviewed indicated that residents had been supported to achieve their chosen goals during 2025.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), medical consultants and health and social care professionals. A review of residents' files indicated that residents had an annual medical review and were reviewed regularly by their GP. Residents had recently been reviewed by the speech and language therapist, physiotherapist, occupational therapist, psychologist and psychiatrist. Residents were also supported to avail of vaccine and national screening programmes. Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to regular psychology review and had behaviour support plans in place. Restrictive practices in use were being managed in line with national policy. All restrictions in use were logged and risk assessed. There were protocols in place with input from members of the multidisciplinary team outlining a clear rationale for their use. All restrictive practices in use had been recently reviewed by the organisations restrictive practice committee. The local management team were committed to reducing their use and outlined how they were trialling the removal of a restriction used on transport while a resident was availing of short journeys.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people and the centre was also supported by a safeguarding designated officer. Safeguarding was routinely discussed with staff at all team meetings. The inspector was satisfied that safeguarding incidents reported to the Chief Inspector had been managed in line with the safeguarding policy. The person in charge advised that there were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff team supported residents to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner. Residents were supported to communicate in accordance with their needs and to avail of advocacy services.

Information on human rights was displayed on the notice board. There was evidence of ongoing consultation with residents, on a daily basis, and individually at regular key working sessions. The residents had access to information in a suitable accessible format, as well as access to the internet and televisions. Residents were supported to attend religious services if they wished and some liked to attend local church services or visit to light a candle. Residents had their own bank accounts and were supported to access their money and manage their finances. Restrictive practices in use were reviewed regularly by the organisations human rights committee.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ash Services OSV-0004055

Inspection ID: MON-0045272

Date of inspection: 09/02/2026

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>Locks will be installed on wardrobes in the shared bedrooms to ensure that each service user has access only to their designated storage space. This measure will help safeguard personal belongings and ensure they are kept safe and secure. This will be completed by 27th February 2026.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The following improvement works which have been identified and requested through the provider's maintenance system have now been scheduled for completion.</p> <p>Facilities team in Ability West will co-ordinate with contractors and arrange for bathrooms and shower rooms to be updated. The work will be completed by 01/09/2026.</p> <p>Facilities team in Ability West will organise for repainting of internal and external walls. This will be completed by 01/09/2026.</p> <p>Facilities team in Ability West will organise for cleaning of the roof. This will be completed by 01/06/26.</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	10/02/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/09/2026