



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Coral Haven Residential Nursing Home
Name of provider:	Coral Haven Residential Nursing Home Unlimited Company
Address of centre:	Ballinfoyle, Headford Road, Galway
Type of inspection:	Unannounced
Date of inspection:	12 January 2021
Centre ID:	OSV-0000331
Fieldwork ID:	MON-0031398

About the designated centre

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

Coral Haven Residential Nursing Home is a purpose built facility located on the Headford Road, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are four double bedrooms and 52 single bedrooms. There is adequate sitting and dining space to accommodate all residents in comfort. The second floor is dedicated to accommodate residents of high dependency. The provider employs a staff team consisting of registered nurses, care assistants, administration, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 12 January 2021	09:30hrs to 15:30hrs	Una Fitzgerald	Lead
Wednesday 13 January 2021	09:30hrs to 15:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Feedback was very positive about the care received by residents. Residents told the inspector that they felt they were well cared for by staff who knew their individual needs, likes and dislikes. When asked about daily life in the centre one resident replied "I know them and they know me"

Residents were feeling the implications of the visitor restrictions. However, all residents spoken too told the inspector that they understood that all measure taken was for their protection. Residents described how they spent their day. The majority of residents were cocooning in their bedrooms. Not withstanding the limitation imposed by the restrictions residents did state that for the main they were supported to make choices for themselves and to be as mobile and active as possible. One resident told the inspector the importance they place on keeping mobile and that staff supported and facilitated them to remain independently mobile. Another resident told the inspector that prior to the pandemic they were facilitated to go home for frequent visits.

The inspector spoke with multiple individual residents at their bedsides. A common theme from conversation with residents was that staff are very kind. Residents were happy with the length of time it took to have their call bells answered. Residents were satisfied with the food served and the choices given. Resident surveys completed in September 2020 evidenced a high level of satisfaction with the service.

Although the majority of residents were remaining in their bedrooms there were some residents that were sitting in communal sitting rooms observing social distancing. The inspector spent time sitting and observing resident and staff engagement. The inspector observed that all grades of staff engaged with residents in a friendly manner. Care staff sat with residents and completed one to one activity. For example, one staff member was observed drawing with a resident. Another staff member was observed reading poetry that had a very relaxing effect on the resident. The inspector observed that staff were patient and kind in their interactions. The inspector observed a resident with advanced dementia repeatedly ask the same question. Staff attended to the resident skilfully and used personal information known about the resident as a form of distraction that led to the resident engage in a new activity and ultimately became more settled and at ease in the environment.

The centre had a COVID-19 isolation unit set up in the event of a COVID-19 outbreak. The residents from the ground floor had been relocated to allow for the ground floor to be empty. The inspector spoke with individual residents that had been relocated. Residents informed the inspector that the decision to move bedrooms had been discussed with them and that they felt part of the discussion. Residents told the inspector that when the pandemic is over they will move back to their original room. However, the residents spoken too had not had their personal belongings moved with them. During some of the conversations it emerged that the

residents had not requested all of their belongings to be moved as they viewed this as security that when the pandemic is over they will be readmitted to their original bedroom. The residents were not aware that the rooms would be potentially used to accommodate other residents as part of the outbreak management strategy.

Residents were fully informed that there was an outbreak of COVID-19 in the centre. Education on the vaccination programme and the roll out of same within the centre had commenced. Residents had received information leaflets.

Residents spoken with were aware that there was a new management team in place in the centre. The following sections of the report outline the inspection findings in relation to the governance and management in the centre and how this supports the quality and safety of the service been delivered.

Capacity and capability

Coral Haven Residential Nursing Home Unlimited Company is the Registered provider of the nursing home. This was an unannounced inspection to inform the registration renewal and to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic. The management team operating the day to day running of the centre consists of a Director of nursing (DON) who is supported by clinical nurse managers, registered nurses, care staff, household, cleaning, laundry, accounts, human resources and maintenance.

The centre has had a new governance and management structure put in place. As per the statement of purpose, the team in Coral Haven Nursing Home work closely with and are supported by the management team from Aperee Ltd. A new person in charge (PIC) had been appointed in October 2020. On the days of inspection the PIC was supported by a Director of care, Quality and Standards from Aperee Ltd. The roles and responsibilities and lines of authority were clear and transparent. Management meetings were held to discuss operational matters and clinical issues. The inspector found that the management team on duty on the days of inspection had good knowledge of the systems in place that monitor the service. Records requested were made available in a timely manner.

There was a comprehensive audit schedule in place. Audits had been completed in a number of key areas including, care plan audits, falls audit, weight management, hand hygiene audits, use of restraint audits and environmental audits. Audits completed were analysed and were used to drive and sustain quality improvements. Records evidenced that gaps were identified and that areas for improvement were also identified. For example; a comprehensive review of the number of falls had been completed. The data had been analysed and communicated to all staff at meetings.

The inspector found that staff displayed good knowledge of the national infection

prevention and HPSC guidance. The person in charge had completed HIQA's Self-assessment Tool, Preparedness planning and Infection prevention and control assurance framework for registered providers. The management team had a COVID-19 folder that contained all upto date guidance documents on the management of a COVID-19 outbreak.

At the time of inspection the centre had submitted a notification to the Chief Inspector of confirmed cases of COVID-19 in the staffing compliment and a positive case of COVID-19 in the resident population. On day two, a further COVID-19 positive case was reported. The management team took immediate action and implemented the COVID-19 outbreak plan. Residents were moved into the isolation zoned wing and a staff member was allocated to this wing only. The zoned wing was on the ground floor and all residents are accommodated in single occupancy bedrooms. The management team were in daily communication with all relevant external stakeholders and advise received was implemented.

Registration Regulation 4: Application for registration or renewal of registration

The application form was submitted and the required registration fee had been paid.

Judgment: Compliant

Regulation 15: Staffing

On the days of inspection, staffing in the centre was adequate for the needs of the residents and the size and layout of the centre. There are a minimum of two registered nurses on 24 hours a day. On the days of inspection there was a total of 14 staff unavailable to work due to either a COVID-19 positive result or because of a close contact to a confirmed case. Despite this significant challenge the management team had been able to ensure that there were sufficient numbers of staff to care for resident needs. Clinical nurse managers were redeployed to deliver the direct care, staff had worked extra duties when required. In addition, the staffing contingency in place had the following additional options:

- a signed service level agreement with external agency's to provide care staff cover if required.
- The management team of Apree Ltd also had spare capacity of five registered nurses that could be redeployed to the direct provision of care if required.
- Staff annual leave could be cancelled
- staff were in agreement to relocate to a new role if required.
- an ongoing recruitment campaign. Interviews had been held on day two of the inspection.

The management team confirmed that the overall staffing of the centre is stable and

that staff who phone is as unavailable at short notice are replaced.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Records evidenced that all staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control and hand hygiene. As a result of the COVID-19 pandemic the centre had also provided training to registered nurses on the pronouncement of death.

The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management of the centre was going through a transition of change at the time of inspection. Despite the changes and the challenges facing the team with the COVID-19 outbreak the inspector found the centre was delivering a high standard of care to the residents. The person in charge was organised in her approach and engaged with the inspector throughout the two days. The information requested was made available in a timely manner and presented in an easily understood format. The management hold a variety of meetings on a weekly and monthly basis to discuss all operational matters and clinical issues. Statistical information gathered was used to inform the management plan. Appropriate follow up is taken when required. This was evidenced by;

- A comprehensive auditing schedule was in place. Where improvements were identified as required, action plans and changes were communicated to staff.
- The person in charge had good oversight of risk within the centre. For each risk identified it was clearly documented what the hazard was, the level of risk, the controls in place and the person responsible. This document was kept live and updated when needed.
- Staff felt supported by the management team. A high importance had been placed on training. The person in charge had sourced a number of training courses for staff to attend to ensure that evidenced based care was delivered. Training records identified that additional training was provided in multiple areas. For example, wound management. This enhanced the quality and safety of care for residents.

- The management team actively promoted a restraint free environment. The ethos and delivery of care was focused on eliminating the use of restrictive practices.
- The nursing management team had introduced a falls prevention management initiative which had positive outcomes for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose submitted to the office of the Chief Inspector with the Application to renew to registration of the centre had been reviewed prior to the inspection. The inspector had communicated with the RPR and all changes had been made prior to the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

Following the last inspection a full review of the complaints system in place had been completed. Feedback from residents and relatives was welcomed by the management team. There was a comment box and complaint form available at reception. The inspector reviewed the complaints log and found that there was 13 complaints logged for 2020. On the day of inspection all complaints were closed. There was good evidence in the documentation that appropriate actions were taken when a complaint was received. Residents spoken too on the day of inspection told the inspector that they would not hesitate to make a complaint. Residents said they were confident that their concerns would be listened to and action taken if required.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. Notifications as required throughout the recent outbreak of COVID-19 had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who has been working in the centre as an assistant director of nursing (ADON) prior to taking up the role of person in charge. The person in charge had a strong presence within the centre and was known to the residents. She held authority, accountability and responsibility for the provision of the service. During the inspection she clearly demonstrated that she had good knowledge of the regulations and standards of the care and welfare of residents in the centre.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Overall, the inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff were instructed to report any changes in a resident overall condition. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE).

The inspector reviewed nine resident files. Care plans were individualised and guided care. The system in place was known to the staff and all requests for information was easily retrieved. The management team had introduced the "COVID Watch" - a COVID-19 wellbeing symptom check completed that allows the clinical team to identify any early signs of the virus and take any required action. For example, resident temperatures, respiration, pulse and oxygen levels were checked four times a day. The inspector tracked the journey of a resident with a confirmed COVID-19 result and found that appropriate clinical intervention steps had been recorded. The care plans of current residents were up to date and contained all of the information required to guide care.

Resident's weights were monitored monthly and more frequently if indicated. Appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. The inspector also reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred. The resuscitation status of all residents was clearly documented.

The design and layout of the building meets the needs of current residents. The premises was clean and kept in good repair. All bedrooms had ensuite facilities. The

COVID-19 outbreak isolation zone was clearly identified. The purpose of zones is to minimise the risk of the spread of an outbreak.

Regulation 17: Premises

Resident accommodation is over three floors with a lift facility. There are multiple sitting rooms for resident use and a dining room on each floor. The centre was well maintained and was noted to be in a good state of repair. There is an oratory and smoking area for resident use. There was an enclosed courtyard for resident use.

The new management team had an external provider complete a health and safety report in October 2020. The management team were committed to ensure that advice received on how to improve the standard of the premises was actioned. For example: there was no hand rail at the main entrance to support residents. The person in charge informed the inspector that this action will be completed once the COVID-19 restrictions are lifted.

Judgment: Compliant

Regulation 26: Risk management

The risk policy dated September 2020 contained all of the requirements set out under Regulation 26(1). The risk register was a comprehensive and detailed document that was kept under review by the person in charge. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

Regulation 27: Infection control

Infection control practice within the centre was informed by the Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units. The updated version was kept in the COVID-19 folder.

The centre is purpose built and the inspector observed that the centre was clean. There was a color coded cloth and flat mop system in place. Cloths were changed between rooms. Staff spoken too were knowledgeable on the system in place. For example; the need for increased cleaning on frequently touched surfaces like door handles. The bedrooms of resident with COVID-19 were deep cleaned

daily. Infection prevention and control measures in place included

- Alcohol hand sanitizers were available throughout the building.
- Staff temperatures were monitored twice a day.
- Staff uniforms were washed on site.
- Appropriate signage was in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate.
- There was sufficient supplies of cleaning products.
- Wash hand basins were sufficiently stocked with hygiene products
- There was sufficient supplies of PPE
- Equipment for use by residents was serviced and was observed to be clean.
- Individual slings for all residents
- Individual pulse oximeters had arrived on the second day of inspection.
- Training records reviewed indicated that all staff had completed infection prevention and control training. The inspector spent time observing staff practices regarding the use of Personal Protective Equipment (PPE) and found good practice.

In the evening of day two further COVID-19 test results were received by the centre. As a result the management on receipt of this information enacted the COVID-19 plan. The residents were redeployed to the zoned off area and staff were allocated specifically to this zone. The zoned area had two sections. As previously stated the inspector found that a small number of the rooms continued to have all of the personal items of the previous resident in the rooms and so the rooms were not deep cleaned and ready for immediate use if required. This was discussed with the management team who committed to take the required action.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector followed up on the non compliance identified on the last inspection and found that the actions had been closed out. For example; a full review of the Personal emergency evacuation plans (PEEP) and process of updating same had been completed. The new system is clearly presented and the information when checked was accurate.

Staff had all received training and were knowledgeable of what action to take in the event that the fire alarm was triggered. Annual servicing of fire fighting equipment had been completed. Quarterly servicing was completed in 2020. Weekly fire alarm testing was completed. Daily checks on exits were carried out throughout the premises. Fire drills with night time staffing levels of the largest compartment had been completed and lessons learnt were documented and communicated to all staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed and care plans were developed to reflect the assessed needs. All residents had a COVID-19 care plan in place. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences. There was good evidence that quarterly reviews occurred in consultation with the resident.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre had a choice of General Practitioner. During this outbreak, resident 's general practitioners (GP) were providing a service remotely and advised staff over the phone. The inspector was informed that if required, GP's would visit the centre and complete one to one consultations. A review of resident's records found that residents were supported by allied health care professionals. For example, in one file reviewed the diabetes specialist team were consulted with weekly and advice received was followed.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The nursing management had systems in place to monitor restrictive practices to ensure that they were appropriate. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. There was a small number of residents with bed rails in place. Resident files evidenced that where bedrails were in use a clinical assessment of need had been completed. In addition, alternative options had been trialled. The inspector found that staff spoken with were clear on the definition of restraint and were knowledgeable that restraint should only be used at a resident's request or following a clinical assessment of need.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information and news from weekly local newspapers, radio, television and Wi-Fi availability. There were daily newspapers available to residents. Residents were supported to use telephones and video calls to keep in contact with friends and family while the visiting restrictions were in place. Advocacy services were available from the national agency for advocacy and this was advertised in the centre.

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock on doors before entering bedrooms.

While the majority of resident were cocooning the inspector did observe small numbers of residents walking along corridors or gathering together in communal rooms while adhering to the social distancing guidance. In one unit, where the majority of residents had a diagnosis of dementia the inspector observed that residents continued to engage in group activities. This decision was risk assessed based on the number of resident that were a high risk of falling if left in their bedrooms unsupervised. Over the two days the inspector spent time sitting and observing staff and resident engagement. The interactions were patient. In one instance a resident was repeatedly asking the same question to the annoyance of other residents. However, the staff intervened and supported the resident. By using distraction a sing song session followed which all residents participated in.

Judgment: Compliant

Regulation 12: Personal possessions

Laundry practices were of a very high standard. All items were clearly labelled and ironed. The system in the laundry room ensured that each item was returned to the resident room having been ironed or neatly folded.

Residents that had been asked and had consented to relocate temporarily to new bedrooms did not have their personal belongings moved with them. This move had occurred so that in the event of a larger outbreak the bedrooms could be used for isolation purposes. However, this meant that residents did not have free access to and retain control over their personal property and possessions. For example; one resident had only one spare top and bottom in the wardrobe of their new room.

Judgment: Substantially compliant

Regulation 11: Visits

Visiting to residents had been strictly controlled since March 2020. As a result of the current outbreak all visits into the centre had ceased. This had been communicated to all residents and families via the electronic texting system that had been installed. Staff had supported residents to maintain telephone and visual contact with their families via electronic devices.

When restrictions were eased as per the national HPSC guidance and visiting had been permitted it was facilitated in the oratory. The centre had cornered off an area that had a separate entrance for visitors and inside there was a floor to ceiling temporary barrier in place that allowed the resident to see the visitor. Residents spoke to visitors via a microphone and so there was no physical contact. Residents spoken with voiced satisfaction with the visiting arrangements. This meant the visitors are not moving through the centre or coming in contact with staff and other residents.

Visits were in place on compassionate grounds and in those circumstances visits were permitted to a resident's bedroom.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 11: Visits	Compliant

Compliance Plan for Coral Haven Residential Nursing Home OSV-0000331

Inspection ID: MON-0031398

Date of inspection: 13/01/2021

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Residents at all times retained control over their possessions and were asked if they wished the remaining items to be moved to their new, temporary bedrooms. Their wishes in this regard were actioned.	

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(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	14/01/2021