



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Ballymoney
Name of provider:	Camphill Communities of Ireland
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	06 February 2024
Centre ID:	OSV-0003633
Fieldwork ID:	MON-0033818

About the designated centre

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

Camphill Ballymoney consists of two units located in a rural community setting. Overall, the designated centre can provide residential services for a maximum of seven residents with support given by paid staff members and volunteers. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Facilities throughout the two units that make up this designated centre include kitchens, sitting rooms and bathroom facilities while each resident has their own bedroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 February 2024	09:15hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform the decision to renew the registration of this designated centre. The provider had submitted a complete application to renew the registration in advance of the inspection. This application had been reviewed in advance by the inspector. Overall, the findings from this inspection were that this is a well run centre and that residents are in receipt of good quality care and support. Some improvement was required to ensure that residents retain full access and control of their personal possessions

This designated centre comprises two houses located a short distance apart in a small village, in close proximity to the sea. The centre is registered for a maximum of seven residents and is currently at full capacity. The inspector had the opportunity to meet and spend time with all seven residents and to visit both houses over the course of the day. The inspector also met a number of staff members and the local management team in addition to reviewing relevant documentation.

On arrival to one of the houses in the morning the inspector met the staff on duty and they explained who was still in their home and who had already gone to either day service or activities. One resident came to greet the inspector in the room where they were reviewing documents. The resident explained that they were worried about the inspection as they had known the inspector was coming to their home. The inspector explained why they were there and gave the resident the opportunity to ask questions. The resident said they were happy, understood the visit and really liked their home. Later they went out with staff for an activity and on return to the house were observed to relax in the living room.

Another resident wanted to show the inspector their bedroom and personal living room where they liked to spend some time on their own. They told the inspector about a milestone birthday they had celebrated recently and had balloons and presents still in their room with banners observed still up in another room where they had hosted a party. They told the inspector that they were well cared for but that recently had some health scares however, stated that staff had been very caring. The resident also said that sometimes one of their peers could be anxious and the staff had explained to them what this meant and they were happy that they understood better. The third resident had been out over the course of the day and later on return greeted the inspector before going to the kitchen for something to eat.

In the second house, it was one resident's birthday and there was a party taking place. The staff said that the resident's family had visited the house earlier in the day to drop off gifts and a cake. Residents from both houses were observed to come together to celebrate. The staff had decorated the living room for the party and had music playing for residents to enjoy. One resident had a quiet area identified within the living room to support them in managing noise in the room. This had been sensitively put in place to ensure the resident could participate with their peers

without being overwhelmed with noise. Another resident has their own apartment within this house and they met with the inspector in their living room. The resident explained how they managed taking care of their apartment, showed the inspector the menu they had planned for that week and spoke about swimming competitions they were going to participate in.

A number of residents had been supported by advocates and the provider in relation to areas such as their wishes relating to their home, skills development or managing their finances. Residents attended regular residents' meetings in each house, where a range of topics were discussed. This forum also allowed for a space for residents to make choices about meals, activities and to be consulted with about their house. Topics discussed included safeguarding, advocacy, fire safety and complaints. There were a range of easy-to-read documents and notices throughout the houses also to support residents in their understanding of various topics. Residents also had access to easy-to-read material that was relevant to their care.

Residents were observed coming and going from both houses either to planned activities such as their day service or unplanned activities such as going for a coffee or to the local leisure centre. The atmosphere found in the centre on the day of inspection was relaxed and sociable and all residents spoken with indicated that they liked living in the centre. Residents were observed to relax in communal areas, to be supported to have meals at times that suited them and to be supported in having quiet or private time if they wished.

Throughout the inspection the staff members and management present in the centre were seen and overheard to be very pleasant, respectful and warm in their interactions with residents. This contributed to the atmosphere encountered by the inspector as that of being very sociable and relaxed. All staff were found to be suitably qualified to provide the care and support that the residents required.

As this inspection was announced, questionnaires were sent in advance to residents and their representatives to further gather their perspective on what it was like to live in this centre. The inspector received five questionnaires all of which stated that residents were happy in their home and felt safe. One resident stated "staff help me feel safe" with another resident stating "I am in great form in my [!] life and my home". Residents commented that they 'liked their bedroom' and that they liked the activities they participated in such as, 'walking, day centre, my feedback diary with pictures of events and my family'. One resident commented that they would like part of the garden in their home to be 'more sensory' and a resident commented that their 'routine was important to them and this routine was on their wall or in their diary for the staff to see'.

Overall, the service was found to provide good quality person-centred care to residents. Residents appeared relaxed and content in their home, with staff and with each other. 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

Overall the findings of this inspection were that this was a person-centred and well managed service which is reflected in the levels of compliance with the Regulations reviewed as part of this inspection. While the provider is bringing about improvements and a consistency of approach in many areas, they required more time to implement some identified actions to come into compliance in the area of resident personal possessions.

The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. These reviews were picking up on the areas for improvement in line with the findings of this inspection.

Staff who spoke with the inspector were complimentary towards the local management team and the support they provided. The person in charge was supported by a team leader and a person participating in the management of the designated centre (PPIM) who also held the role of area services manager.

Residents were supported by a staff team who were familiar with their care and support needs. There were a number of staff vacancies but the provider was trying to ensure continuity of care and support for residents while recruiting to fill these vacant positions.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of this centre had been submitted within the timeframe as required by the Regulations.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a staff team was in place that was familiar with the residents' care and support needs. A core staff team was established with staff allocated to each house. The provider had worked to provide consistency of care and support while acknowledging that there was a deficit of four whole time equivalent (WTE) staff within their team. One position was covered by a named core agency staff member for one house and the provider and person in charge endeavoured to use familiar relief staff members and core agency staff only in other

positions.

The provider had completed a staffing review within this centre late in 2023 which was reviewed on an ongoing basis to ensure that residents were supported in line with their needs at all times. Arising from the ongoing assessments was evidence of the centre also supporting residents to have time without staff support where appropriate, in order to support their independence and personal wishes.

There were planned and actual rosters in place and they were well maintained. The inspector viewed a sample of rosters and found that continuity of care and support was good in both houses; while there were a volume of shifts being covered by relief and agency staff as stated, this was not seen to impact on continuity of care and support for residents at present.

The inspector reviewed a number of staff personnel files and found they were maintained to a good standard. They contained all information as required by the Regulation and Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

There was a national provider and centre training plan in place to ensure that staff had the skills and competencies required to support residents with their care. The training plan included mandatory and site specific training to meet the needs of residents. This included for example, training in management of feeding, eating, drinking and swallowing and modified textures an area that some residents required support with. A review of the training plan and sample of staff records demonstrated that staff had completed all of the required training.

The inspector met with the administration staff within the centre and they outlined the systems the provider and person in charge had in place to ensure staff had the required skills to carry out their role. Staff were supported through formal 1:1 meetings with their line manager, and through attendance at various meetings. Staff spoken with said that they were well supported and could raise any concerns at any time to the members of the management team.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a local management team in place with

clear lines of authority and accountability. The centre was managed by a full time person in charge who only had responsibility for this centre. They were supported in their role by a team leader and a person participating in management who also held the role of area service manager.

The inspector found that there were good systems in place for monitoring and oversight of the centre. This included an annual schedule of audits to be completed at set intervals throughout the year. Areas audited included; safeguarding, complaints, health and safety, infection prevention and control (IPC), fire safety, finances and incidents. The local management team were actively reviewing trends in incidents and responding where actions to reduce risks were required. In addition, there was evidence that behaviours that occurred were under ongoing review to support residents involved, and to minimise any safeguarding risks.

The provider ensured that six monthly unannounced audits and an annual review of the service occurred as required in the Regulations. These included consultation with residents and their representatives as appropriate. The provider had effective systems where areas for improvement were identified following these reviews. The person in charge and area service manager met to insure that the required actions were taken to bring about these improvements. For example, a number of works such as new flooring, had been completed to the premises since the last inspection which had contributed to the houses being easier to clean, and the houses appeared more homely and comfortable.

The inspector saw evidence that regular team meetings were taking place in the centre. Agenda items included learning from incidents, safeguarding and relevant updates for staff. Scenarios were discussed during these team meetings. This aimed to enhance staff knowledge and awareness of for example safeguarding or risk management procedures in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which was also available in the centre in an easy-to-read format. Residents and their representatives had been made aware of and were using the complaints process.

The systems in place for recording and demonstrating oversight of complaints was clear and up-to-date. Complaints were being logged and followed up on, it was clear that the steps outlined in the provider's policy were being followed, and that complaints were being closed and resolved to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The well being and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. This inspection found that safe and good quality services were being provided to the seven residents that lived in this centre. While the provider had systems in place to support residents in the management of their personal possessions some identified actions needed to be implemented to ensure all safeguards were in place as required.

The inspector looked at a number of documents on the day of the inspection. A sample of residents' files that contained personal plans, healthcare support plans and positive behaviour support guidelines were viewed. This documentation was seen to be easy to find, up-to-date and person-centred. There was evidence of consultation with residents and their representatives about the plans in place to support them.

Regulation 12: Personal possessions

Reviews had been completed of the arrangements in place to support residents to retain control of their personal finances and to ensure that residents' finances were fully safeguarded. These reviews had identified that not all residents had full autonomy and control of their finances. The provider had identified a number of actions that were required to ensure that residents could access their finances and were aware of and in control of decisions around spending. While some progress had been made such as some statements being available for reconciliation further actions were yet to be implemented which would allow for full transparency of all accounts.

The inspector found that for all residents the provider had completed money management competency assessments and had put appropriate supports in place. These included education regarding budgeting or online spending safety. Residents were supported to retain access and control of their belongings. Residents had individual bedrooms that contained ample space for storage of personal belongings. Some minor improvement was required in the maintenance of inventories of resident personal belongings; these required minor updating in line with the providers' policy and procedure.

Judgment: Substantially compliant

Regulation 17: Premises

This centre comprises two large houses in close proximity to one another. Each house is set in its own site with ample space for parking available. One house is set over two storeys and the other is a three storey property. Residents all have their own bedroom with some of these en-suite. Other residents share bathrooms or have a separate bathroom for their use. Three residents also have personal living rooms and in one house a sensory room is being developed for use. One house has a large kitchen-dining room and the other house has a smaller kitchen and separate area for dining.

Since the previous inspection of this centre substantial premises works have been completed including new flooring in a number of areas with more ready for fitting, some windows replaced, new bathrooms have also been fitted. The inspector reviewed the planned works schedule and saw that a number of internal and external large scale projects were scheduled such as a driveway resurface or the repair/replacement of kitchen units. Other works were part of the provider's ongoing maintenance schedule such as servicing of equipment and painting or decorating.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place and a risk register with general and individual risk assessments completed. The risk register was reviewed as required but not more than quarterly and residents' individual risk assessments were also regularly reviewed to ensure they were reflective of the current risks or controls.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. The person in charge reviewed the incidents that occurred and ensured that any new risks identified were added to the register or that existing risks had control measures in place that were robust and clearly guiding staff practice.

Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that there was positive risk taking also in evidence that supported the rights of residents, such as spending time without staff support or the risk of using a lawn-mower.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was observed to be very clean throughout both houses and there was appropriate personal protective equipment (PPE) and hand sanitisation facilities available. Guidance for staff was on display in the utility room of the centre in relation to cleaning protocols for body fluids, touch point disinfection, hand hygiene and a number of cleaning standard operating procedures.

On the day of inspection one resident was briefly unwell and staff were observed responding in line with centre protocols and managed the cleaning with the use of the correct PPE and were knowledgeable around infection control processes.

The provider had cleaning checklists in place to guide and support staff and the inspector reviewed samples of these. In addition there were clear laundry processes in place that ensured clean and dirty linen and household laundry were separated and washed as required. Residents who wished to launder their own clothes were supported to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to be fully involved in making decisions about their care and support. Annual reviews that occurred were attended by residents and their family representatives, as appropriate. Residents were supported to identify and achieve personal and meaningful goals for the future. In addition, residents were supported to enjoy a range of leisure and recreational activities as they chose. Residents reported that they liked living at the centre and activities they engaged in.

Personal plans were viewed for a sample of residents and it was seen that meaningful goals were set by residents and their supporters. Residents were supported to try out new things and efforts were made to identify what residents enjoyed. For example, one resident had set a goal to celebrate their 50th birthday and they had achieved this recently. Another resident wanted to go to Belfast for the day to visit the Titanic museum and this was being planned. Other goals included taking on roles in their home such as cutting the grass or taking out bins, with others wanting to learn a skill such as literacy development.

Where goals had not yet been completed, there were action plans in place to document progress or barriers. These action plans were reviewed monthly with the

logistics required identified and the monthly target identified.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' complex health needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend medical appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required. An annual overview of health checks and needs was in place that supported the staff team in planning supports for residents as may be required.

Health related care plans were developed based on assessments and reviewed as required. Risk assessments were in place to address any risks identified in health care plans, for example the risks associated with falls, dementia or with respiratory care. Residents were supported to access national screening programmes in line with their health and age profile, and in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. Plans were updated where required as part of safeguarding plans or in response to incidents or accidents.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented and in an ongoing review and monitoring basis. There were systems for recording when a restriction was used out of context or unexpectedly and these were

reviewed in detail by the person in charge supported as required by other professionals and overview by the provider was also in place. There was clear evidence that some restrictions which had been in use over long periods of time had been reviewed by the provider's overview committee with some either reduced or removed.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre, notwithstanding the area outlined under Regulation 12. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Safeguarding plans were linked with associated risk assessments and positive behaviour support plans. Safeguarding plans that were in place were reviewed and implemented in line with national guidance and there was clear guidance for staff to follow. Easy-to-read or symbol supported information was provided and used to support residents in their personal development. These included information such as "When can I take pictures and make recordings" or "When I am upset what can I/you do?"

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during care routines

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. In line with the statement of purpose, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers. Resident meetings had set agenda items that included residents' rights, the inspector reviewed a sample of minutes and found a variety of areas were discussed including privacy, safe use of my phone and giving

consent.

They had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing financial or advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety or managing menopause. Residents spoke about the range of activities that they chose to do, and said that staff help them to do any activity that they chose.

Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis. Residents were offered choices in this centre and were supported to make day-to-day decisions themselves such as the activities they participated in. Staff were observed to speak to residents in a respectful manner. Staff spoken to during the inspection had a good awareness of residents' preferences and communication styles.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 Camphill Ballymoney OSV-0003633

Inspection ID: MON-0033818

Date of inspection: 06/02/2024

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> <ul style="list-style-type: none"> • The concerns discussed on the day of inspection had been notified to the HSE Safeguarding and Protection team on 20/02/2024 and 22/02/2024. Further notification will be made following consultation with the HSE Safeguarding and Protection team if required. • The PIC has advised the persons allegedly causing these concerns of the requirements for Camphill to safeguard all residents including their personal possessions and finances. The PIC has also provided the persons allegedly causing concern with details of the concerns raised and detail of action being taken by Camphill Communities of Ireland to safeguard the residents. • The PIC is supporting the residents to promote their independence and to make choices in line with their individual will and preference. • The Area Services Manager has contacted the person allegedly causing these concerns and invited them to a meeting to provide details of the concerns identified and details of actions being taken by Camphill Communities of Ireland to safeguard the residents • The Area Services manager has contacted the Independent Advocate and invited them to a meeting to provide details of the concerns raised. The independent advocate will be supporting the resident only and will remain impartial to the provider and the person allegedly causing the concerns. 	

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	30/04/2024