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## West County Cork 3, OSV-0003287, 20 June 2018

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'West County Cork 3, OSV-0003287, 20 June 2018', [report], Health Information and Quality Authority, 01/10/2018, Disability Services Report, Disability, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-06-16 05:55:02
Link to Item	<a href="https://hdl.handle.net/20.500.14765/87339">https://hdl.handle.net/20.500.14765/87339</a>



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

Name of designated centre:	West County Cork 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	20 and 21 June 2018
Centre ID:	OSV-0003287
Fieldwork ID:	MON-0021752

## About the designated centre

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

West County Cork 3 is located on the outskirts of a town and consists of two, 2-storey houses connected by a shared entrance. Each house is comprised of seven individual resident bedrooms, a staff bedroom, bathroom facilities, a kitchen/dining area leading to a large sitting room and a separate sitting room. The centre is open Monday to Friday each week and is closed for planned periods during the summer, Christmas and at other holiday times. The centre caters for adults, both male and female with varying levels of intellectual disability. All residents attend a day service, away from this centre, Monday to Friday. Staff support is provided by care assistants.

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

Current registration end date:	11/10/2018
Number of residents on the date of inspection:	12

## How we inspect

To prepare for this inspection the inspector or 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
20 June 2018	12:00hrs to 20:00hrs	Conor Dennehy	Lead
21 June 2018	07:15hrs to 14:45hrs	Conor Dennehy	Lead

## Views of people who use the service

The inspector met all twelve residents who lived in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, five residents spoke to the inspector while other residents were observed in their environments and in their interactions with staff.

Residents spoken to indicated that they liked living in the centre and that they were very happy the lives they enjoyed. One resident told the inspector that they wanted to live in the centre 7 days a week. All residents appeared comfortable with staff members present and were observed engaging with their peers and staff in a positive manner throughout the inspection.

Some residents also completed questionnaires, with the assistance of staff members, describing their views of the centre they lived in. All questionnaires contained positive views regarding the centre which indicated a high level of satisfaction with aspects of life in the centre such as activities, bedrooms, visitors, and meals provided.

The family members of five residents were also spoken to during this inspection who commented positively on the service provided.

## Capacity and capability

Throughout this inspection the inspector observed and saw evidence that residents were treated with respect and were provided with appropriate support in meeting their needs. This was reflected by a good compliance level across most of the regulations inspected against. It was noted though that, while the centre was generally well resourced and some good arrangements were made for staffing in the centre, improvement was required for staffing at night.

The provider had a statement of purpose in place for the centre which is a key governance document which describes the service to be provided. The inspector was satisfied that the statement of purpose reflected the day-to-day operation of the centre and accurately described the model of care and support provided. It was observed that the statement of purpose was available in the entrance area of the centre for residents, their families and other visitors.

The designated centre was last inspected in June 2015 and since then the provider had carried out annual reviews and unannounced visit as required by the

regulations. Such requirements are important in order review the quality and safety of care and support that is provided to residents. It was noticed though that unannounced visits had not been carried out at six monthly intervals as required. This is an important assurance mechanism which is required to be implemented.

Evidence was seen that some issues highlighted by the management and audit systems had been acted upon as reflected by the compliance levels found during this inspection. Some areas of non-compliance found during this inspection were also found by the provider's own management systems, such as issues relating to fire safety and staffing. Regular audits were also being carried out to assess, evaluate and improve the service provided while the person in charge demonstrated leadership and a commitment to continuous improvement.

The provider had ensured that a consistent staff team had been put in place so that relationships were not disrupted and this also supported a continuity of care. Residents present during inspection appeared comfortable in the presence of staff members on duty. However, having reviewed residents' personal plans and the centre's incident log, speaking to staff members and observed staff rosters, the inspector was not satisfied that there were appropriate staffing arrangements provided at night to ensure that the needs of residents were consistently met.

The inspector observed staff members engaging with service users in a positive, respectful manner and providing appropriate support if required. Staff members spoken to during this inspection were able to accurately describe the specific needs of the service users and the supports required to provide for these. It was noted that staff were provided with training in a wide range of areas including fire safety, safeguarding, medicines and food safety. This provided assurance that provider was committed to ensuring staff were suitably trained to provide a person centred service. It was noted though that not all staff had completed specific communication training as recommended by a speech and language therapist (SLT).

The provider had systems in place to listen to residents. Information on the complaints procedure was available and was explained to residents and their representatives. The inspector was satisfied that residents were encouraged and supported to express any concerns. Advocacy arrangements were in place for residents to support them in making complaints if required and evidence was seen that issues raised were addressed at a local level where possible. Some improvement was required to ensure that the satisfaction level of residents was consistently recorded.

### Registration Regulation 5: Application for registration or renewal of registration

A key piece of information, which related to qualifications, and which was required to complete the provider's application to renew registration was not submitted.

Judgment: Not compliant

### Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge was in place. At the time of this inspection, the person in charge was responsible for a total of three designated centres spread out over a geographical area. The findings of this inspection indicated that this arrangement was not having a negative outcome for this designated centre.

Judgment: Compliant

### Regulation 15: Staffing

An appropriate skill mix of consistent staff was provided to support residents but the staff arrangements at night required review to ensure that the needs of all residents could be met on a consistent basis. Support from nursing staff was available if required. A sample of staff files were reviewed which contained all of the required information such as evidence of Garda vetting and two written references.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff were provided with a wide range of training but some staff members had not received specific communication training as recommended by an SLT. Staff team meetings were taking place at regular intervals but a system for formal staff supervision was not yet in place at the time of this inspection.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was in place which included all of the required information such as residents' dates of admission to the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

A clear structure was in place where roles and responsibilities were set out and understood. Annuals reviews were being carried out which included input from residents and their representatives. Unannounced visits were being carried out with an action plan put in place to address any issues found. It was noted though that such visits were not being consistently carried out at six monthly intervals as required. Regular audits were being carried out and a schedule of audits was in place for 2018.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

A statement of purpose was in place which contained all of the required information and accurately described the nature of the service provided. The statement of purpose had been reviewed in the previous 12 months and was available to residents, their families and visitors.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents and their families were supported to understand the complaints procedures. Information relating to complaints was on display throughout the designated centre. A complaints officer was in place and a clear log of complaints was maintained which outlined the steps taken to address complaints that were made. It was noted though that the satisfaction level of residents who made complaints was not consistently recorded.

Judgment: Substantially compliant

## Quality and safety

The inspector was satisfied that residents were appropriately supported and treated in a respectful manner while present in the centre. Some improvement was required to ensure that the privacy and choice was appropriately provided for and to ensure

that all residents could safely evacuate in the event of a fire.

Throughout the inspection, residents were seen to be treated in a respectful manner by staff members. Residents were supported to engage in various activities such as trips to the cinema, swimming and shopping. A roadworthy vehicle was available to the centre to facilitate activities in the evenings. This provided assurances that residents were being supported to integrate into the wider community.

Residents were facilitated to develop and maintain personal relationships. Visitors were welcomed to the designated centre and facilities were available for residents to receive visitors in private. While efforts were being made to ensure the privacy and dignity of residents, during the course of the inspection, the inspector became aware of a restriction in one resident's right to privacy in their personal communications. This restriction had been in place over a number of years but had not been appropriately assessed or reviewed to determine if it was appropriate.

Arrangements were in place to ensure that residents were provided with information on the running of the centre and were given an opportunity to highlight issues which were important to them. The inspector also saw evidence that choice was offered to residents in the food they ate and the activities they engaged in. One resident did inform the inspector that they wanted to live in the centre seven days a week. While the provider was aware of this and was making efforts to provide for this, this had not happened at the time of this inspection.

The needs of each resident were set out in individual personal plans which outlined the supports to be provided to residents to care for them. It was noted, in a sample of personal plans read, that these plans were informed by relevant assessments and had been developed with the input of residents and their families. Evidence was also seen that personal plans were subject to multidisciplinary review. Copies of residents' personal plans were also available in an accessible format.

During the inspection staff were observed to provide appropriate support to residents present and demonstrated a good understanding of residents and their needs. It was also noted that the premises provided was designed and laid out to meet the needs of residents. While the premises was presented in a homely manner overall, some cracks were observed in the paintwork in some residents' bedrooms.

Efforts were being made in the designated centre to promote the health and safety of residents within the designated centre which included the provision of appropriate fire safety systems. Staff members were provided with training in this area and drills were being carried out at regular intervals. However, from reviewing drill records it was not demonstrated that all residents could be safely evacuated from the centre in the event that a fire took place.

Staff members demonstrated a good understanding of how to respond to any safeguarding concerns if they arose. Residents were also observed to be comfortable in the presence of staff members who provided appropriate support where required. Training records reviewed indicated that all staff had received relevant safeguarding training. Such findings indicated that appropriate procedures were in place to ensure that each resident living in the centre was protected from all

forms of abuse although some improvement was required to ensure that some safeguarding issues were appropriately assessed and documented.

The designated centre had policies and procedures in place to provide for the safe administration of medicines. It was noted though that residents had not been assessed with a view to encouraging them to take responsibility for their own medicines in accordance with their wishes and preferences.

### Regulation 10: Communication

Residents had access to a telephone and appropriate media such as a television. Staff members were aware of the communication needs of residents and were observed to communicate appropriately with residents. It was noted though that some residents' communication passports required updating and this did not support consistent support for residents in this area.

Judgment: Substantially compliant

### Regulation 11: Visits

Residents were encouraged and facilitated to receive visitors. Communal areas and suitable private areas were available for residents to receive visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Suitable secure storage was available to residents to store their personal belongings. Records of residents' personal possessions were in place which were regularly reviewed. Appropriate support was given to help residents manage their finances with clear records for this also maintained.

Judgment: Compliant

### Regulation 13: General welfare and development

Facilities were available for residents to engage in occupation and recreation. Residents were supported to engage in various activities and develop relations and

links with the wider community. Residents were facilitated to complete courses in areas such as fire safety and road safety.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was suited to meet the needs of residents, providing appropriate space, facilities, such as toilets and kitchen area, while also promoting accessibility. The premises provided was generally observed to be in a good state of repair some cracks were observed in some residents' bedroom. The designated centre was presently in a clean manner on the days of the inspection

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Adequate provision was available for residents to store food. Adequate quantities of food and drink were provided to residents which allowed for choice. Appropriate support was given to residents during mealtimes.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was in place which included all of the information required such as how to access HIOA inspection reports and the arrangements for visits.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk management policy and a recently reviewed risk register was in place. Staff were aware of any risks present in the centre and any high risks had been escalated in line with the provider's own policies in this area. An emergency plan was in place along with a vehicle which was appropriate serviced, insured and equipped.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety systems were in place including fire doors, emergency lighting, fire extinguishers and a fire detection systems. Internal and external checks being carried out along with regular fire drills. However, from reviewing records of these drills it was not demonstrated that all residents could be safely evacuated from the centre in the event of a fire. All staff were provided with fire safety training and the procedures for evacuations were n display throughout the centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Appropriate practices were in place in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines in the designated centre. Residents had not been assessed with a view to encouraging them to take responsibility for their own medicines in accordance with their wishes and preferences

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which outlined their needs. These plans had recently been reviewed and were informed by relevant assessments. Plans were developed with the input of residents and families where possible and had been subject to multidisciplinary review. Plans were also available in an accessible format.

Judgment: Compliant

### Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Clear plans were in place to guide staff in supporting residents with their behaviour. Staff demonstrated a good knowledge of these and had been provided with training in positive behaviour support and de-escalation and intervention. Some restrictive practices were in place in the centre which had been subject to assessment and review. It was noted that consent from some residents' families was not documented for some restrictions in place.

Judgment: Substantially compliant

### Regulation 8: Protection

Throughout the inspection residents were observed to comfortable in the presence of staff members who provided appropriate support where required. Staff members present during the inspection demonstrated a good understanding of how to respond to any safeguarding concerns. Training records reviewed indicated that all staff had received relevant safeguarding training. Some improvement was required to ensure that some safeguarding issues were appropriately assessed and documented.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were treated in a respectful manner and efforts were made to promote their privacy and dignity. However a restriction in one resident's right to privacy in their personal communications had not been assessed or reviewed. Residents were offered choice but one resident's choice to live in the centre seven days a week had not been facilitated. Resident meetings were taking place at regular intervals. Residents had access to advocacy services and were supported to vote.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for West County Cork 3 OSV-0003287

Inspection ID: MON-0021752

Date of inspection: 20/06/2018 and 21/06/2018

## 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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>The Information requested has been submitted to HIQA .</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The provider is currently reviewing the roster to ensure that arrangements at night meet the needs of residents .</p> <p>A service review is currently being undertaken by the Organisation which involves the identification of additional staffing posts that may be required.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

Date for LAMH training for remaining staff has been set for August 28 <sup>th</sup> 2018 Training re formal supervision has commenced and will be rolled out to staff following pilot .	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  Unannounced visits will be completed at 6 monthly intervals as required .  	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  Residents satisfaction level will be noted on complaints forms going forward .  	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:  Date for LAMH training for remaining staff has been set for August 28 <sup>th</sup> 2018 The communication passports will be updated by the SLT dept .  	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  Following review and when maintenance works are completed ,the cracks in the bedrooms will be repaired and repainted .	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The PIC is working with the local fire brigade to identify potential risks and a local plan will be developed .  	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  Residents will be assessed to in relation to self-medication practices .  	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  Follow up letters to the 2 remaining families with be sent by the person in charge (PIC) in order to complete consent records .  	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:  Safeguarding issues will be appropriately assessed and documented in residents personal plans .	

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Resident's right to privacy is of paramount importance to staff. This matter has been referred to the Designated officer .An advocate will be sought to ensure the person is supported in exercising choice and control in their daily lives . Risk assessment has been completed and placed on rights restriction log .	

## 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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Not Compliant	Orange	10/08/2018
Regulation 10(2)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/09/2018

	are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/12/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/08/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	30/11/2018

	state of repair externally and internally.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/10/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/12/2018
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for	Substantially Compliant	Yellow	30/11/2018

	his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/08/2018
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/09/2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2018
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	30/09/2018

	accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/09/2018