



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

Name of designated centre:	Ballinea
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	07 November 2018
Centre ID:	OSV-0002468
Fieldwork ID:	MON-0023332

About the designated centre

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

This designated centre is a wheelchair accessible bungalow just outside a large town in county Westmeath. The centre provides 24 hour residential nursing support for five residents, male and female, over the age of eighteen years with an intellectual disability. The house comprises of a sitting room, an open plan dining and living room, a kitchen, a laundry room, five bedrooms and three shower rooms. There is also a designated office space within the house. There is a patio with a seated area and a garden at the rear of the house. There is a garden area and allocated parking at the entrance of the house. The person in charge is employed on a full-time basis at this centre. There are six full-time staff nurses, seven health care assistants and one multi-task attendant employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
07 November 2018	11:00hrs to 19:30hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with all of the residents on the day of the inspection and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from the designated centre's annual review and various other records that endeavoured to voice the residents' opinions.

The inspector spoke briefly with a resident's family member and was informed that overall they were happy with the service provided and that they could visit the centre anytime they wanted and were always welcomed.

The most recent annual review noted that residents were happy residing in the centre. Staff who spoke on behalf of the residents advised the inspector that overall residents were offered plenty of choice. However, in relation to social activities, choices had been somewhat limited in the last three months due to no on-site transport available to residents.

The inspector saw that residents appeared content and relaxed in their environment and observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

Overall, care provided to the residents by the person in charge and staff was of a satisfactory standard. However, the inspector found that to fully ensure that residents received positive outcomes in their lives and the delivery of a safe and quality service, improvements were required to governance and management systems and arrangements for when the person in charge was absent.

The inspector found that overall, the person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The person in charge was competent and had sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

However, the inspector found evidence that there was insufficient supports in place

for the person in charge to ensure the effective governance, operational management and administration of the designated centre at all times due to responsibilities for another designated centre and unsatisfactory cover arrangements during periods of their absence.

There was evidence to demonstrate that when the person in charge was absent from the centre that the arrangements in place for the running of the designated centre had resulted in a number of specific regulation requirements not being met.

The inspector found that the unannounced six monthly and annual reviews had been carried out however, the annual audits in place to evaluate and improve the provision of service and to achieve better outcomes for the residents had not been completed by the person in charge during 2018.

The inspector found that when the person in charge was absent that lines of accountability at organisational level was not always clear. Staff spoken to during the inspection voiced their concerns regarding the lack on-site leadership during periods where the person in charge was absent. Furthermore, a complaint submitted by a resident's family member relayed concerns regarding the absence of the person in charge.

The inspector found that overall, staff had the necessary competencies and skills to support the specific residents that lived in the centre and had developed therapeutic relationships with residents. The inspector observed kind, caring and respectful interactions between staff and residents throughout the day. However, the inspector found evidence, that on a number of occasions, the resourcing of the centre did not ensure the provision of person-centered, effective and safe care to residents.

Overall, staff had received mandatory training however, some training was outstanding but due to be completed in the next six weeks. Staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of the residents.

The inspector found that one to one supervision meetings, to support staff perform their duties to the best of their ability, had not been provided to staff since March 2018. Staff had advised the inspector that when they were provided with these meetings that they have found them to be beneficial to their practice.

The registered provider had established and implemented systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them to express any concerns they may have. However, the inspector found that improvements were required to the documentation and follow on actions of the complaints procedures.

Regulation 16: Training and staff development

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice however, all staff training was not up to date. Post inspection the inspector was provided information to demonstrate that all outstanding training would be completed within a six week period.

Staff one to one supervision meetings had not taken place since March 2018.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

On the day of inspection the printed version of the statement of purpose was partly dated August 2016 and September 2017. The inspector was shown a statement of purpose on the computer which was in the process of being updated since March 2018. For the most part it included items laid out in Schedule 1 however, there was a number of gaps in the document including registration start and end date, person in charge's whole time equivalent hours, information on transport available to residents and a change in management structure.

Post inspection the person in charge submitted an updated completed statement of purpose.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The necessary notification was submitted (including notice of their return).

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

This notification had been submitted. On receipt of this notification the inspector contacted the provider requesting assurances and further details of the procedures and arrangements in place however, no response was submitted by

the provider.
Judgment: Not compliant
Regulation 34: Complaints procedure
The inspector found that on occasions the documentation of complaints was not completed in full and that the actions had not been updated in the appropriate folders. There were also occasions where satisfaction levels of the complaint procedure had not been documented.
Judgment: Substantially compliant
Regulation 23: Governance and management
The inspector found evidence that there was insufficient supports in place for the person in charge to ensure the effective governance, operational management and administration of the designated centre at all times.
The inspector found that at times, there was insufficient leadership and management systems in place during periods when the person in charge was absent and on occasions staff resources were insufficient and were not as per statement of purpose.
The person in charge had been assigned responsibilities for another designated centre from May 2017 to September 2018 however, since 5th of November this had ceased. The necessary notification for these changes had not been submitted to the Health Information and Quality Authority.
Judgment: Not compliant
Quality and safety
The inspector found that overall, the person in charge and staff were aware of each residents' needs and knowledgeable in the care practices required to meet those needs. However, the inspector found that in relation to individualised assessment and personal plans, premises and protection, a number of improvements were required.
The inspector sampled a number of personal plans. The health and well-being of

each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and therapeutic activities. The person in charge and staff were proactive in referring residents to healthcare professionals and had an excellent working partnerships with them. For the most part, information within the residents' personal plans pertaining to healthcare needs were regularly updated and were reviewed in consultation with the resident, relevant key worker, allied health care professionals and family members. However, the inspector found that a number of the updates were not relayed back into the current overall plan and that the same plans had not been reviewed on an annual basis.

The inspector found that overall, residents participated and were consulted in the development of their person centred plans however, in relation to residents' personal development and aspirations, improvements were required to the documentation and recording of goal setting, progress of goals and supportive actions required to empower residents achieve their goals.

The inspector found that for the most part residents were facilitated to exercise choice across a range of therapeutic and social activities and have their choices and decisions respected. On the day of inspection a music therapist visited the house with the majority of residents appearing happy to engage in the session. Residents were also supported to be involved in their community through activities such as dining out in local restaurants and cafés, appointments in the local barbers and hairdressers, going to the cinema and taking day trips to tourist attractions in the area.

Residents were supported to be involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. The inspector was informed that a number of residents were involved in the upgrade of the house's back garden which included colourful painted fencing and raised bedding.

The inspector observed and was informed that there was an open and welcoming atmosphere in the centre. Family and friends were welcomed by the service and they were supported to participate and regularly get involved in the resident's life. Residents were able to receive their visitors in suitable communal facilities or in a private area separate to their bedrooms if they so wished. Residents were supported and facilitated by staff to visit their family homes on a regular basis.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety however, some improvements were required in relation to advisory signage and staff training.

The inspector found that for the most part the design and layout of the of the premises ensured that the residents could enjoy living in an accessible, comfortable and homely environment. It was evident that each resident had been consulted in

the design and layout of their bedroom which contained family photographs, memorabilia and personal items that were of interest and precious to the resident. Overall, the centre was clean however, the house required many improvements relating to decorative and structural repairs.

Procedures were in place for the prevention and control of infection. These procedures were ensured by cleaning checks in order to maximise the safety and quality of care delivered to each resident. However, the inspector found that improvements were required in the centre to fully ensure the prevention and control of infection.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. However, the inspector found that improvements were required to the centres' and residents' current evacuation plans.

Regulation 17: Premises

The inspector found that the walls, doors and door-frames through-out the whole house required paintwork. A number of floors also required replacing however, plans to replace the kitchen floor was already in place.

There was insufficient storage facilities available in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, the centre was clean however, the inspector found that the cleaning process could not ensure complete disinfection and decontamination due to chipped paint on several walls, including a residents' bedroom wall.

Furthermore, the inspector found black mould and chipping on a timber shelf in front of the kitchen sink taps.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, there were systems in place for the prevention and detection of fire. However, in relation to evacuation procedures, the inspector found that residents' rescue aids required reviewing as a simulated fire drill had noted problems with the current aids in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Generally, residents' health and well-being needs had been met; however, there were some deficiencies found in the documentation.

The plans did not demonstrate how residents were supported and empowered to achieve their goals. Although there was an appropriate template in place, the inspector found that there were gaps through-out residents' plans. Goals were not supported by actions or time-lines. Electronic devises were in place to support an accessible format of the plan however, their correspondence with the written version was unclear.

The effectiveness of residents' personal plans had not been reviewed by the person in charge. Personal plans sampled were not reviewed annually or more frequently when required.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector found that although interim alternatives had been sought, overall residents' freedom to exercise choice and control in their daily life was curtailed due to lack of appropriate and suitable accessible transport since August 2018.

Judgment: Substantially compliant

Regulation 8: Protection

There was unclear advisory signage as to who the designated officers for the centre were. The incident and accident reports had not been reviewed by the person in charge since April 2018.

A number of staff training relating to safeguarding and therapeutic interventions was

out of date however, training had been booked within the next six weeks or sooner.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ballinea OSV-0002468

Inspection ID: MON-0023332

Date of inspection: 07/11/2018

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
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> <ul style="list-style-type: none"> • The person in charge has completed a schedule for supervision meetings for all staff in the centre. • All staff have completed statutory and mandatory training. - Staff training will be an agenda item on all staff supervision meetings - All staff are required to provide updated training certificates to the person in charge - Staff training records will be maintained in the centre by the person in charge. - The staff training template will be reviewed on the last Monday of every month in order to ensure that it is regularly updated with records of training completed by all staff working in the designated centre. 	
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent:</p> <ul style="list-style-type: none"> • Notifications outlining the arrangements for periods when the person in charge is absent will be sent as required in regulation 33. 	

- The notification will outline arrangements in place to ensure effective governance and management of the centre.
- Where planned absences occur measures will be taken to recruit and appoint a person in charge for the duration of the absence.

Regulation 34: Complaints procedure	Substantially Compliant
-------------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- All reviews of complaints have been completed and closed off. Outcomes have been communicated to the complainants.
- The complaints procedure has been fully implemented within the centre.
- All complaints will be reviewed monthly in accordance with the complaints guideline.

Regulation 23: Governance and management	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- There is a plan in place that a person participating in management will have a presence in the centre during short term absences of the person in charge and the person participating in management will assume the role of the person in charge during the absence period.
- The person participating in management will review staff resources during short term periods of absences of the person in charge in order to ensure that staff resources are maintained in accordance with the statement of purpose.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:

- Funding has been approved for the purchase of external office space. The external office space building has been ordered custom made and will be delivered on the 28 February 2019.
- Replacement of Kitchen floor will be completed by the 31 December 2018. All flooring in other areas in the centre will be industrially cleaned and sealed by 31 December 2018.
- All funding for the painting and re-plastering works has be authorised and will be carried out before the 28 February 2019.
- Approval has been sought for the installation of heating and light into the existing storage shed for the storage of equipment. A review has been undertaken of the works required. Tenders have been prepared. There is a plan in place to have the works completed by the 30 April 2019.

Regulation 27: Protection against infection	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- All funding for painting and re-plastering works has been authorised and will be carried out before the 28 February 2019.
- The timber shelf in front of the kitchen sink will be replaced.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The person in charge has carried out a full review of rescue aids required in the centre.
- Two new ski pads were purchased and have been installed in the centre.
- All personal evacuation plans have been updated to reflect the outcome of the review.
- A simulated night evacuation was carried out. The review identified that the aids in place are adequate to meet the safe evacuation of residents from the centre.
- Issues identified following simulated evacuations will become a standard agenda item at monthly staff meetings in the centre.

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • A full review of each resident’s individual assessment and personal plan has been completed by the person in charge with the staff team. • The person in charge will devise a weekly schedule of duties for staff which will include a review and update of each personal plan. • The person in charge has carried out an audit of all personal plans in order to review their effectiveness. • A schedule of person centered planning meetings has been completed for 2019. • All person centered plans will be reviewed annually. • The person in charge will audit personal plans monthly. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Procurement for vehicle lease was finalised on 08 November 2018 and a vehicle has been secured for the centre. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Information identifying the designated officer has been displayed and communicated to all residents, their families and staff members within the centre. • All incident and accident reports in the centre have been reviewed by the person in charge. • A system is in place for all incidents to be reviewed by the person in charge. 	

- The person in charge will ensure that a monthly review is carried out on all incidents in conjunction with the person participating in management.
- All staff have received training in relation to safeguarding and therapeutic interventions.

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 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	22/12/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2019
Regulation 17(7)	The registered provider shall	Substantially Compliant	Yellow	30/04/2019

	make provision for the matters set out in Schedule 6.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	18/12/2018
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	18/12/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	18/12/2018
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	28/02/2019

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	05/12/2018
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, he or she shall give notice in writing to the chief inspector of the procedures and arrangements that will be in place for the management of the designated centre during the said absence.	Not Compliant	Orange	18/12/2018
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the	Substantially Compliant	Yellow	13/12/2018

	appeals process.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	13/12/2018
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	13/12/2018
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	13/12/2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the	Not Compliant	Orange	13/12/2018

	designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	13/12/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	13/12/2018
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	13/12/2018
Regulation 08(2)	The registered provider shall	Substantially Compliant	Yellow	22/12/2018

	protect residents from all forms of abuse.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	22/12/2018
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in 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.	Substantially Compliant	Yellow	19/12/2018