



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

## Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	25 January 2021
Centre ID:	OSV-0005734
Fieldwork ID:	MON-0031666

## About the designated centre

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

The Meadows is located in a rural setting in north Cork and provides a residential / shared care service for children between the ages of 6 to 18 years of age for males and females with an intellectual disability and / or autistic spectrum disorder. The service comprises a two-storey house with an extensive walled garden. The ground floor consists of an entrance hallway, a living room, a kitchen / dining room, a utility room, a main bathroom, two conservatories and two bedrooms that have ensuite facilities. The first floor accommodation consists of a bedroom ensuite, a bedroom, a staff office and a bathroom. The landing area is laid out as a relaxation space.

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

Number of residents on the date of inspection:	4
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 25 January 2021	10:30hrs to 17:30hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

On the morning of inspection there was two residents when the inspector arrived. One resident was in a sitting room off the kitchen, one resident was in their room, one resident was gone for a drive and the other resident was due to come back to the house that evening as they were at home for the weekend.

The inspector observed that this was a busy house and the residents living there required a lot of support, for example three residents required 2:1 support and one resident required 1:1 support.

The inspector met one resident in the sitting area and they were smiling at staff and even though this resident did not use words the staff used hand signals to communicate with them. The resident did not engage with the inspector but the two staff with this resident told the inspector that the resident is enjoying not having to go into school and likes being around the house and going for drives. The other resident was in their room and was being supported by two staff, prior to entering the resident's room the staff asked if the inspector could come in. The resident's room was locked and then opened for the inspector. The resident was sitting on their bed and the staff supporting them maintained a respectful distance. The bed room had a seating and table area for the resident and a patio door leading out to the back garden, the back garden was spacious and developed just for this residents specific needs. The bed room was locked and the resident only had access to the main kitchen at specific times in the day and only when the other residents were not in this area.

The inspector noted that this restriction had an impact on the resident and other residents in the house. The person in charge did acknowledge this restriction, noted it in the restrictive practice log, and advised the inspector that the provider is building a self-contained apartment onto the house for this resident so that they have their own kitchen and entrance to the house. The inspector reviewed plans for this project and planning permission had been granted. The building works are due to start in February 2021.

The inspector met with the two other residents in the afternoon, one resident was very excited to see the inspector and was smiling and using gestures. Due to social distancing the inspector had to maintain a distance but the resident just wanted to get closer to the inspector when engaging, the staff were very supportive in redirecting and reminding the resident about COVID-19. The resident smiled a lot and appeared very happy. The staff member with this resident told the inspector that the resident is doing very well and they had seen a big change in them over the last year and that they were more involved in the house. The person in charge told the inspector that this resident likes gardening and that during the summer was very involved in gardening projects.

The inspector met the fourth resident later in the evening after they had settling

back into the house after returning from home at the weekend. Prior to meeting the resident the inspector spoke with two of their support staff and they told the inspector of the work they are doing with this resident as they are not attending school due to COVID-19. The inspector noted that the staff had a number of work books which covered english, maths and history. They told the inspector that the resident is engaging more in their homework since COVID-19 and that they developed a plan for the resident while in the centre. The inspector saw the workbooks the resident fills out and it was evident that staff were supporting this resident with their schooling. The staff members told the inspector that the resident is very clever and they took great pride in how well this resident has developed. Later the inspector observed this resident doing their homework with the staff and they appeared to be very happy. They had their own workspace upstairs in the house and it was evident that they were comfortable in this area. The resident did not engage with the inspector as it was obvious they did not want to be disturbed while they were doing their work The staff were observed to be supportive and encouraging with this resident.

During the course of the inspector two family representatives rang the centre to speak with the inspector. One family member told the inspector that their loved one was restricted in the current environment and they are very happy that this resident will have their own apartment. The family member told the inspector that their loved one is much happier since moving out of home as they were very much aware of the challenges presented for the resident when living with other people. The family member told the inspector that they get a text every morning and evening letting them know how the resident was getting on. They highlighted that these texts are so important as they know at the start of the day and the end of the day how their loved one is getting on. They also expressed that they could ring the centre at any time and that staff were very good and supportive, they were glad their loved one lived in the country area as they were of the view this setting suited the personal needs of their loved one.

The inspector also spoke with another family member who rang the centre and they too expressed the importance of getting updates via text, they said this stopped them from worrying and they know their loved one is safe with staff. They also said that communication with the person in charge was very good and that they found them to be diligent.

As noted above despite the residents been happy in this centre and the staff having a good understanding of the residents needs, there were concerns on the day of inspection in relation to restrictions and how this impacts the rights of residents. This will be discussed further in the report.

## Capacity and capability

Overall this was a well-managed centre, with a clearly defined management structure in place which identified the lines of authority and accountability. Improvements are required to ensure the effective delivery of care and support for residents, this relates to current restrictions in place which impacts on the rights of residents. This will be reflected later on in the report.

The person in charge presented as very competent on the day of inspection and had a good understanding of the residents' needs and gave an overview to the inspector of each resident in the service. The person in charge was full time and had the qualification and experience in line with regulation 14 of the Health Act 2007 (as amended).

The staffing in place at the centre was in line with the provider's statement of purpose and appropriate to the number and assessed needs of the residents'. The inspector observed staff interactions with residents on the day of inspection and found them to be supportive, knowledgeable and caring towards residents. For example, staff told the inspector about the qualities and capabilities of the residents' and spoke about the residents in a positive manner.

The inspector reviewed the training schedule for staff and noted that training was up-to-date. The inspector also reviewed a number of staff supervisions and it was evident that the person in charge facilitated these supervisions.

The provider had carried out an annual review of the quality and safety and care and support of residents in the designated centre, however it did not include consultation with residents and their representatives as is cited in regulation 23 of the Health Act 2007 (as amended). However, there was evidence that the provider did consult with families at a later stage. The person in charge ensured there was weekly and monthly audits carried out in the centre. For example there was a service plan audit, weekly environmental audits, and hand hygiene audits. There had been a number of medication errors noted in the centre and the provider had an audit carried out by the quality manager on the 30/12/20, this audit was comprehensive and identified areas for improvement which the person in charge implemented. On the day of inspection the inspector did a review of the resident's monies and noted that the balance documented was in tally with the money available.

#### Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

<b>Regulation 15: Staffing</b>
The registered provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. There was an actual and planned rota in place showing the staff on duty during the day and night.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The person in charge ensured that staff had access to appropriate training as part of their continuous professional development and were appropriately supervised.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The registered provider maintained a directory of residents in the designated centre.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The registered provider had a clearly identified management structure in place in the centre that identified the lines of authority and accountability. The provider had carried out an annual review of the quality and safety of residents in the centre, but had not as part of this process consulted with residents and their representatives. Further improvements were required by the provider to ensure the effective delivery of care and support in accordance with the statement of purpose.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had prepared in writing a statement of purpose containing



the information as set out in schedule 1.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had given in writing to the chief inspector notice of any adverse events occurring in the designated centre.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider had an effective complaints procedure in place, all complaints were recorded, followed up and responded to, and the complainant was informed promptly of the outcome.
Judgment: Compliant
<b>Quality and safety</b>
<p>The provider delivered a good quality service to residents that was in line with their assessed needs. As previously noted there were restrictions in place in the centre which impacted the rights of residents. The provider had a plan in place to address this issue and showed the inspector floor plans for the new self-contained apartment which would give one of the resident's greater independence and also ensure that other residents had full access to their kitchen when they choose.</p> <p>There was wear and tear in the house and the provider had also identified these issues, for example the door required replacement and the inspector noted that the provider has ordered a new door. There was also evidence that the provider had purchased new furniture for residents. However some areas required painting, particularly one of the resident's bedrooms. The inspector observed that the provider used one of the residents bedrooms for storing centre equipment and goods, the provider committed to addressing this immediately and removing these items.</p> <p>The inspector noted that there was inadequate space to accommodate visitors. For example the room off the kitchen was the identified visitor's area but it was also used by residents as a relaxation area. In the event of visitors visiting it would</p>

restrict other residents from using this area.

The person in charge had ensured that there was an assessment of need for each resident. The information reviewed by the inspector in the residents' personal folders were comprehensive and gave a clear insight into the needs of each resident. For example communication needs, information specific to residents – what's important to me, living in the community, social and civil participation and communication with families. The person in charge ensured that there was an annual review for each resident, however there was limited evidence to demonstrate the maximum participation of residents' and the goals identified were more task focused as opposed to personal for the resident. For example some of the goals were: weight loss, house cleaning and CAMHs review.

The registered provider had appropriate health care in place for each resident and there was good evidence of specific related health care plans, for example the inspector reviewed an epilepsy plan and this had been updated on the 11/11/20, it clearly described what to do/what not to do, triggers and supports to be put in place in the event of a seizure.

There were a number of restrictions in place in the centre due to the individual needs of each resident. The provider had in place a behavioural support plan for each resident with oversight from a behavioural specialist. There was evidence to show that these were reviewed on a regular basis and input from the broader multi-disciplinary team. The registered provider had in place a restrictive practice log and each restriction was clearly documented in another form. These were reviewed on a regular basis and alternative measures were documented in the event a restriction needed to be put in place. Where chemical restraint was used there was clear guidance and protocol in place for staff.

The registered provider had easy-to-read material for residents and there was visual aids on the walls throughout the centre. Communication training had been put in place for some staff and further training was organised for quarter 1 of 2021. A speech and language therapist was in the process of reviewing each residents' communication needs and plans were due to be implemented based on the specific communication needs of each resident.

The registered provider did have facilities available for occupation and recreation as some residents attended a day service and others were still of school going age. However due to the COVID-19 restriction the school and day service buildings were closed. Each resident had a daily activity plan and this documented the activities residents engaged in, these required review as the activities reviewed were repetitive. The inspector reviewed a number of activity recordings and an example of the resident's day was as follows: television, head massage, spin, television and piano, this was repeated for other days. These activities were also repeated for another resident over a number of days.

The person in charge had ensured that there was practices in place pertaining to ordering, receipt, prescribing and storage of medication. However the inspector noted that where some medications due to be given at 8am were not administered

until 9.15am and 9.45am. There was no protocol in place to support this practice. The inspector noted from the sample records reviewed, this had occurred on four occasions.

On the day of inspection the inspector observed good practice in relation to infection control. There was a sanitation station on entry to the building and all staff recorded their temperatures. All staff were observed to be wearing personal protective equipment. The provider had carried out a number of audits pertaining to good hand hygiene and all staff had received training in infection control

### Regulation 10: Communication

The registered provider ensured that staff were aware of any particular or individual communication supports required by each resident in line with their personal plan. Residents had access to the telephone and television. Residents also had access to electronic tablet devices.

Judgment: Compliant

### Regulation 11: Visits

The registered provider facilitated each resident to receive visitors, however at the time of inspection there was a restriction on visitors in line with government guidelines due to COVID-19. The person in charge did not ensure that having regard to the number and needs of each resident that suitable communal areas were available to receive residents.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The registered provider ensured that residents had access to occupation and recreation, however there was limited evidence on the day of inspection to demonstrate that activities were in accordance with the residents interests, capacities and developmental needs.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises was of sound construction, clean and suitably decorated. However there was wear and tear internally that required improvement.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider ensured there was systems in place at the designated centre for for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that there was effective measures in place where residents may be at risk of a health associated infection. The provider ensured there was measures in place to militate the risk of COVID-19 and good practice was observed on the day of inspection and adherence by staff to the guidance from the health protection surveillance centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had practices in place for the ordering, receipt and prescribing of medicines. However on the day of inspection it was noted that medications due to be administrated at a prescribed time were not and there was a time delay of over an hour.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured there was a comprehensive assessment carried out for each resident. The person in charge ensured the plan was subject to an annual review but it did not demonstrate participation from the resident, and goals were task focused and not in accordance with the residents wishes.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider had an appropriate health care plan in place for each resident and these were subject to a review in line with the residents changing needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured that each resident has an up to date support plan to respond to behaviours that is challenging. Where a restriction was put in place, every effort was made to alleviate the cause of the residents challenging behaviour and alternative measures considered before a restrictive procedure was used.

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured where there was an allegation, incident or suspicion of abuse, this was followed up and reporting in line with the national guidance. The person in charge had ensured that safeguarding plans were reviewed and updates provided to the safeguarding protection team.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider did not ensure that each residents privacy and dignity was respected in relation to, but not limited to, his or her personal and living space. The registered provider did not ensure that residents had the freedom to exercise choice

and control in his or her daily life.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for The Meadows OSV-0005734

Inspection ID: MON-0031666

Date of inspection: 25/01/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The person in charge will carry out an annual review of the quality and safety of residents in the centre for 2021 and as part of this process, the person in charge will consult with residents and their representatives. This information will be included in the annual review. The representative questionnaires have been distributed and are awaiting return.</p> <p>The provider is acutely aware of the current environmental restrictions which are in place. Significant adaptation works are scheduled to commence in March 2021 which will address these.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The person in charge will identify a suitable visitor's area within the centre for each resident. Once building adaptations are complete within the service, each resident will have an individual visitor's room where they can receive visits in private.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The person in charge will oversee that all service users have access to occupation and recreation that are in accordance with their interests, capacities, and developmental needs. Keyworker meeting will take place on a weekly basis where service users will be supported to engage in their individual plan which reflects their likes and interests. The service user's interests, and hobbies will be identified through person centered planning meetings which promote service user participation. Service users will be encouraged to explore new activities. Participation in interested and hobbies and these will be documented in the daily activity logs.</p> <p>All school going service users have access to schooling via zoom since 26/1/2021 and school plans are documented daily. Similarly, communication between the residential service and day-services will be enhanced to ensure that all service users are engaging in meaningful recreation daily in line with their interests, capacities and developmental needs.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The person in charge has submitted a maintenance log that outlines areas of the premises that require improvement. Maintenance will address some of the internal maintenance required. There is a plan for significant adaptations to take place on the premises which will facilitate two independent living arrangements within service. Construction work is scheduled to commence in March 2021. All other maintenance will be addressed and improved as part of the adaptations.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The person in charge has submitted paper-work to resident's general practitioners to ensure that prescribed times reflected the needs of the service users. The person in charge will oversee that all medications are administered within prescribed times. Weekly checks will be complete by the person in charge to ensure all times for administration are adhered to correctly.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:          Person centered planning meetings have been set up which will place emphasis on each resident's participation. Each resident's plan will include their interests, capacities, and developmental needs. Comprehensive activity plans will be documented daily that will outline service user participation and choice. These activities will be meaningful and resident specific and their implementation will be overseen by the person in charge.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:          The registered provider has a plan in place to ensure each residents right's are respected with special emphasis on the freedom to exercise choice and control in their daily life. A building project has been approved and planning permission has been granted to adapt the current environment to facilitate two individual living arrangements this will provide each service user with choice and control in relation to their personal and living space.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 11(3)(a)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; suitable communal facilities are available to receive visitors.	Substantially Compliant	Yellow	30/06/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	28/02/2021
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	30/06/2021

	state of repair externally and internally.			
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.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/02/2021
Regulation 05(6)(b)	The person in charge shall	Substantially Compliant	Yellow	28/02/2021

	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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.	Not Compliant	Orange	30/06/2021
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,	Not Compliant	Orange	30/06/2021

	relationships, intimate and personal care, professional consultations and personal information.			
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