Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Telford Houses & Apartments
Name of provider:	Health Service Executive
Address of centre:	Dublin 4
Type of inspection:	Short Notice Announced
Date of inspection:	20 August 2020 and 30 September 2020
Centre ID:	OSV-0002314
Fieldwork ID:	MON-0028819

About the designated centre

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

The designated centre is located on a campus in South Dublin. It is made up of three semi-detached houses and 10 apartments and supports residents, all of whom are women, with a wide range of needs through residential services. Residents have a range of care and support needs and their ages range between those in their 30s to residents in their 80s. Primarily residents have diagnoses of visual impairments, however, support needs include communication difficulties, mild intellectual disabilities, and psychological and mental health needs. The staff team is comprised of a person in charge, staff nurses and and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

How we inspect

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
Thursday 20 August 2020	11:15hrs to 17:10hrs	Marie Byrne	Lead
Wednesday 30 September 2020	09:40hrs to 15:40hrs	Marie Byrne	Lead
Thursday 20 August 2020	11:15hrs to 17:10hrs	Andrew Mooney	Support
Wednesday 30 September 2020	09:40hrs to 15:40hrs	Andrew Mooney	Support

What residents told us and what inspectors observed

This inspection was completed over two days. The first day of the inspection was completed on 20 August 2020, and the second day of the inspection was completed on the 30 September 2020. On the first day of the inspection there were 19 residents living in the centre, and on the second day there were 18 residents living in the centre.

During the first day of the inspection, the inspectors had the opportunity to meet with six residents, one of whom was supported by their independent advocate when meeting with the inspectors. On the second day of the inspection, the inspectors had the opportunity to meet with 13 residents, 10 of whom were supported by their independent advocate when meeting with the inspectors.

Overall, in keeping with what residents' told inspectors on the last inspection, they again reported that they were shocked, upset and worried for their future. A number of residents voiced that there was a need for counselling to be provided, for those who wished to avail of it. They spoke about needing reassurance, clarification and consultation during these difficult times.

In general, residents told inspectors that prior to hearing that the provider had sought a high court order to liquidate the company, they had been very happy living in the centre. They told the inspectors they were now sad and very uncertain about their future. The inspectors observed residents becoming visibly upset while describing the impact of feeling insecure about their future.

Residents who spoke with the inspectors had spent between ten and thirty years living in the centre, but told inspectors about other residents who had lived in the service for almost 60 years. Some residents described how they had attended school on the campus in the 1960's. They described friendships they had made with other residents, some of whom they had gone to school with. They described how important these relationships were to them and described the closure of the centre as breaking up a community.

Some residents told the inspectors that the centre was one of a kind and designed to meet their specific care and support needs. They indicated they were worried that if they had to move, their specific care and support needs could not be met. In particular, a number of residents described the importance of being familiar with their environment and knowing and accessing their local community. They described the important role of their Guide Dogs in supporting them to move safely and confidently around their home and their local community. They described the importance of maintaining their independence and finding accommodation suitable to accommodate them, their Guide Dogs and pet dogs. A number of residents told inspectors that if they had to move, that they wanted to go somewhere, where they would feel safe and where they would have access to the amenities and services

they require.

Residents had the opportunity to meet with the provisional liquidators at the end of July. At this time, residents stated the liquidators could not provide them with any concrete information about their future, particularly relating to a time frame for when the centre would close. The liquidators had sought clarification on a number of questions raised by residents during the meetings. However, on the first day of the inspection, residents remained unhappy with the information provided. Some residents expressed their frustrations regarding this lack of communication and they noted they needed to rely on media reports to be kept informed about what was happening with their home.

On the second day of the inspection, a number of residents told inspectors that there had been improvements, particularly relating to increased communication from the liquidator and local management team. Residents described how they were being kept up to date through e-mail, letter or voice recordings. However, a number of residents stated they required information to be communicated in a format which better suited their needs, such as Braille. The majority of residents remained unhappy with the lack of written communication to confirm dates and details relating to the liquidation and closure of the centre, but some understood that once all court proceedings were complete, they would be furnished with this information.

During the inspection, a number of residents described incidents that had occurred in the centre and complaints and concerns which they had raised, since the last inspection. However, inspectors noted from speaking with staff and reviewing documentation, that these incidents and complaints had not always been documented or escalated appropriately to the liquidator. Some residents said they were uncomfortable raising concerns, as they felt that raising a concern would not be worthwhile.

On the first day of the inspection, the person in charge was working remotely. A number of residents were complimentary towards the person in charge and said they knew they could contact them by phone or e-mail. However, they said they did not like to call the person in charge when they were working remotely. Residents said they would prefer if there was a nominated member of the local management team on site who they could go to if they had questions or concerns. On the second day of the inspection, there was a new person in charge working in the centre. A number of residents told inspectors that they knew her, as she had previously worked in another designated centre on the campus and supported with on call management support in this designated centre. Residents were complimentary towards the new person in charge and a number of residents voiced that they were happy to now have a nominated member of the local management team on site. They also told inspectors that members of the liquidators management team were on site and available to them.

The majority of residents reported that there had been no disruption to normal services since the last inspection. For example, they said there was ample food, light and heat in the centre. They also stated that maintenance and repairs continued to be completed. Overall, they were complimentary towards the staff team; however, a

number of residents voiced their concerns that there had been an increase in new and agency staff, and that not all staff working in the centre were fully familiar with their needs. Additionally, they told inspectors that they did not know what staff were on duty each day, until they checked in with them by phone.

The majority of residents told inspectors that they would prefer to stay in their current home, but that if they did have to move, they would need to be involved in all decisions about the future accommodation, and would need sufficient time to ensure they were satisfied that it met their needs.

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Capacity and capability

This risk based inspection was scheduled following receipt of information of concern by The Chief Inspector, and to follow up in relation to residents' care and support since becoming aware that the provider made an application to the high court for voluntary liquidation. This had led to the appointment of interim liquidators and the liquidators were now operating the centre on behalf of the provider. Since the last inspection, the liquidator had made an agreement with the Health Service Executive, and they were now providing guidance and assistance to the newly appointed person in charge, with an on site presence of two senior staff at least three times per week.

This inspection was completed over two days, the first day of the inspection was completed on the 20 August 2020 and the second on the 30 September 2020. Overall, on the first day of the inspection, in line with the findings of the inspection in the centre on 27 July 2020 and previous inspections in the centre, the inspectors had significant concerns in relation to the care and support for residents in the centre. However, on the second day of the inspection a number of improvements had been made in relation to the oversight and day-to-day management of the centre, and communication between the liquidator and residents.

The liquidators had engaged with residents following the last inspection. They had met with residents at the end of July and residents had an opportunity to raise their queries. However, residents reported that the liquidators were unable to answer some of their queries to their satisfaction and could not provide them with time frames relating to the closure of the centre. The majority of residents also told inspectors that they required written confirmation in relation to plans for their future. On the first day of the inspection, residents reported that they had not had any further meetings or been provided with any updates since these meetings at the end of July and the liquidators confirmed this. However, on the second day of the inspection, residents told inspectors that there had been more regular communication from the liquidator and the inspectors viewed evidence of a large volume of correspondence from the liquidator which had been sent to residents via

letter and e-mail. Residents also reported that they had received some information via voice recording. A number of residents voiced that they required this information in a format accessible to them such as Braille, and this was discussed with the liquidator at feedback at the end of the inspection.

During this inspection, improvements were noted in relation to the identification of risks and the implementation of additional control measures to manage this risk. For example, in line with the changing needs of two residents, an additional two night duty staff were on duty. In addition, from reviewing documentation and speaking with residents, it was evident that once concerns or maintenance requests were raised, they were being followed up on an resolved in a more timely manner. For example, concerns were raised in relation to security on the campus and additional control measures were implemented including a change in access codes at gates, and the addition of another security staff. Residents had also raised concerns in relation to facilities and exercise opportunities for their Guide Dogs, in response, arrangements had been made for Gardai to support with the exercising of Guide Dogs.

On first day of inspection, it was identified that staffing numbers required review to ensure residents were in receipt of a good quality and safe service. At this time, there were seven care staff, a person in charge and two agency staff working in the centre. On the second day of the inspection, there were 9.8 whole time equivalent (WTE) staff and six agency staff working in the centre. Improvements were noted in relation to the maintenance of planned and actual rosters since the last inspection and the liquidator had made arrangements to ensure the information required under schedule two of the regulations was available for staff working in the centre, including agency staff. The skill mix in the centre had also changed with the addition of a number of nursing staff who moved from another designated centre on the campus. An additional two staff were now on night duty in the centre, and on average three additional staff were on duty during the day. However, there had been an increase in unplanned leave since the last inspection and this had contributed to a lack of continuity of care for residents. Following a review, the liquidator had identified that in order to fully meet the care and support needs of residents in the centre, a total of 16 WTE staff would be required.

Following the last inspection, the provider was required to submit weekly assurance reports to the Chief Inspector on the safety of service and the continuity of care for residents. These reports reviewed keys areas of service provision such as staffing resources, oversight and management of the centre, availability of resources and risk and incident management. The inspectors found that the liquidator was submitting this information based on information provided to them. However, there were a number of incidents and complaints which had occurred during the periods reported on, which had not been recorded, followed up on or escalated to the liquidators. In addition, the liquidator was only made aware of the changing needs of one resident on the morning of the first day of the inspection, despite concerns by staff relating to the impact of this residents' changing needs for the resident and those whom they shared their home with, for over a week. Inspectors raised these concerns with the liquidator and sought assurances that adequate arrangements were put in place to meet the needs of the resident. These

assurances were provided post inspection and from reviewing rosters on the second day of the inspection, improvements were noted in relation to staffing support day and night. Improvements were also noted in relation to documenting and following up on incidents and complaints.

The liquidator had made arrangements for a six monthly review of care and support to be completed in partnership with the HSE. This review was completed in September 2020 and the inspectors found that this review was identifying areas for improvement in line with the findings of this and previous inspections in the centre. For example, it was identifying that improvements were required in areas such as; fire safety, risk management, staff supervision, residents' assessments of need and care plans, access to activities for residents, access to counselling for residents, a review of policies and procedures and a review of some of the institutionalised practices in the designated centre. An action plan had been developed following this review which identified timeframes for completion of the required actions to bring about improvements in relation to the residents' care and support.

During the inspection, the inspectors were furnished with a compliance plan update from the inspection completed in the centre on 27 July 2020. From reviewing this update, it was evident that efforts had been made to address some of the actions. For example, additional staffing numbers were in place, fire safety awareness training had been completed by staff, fire drills had occurred, a number of risk assessments had been developed and reviewed. However, some of the actions had not been completed in line with the identified timeframes. For example, the centre was not yet fully resourced to meet residents' needs, and further improvements were required in relation to risk management and governance and management of the designated centre.

The primary focus for this inspection was ensuring that there continued to be resources available to meet the support needs of residents. Whilst the inspectors did not identify any immediate concerns relating to the availability of resources or residents' safety during the inspection, they did find that the oversight, risk management and staffing arrangements in place remained inadequate.

Regulation 15: Staffing

There were not enough staff with the right skills, qualifications and experience to meet residents' assessed needs.

Whilst improvements had been made in relation to the number and skill mix of staff working in the centre, the liquidator had identified a requirement to have 16 WTE staff working in the centre in order to meet the care and support needs of residents. At the time of this inspection, there were 9.8 WTE staff working in the centre.

Improvements were noted in relation to the maintenance of rosters and the availability of the information required by schedule 2 of the regulations since the

last inspection.

Due to the increase in staff numbers, and an increase in unplanned leave since the last inspection, residents were concerned about a lack of continuity of care provided to them. However, it was acknowledged that it would take time for new staff to develop relationships with residents and that this would lead to a greater continuity of care to residents.

Judgment: Not compliant

Regulation 23: Governance and management

The systems in place were not adequately monitoring the quality of care and support for residents in the centre.

On the first day of the inspection, the person in charge was working remotely and the provider had not ensured that adequate governance and managements arrangements were in place when she was off site. The systems in place were not adequate to ensure staff and residents were supported to escalate their concerns relating the quality and safety of the service. Some improvements were noted on the second day of the inspection in relation to the escalation and recording of incidents and a new person in charge had just been appointed and was available to support residents and staff in the centre.

There had been no management meetings or audits relating to the safety and quality of service completed between July and September 2020. A number of incidents and complaints had not been recorded, followed up on or escalated to the liquidator. Whilst improvements were noted in relation to risk management and oversight in the centre on the second day of the inspection, the systems in place remained inadequate to fully monitor the quality of care and support for residents and a number of actions from previous audits and reviews in the centre remained outstanding. A six monthly review had been completed by the liquidator supported by HSE staff in September 2020 and was identifying areas for improvement and putting plans in place to make these necessary improvements.

Judgment: Not compliant

Quality and safety

While residents remained concerned about their futures during this uncertain time, the findings on the second day of inspection were that improvements were found in

relation to communication and ensuring residents were informed about the ongoing legal cases involving the centre.

Inspectors reviewed arrangements around how residents were consulted about and making decisions relating to the services and supports they receive. There was limited evidence that they had been participating or consulted with in the organisation of the designated centre since the last inspection. Residents' meetings had not been occurring during the pandemic, and whilst there was evidence that the person in charge and staff team were supporting residents, there was an absence of opportunities for residents to discuss aspects of the day-to-day running of the centre on an ongoing basis. There was a lack of oversight and monitoring to ensure that residents' rights were being respected or promoted. A number of residents gave examples to the inspectors of times where staff were not fully aware of their support needs and preferences and described how this adversely affected them.

A number of residents voiced their concerns in relation to an increase in the number of staff, who were unfamiliar to them, working in the centre. They described the importance of knowing who was working every day, the importance of staff knowing their care and support needs, and the importance of staff introducing themselves to them. A number of residents described how they felt that their privacy and dignity had not been respected on occasions when staff entered their home without prior arrangement or without ringing the doorbell. They described feeling vulnerable when the door bell rang when they didn't know who was there. They also told inspectors that they were not being kept fully up to date in relation to changes in staffing arrangements in the centre.

Some residents described opportunities to engage in meaningful activities in their local community, this was usually when residents could engage in these activities independently. However, a number of residents described mostly engaging in home based activities. They described the impact for them, of restrictions in line with public health measures during the pandemic. A number of residents discussed how they were really missing the opportunity to go to the main building to meet with their friends, partake in activities or to attend mass on the campus. Whilst there was evidence that some residents were exercising choice and control in relation to their daily activities, activities for some residents were based on the resources of the service rather than their support needs and wishes. A number of residents told inspectors that that they had less opportunities to spend time with regular staff in recent times, as they seemed to be doing a lot more paperwork. They stated that new staff or agency staff were supporting them while regular staff were doing this paperwork.

Residents who wished to seek the support of and independent advocacy service, had been supported to access these services. They had been furnished with information in relation to independent advocacy services. Those who wished to, had completed or had been supported by staff to complete a self-referral form. The majority of residents were now regularly accessing the support of an independent advocate. A number of residents were very complimentary towards the support they were receiving from their advocate.

Regulation 9: Residents' rights

Residents reported improved communication in relation to the liquidation process. However, a number of residents reported that they required information to be communicated with them in a format which was accessible to them such as Braille.

They were not being consulted with or participating in the organisation of the centre, or in decisions relating to their care and support.

A number residents voiced their concerns in relation to feeling vulnerable when staff members or visitors rang their door bells when they were not expecting them. And a number of residents told inspectors that their privacy and dignity was being compromised when staff members entered their home without knocking, or didn't introduce themselves to them.

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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Telford Houses & Apartments OSV-0002314

Inspection ID: MON-0028819

Date of inspection: 20/08/2020 and 30/09/2020

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Governance has been enhanced with an increase to the staffing complement (from 9.8 to 16 staff) to include two waking night staff and a nurse on call at night and weekends. Three Nurses; CNM 3/ PIC and two senior staff nurses and two care staff were redeployed from the Nursing Home. The engagement of regular agency care staff, and nursing staff who have experience in residential settings through hse approved agencies has facilitated better governance, skill mix and smooth running of the service. The PPIM is at CNM 3 Grade and is available to the service three to four days per week. HR are working with the service to set up an interview board to offer hse contracts to these staff, thereby ensuring better continuity and governance going forward. Staff training in relation to communication and a low arousal approach will commence once level 5 covid-19 restrictions have been lifted. The Statement of Purpose will be updated to reflect the new Governance structures and the resources available to ensure the delivery of care and support needed for the residents.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Governance has been enhanced with an increase to the staffing complement (from 9.8 to	

16 staff) to include two waking night staff and a nurse on call at night and weekends. Three Nurses; CNM 3/ PIC and two senior staff nurses and two care staff were redeployed from the Nursing Home. The engagement of regular agency care staff, and nursing staff who have experience in residential settings through hse approved agencies has facilitated better governance, skill mix and smooth running of the service.

The PPIM is at CNM 3 Grade and is available to the service.
Weekly meeting have commenced with residents with input from them regarding the management and running of the service.

Meetings with the Registered Provider and Director of Nursing, SSIDS are taking place to identify needs and identify actions to meet these needs. Specific roles, with lines of authority and accountability for all areas of service provision have been identified. Management structure and system in place is ensuring the management structure in place ensure that the service provided is safe, appropriate to residents needs and is effectively monitored.

Annual Review shall be completed for 2020 and provided to the residents.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Meetings have been convened with residents and their advocates with a further meeting with the Provider Representative scheduled for 27/11/20.

Weekly meeting have commenced with residents with input from them regarding the management and running of the service and to ensure continuous communication.
Work is ongoing to support staff and residents to build up rapport and establish good working relationships with one another and ensure that the privacy and dignity of the residents are not compromised. This will be further supported with bespoke training once Level 5 restrictions are lifted.

A number of residents are receiving information through word documents and soft copies are also provided. A number of residents like the information to be read out to them.

We continue to work with all the residents regarding the provision of nutritious meals and are supported by the Catering Officer form SSIDS in this regard.

All efforts are made to ensure residents rights, wishes and choices, privacy and dignity are upheld at all times.

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 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	Red	23/01/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Red	19/02/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	20/11/2020

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	20/11/2020
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	20/11/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	18/12/2020
Regulation	The registered	Not Compliant	Orange	12/11/2020

09(2)(b)	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.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	12/11/2020
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	12/11/2020