



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

Issued by the Chief Inspector

Name of designated centre:	The Birches Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	19 February 2020
Centre ID:	OSV-0001500
Fieldwork ID:	MON-0025725

About the designated centre

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

The designated centre provides a residential service to eight residents who have an intellectual disability. All residents attend day services and the centre is staffed by both social care workers and care assistants. There is additional staff deployed in the evenings and at weekends to meet residents' needs and two staff support residents during night time hours on a sleep in arrangement. Each resident has their own bedroom and there is a sitting room and kitchen/dining room for residents' use. The centre is located in a housing estate and is within walking distance of the local town. Transport is provided on a shared basis and residents also have access to public buses and taxis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Wednesday 19 February 2020	13:00hrs to 18:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents had a good quality of life in which their independence was promoted. However, residents did highlight some areas in which they felt that their lives could be improved such as access to transport and the suitability of the premises. The inspector also found that improvements were required in regards to the residents' healthcare needs and in regards to the governance arrangements which had oversight of the quality and safety of care which was provided to residents, these issues will be discussed later in the report.

The inspection was conducted from a central kitchen area where interactions and work practices could be observed. The inspector met with eight residents, four staff members and briefly with one family member. Some residents who used this service could communicate verbally, some residents had limited verbal communication skills and one resident was non-verbal.

On the evening of inspection, residents returned from their respective day services and were observed to be relaxed and happy upon their return to the service. They were warmly received by staff members who were on duty and who asked them how their day was and if they had any plans for the upcoming evening. Residents appeared at ease and they chatted freely with each other and staff members. When returning to the centre, some residents sat at the kitchen table with the inspector and they spoke about their lives, what they liked doing and what areas for improvement that they would like to see in their home. At this point, the inspector also observed that a number of residents relaxed by making their own tea and light snacks, while other residents settled into their own bedrooms or relaxed in the sitting room by watching television or knitting. A resident also helped to set the table for dinner, a task which they said that they enjoyed doing.

Residents spoke at length in regards to their lives and how they liked meeting with their families, achieving personal goals, such as saving for a trip to Lourdes and getting out into their local community. A resident spoke freely about their dissatisfaction in regards to the transport arrangements. They highlighted that their house did not have their own transport and they had to share with two other centres which meant that they were unable to access the community at a time of their own choosing. The resident did acknowledge that they did have good access to a range of activities such as shopping, meals out, holidays and visiting family, but they felt that having their own transport would further benefit their life. The resident also stated that they had complained to management of the centre in regards to this issue, but no resolution had been found. Another resident also stated that they did enjoy a good range of activities and they had recently attended an event in their local town for Galway 2020, but again, they felt that quality of their life would be enhanced if they had their own transport which meant that they could get out into their local community at a time of their choosing.

The centre was a large detached house which had a very pleasant and warm

atmosphere. Each resident had their own bedroom which some residents were happy to show the inspector. Residents appeared very proud of their individual bedroom which were each decorated in line with their individual tastes and styles. Residents had pictures of family members and of attending family events on display and they spoke at length of how family members play an important part in their lives. The centre had a large sitting room and medium sized kitchen and dining area, both of which were comfortably furnished. When residents returned to the centre, a fire was set in the fire place and residents were observed to sit and relaxed while watching the television and chatted about their plans for that evening which involved meeting up with a retired staff member in a local hotel. The centre had a very homely feel, but residents did highlight that it could be crowded at times when all eight residents and three staff members were present. A resident also stated that they did like their home but they were occasions when they were unable to enjoy their favorite television programmes when people were chatting and interacting in the sitting room. They did state that they could retire to their own bedroom to watch television, but they would prefer to stay in the sitting room. The inspector also observed that there was two separate sittings for dinner which staff indicated was in response to residents' dietary needs, but residents did not express any dissatisfaction with this arrangement.

Residents chatted freely with staff members who were on duty and there appeared to be a very personal and meaningful relationship in place. Throughout the inspection, residents were consulted in regards to a range of subjects such as meal choice, activities for the evening ahead and their thoughts on the service. Staff members appeared to have a very good knowledge of residents' needs and they spoke to residents in a very respectful manner. A resident who met with the inspector spoke about how their independence was promoted as they were able to go out shopping by themselves and attend events in the local town. They also spoke about how they liked helping out their neighbours by feeding their pet cat when they were away. The resident also stated that they had met with their brother for coffee on the way home from their day service, an activity which they really enjoyed. Other residents spoke about the importance of their families and how they like to visit them. By discussing this with residents and staff members, it was clear that residents were supported to meet their families and get home for regular overnight stays. A resident also spoke at length of how they had gone to visit their siblings abroad, which they really enjoyed as they got to see their family and other countries. Residents spoke about how they attended a weekly meeting in which the running and operation of their home was discussed. Residents told the inspector that they liked attending these meetings where they would take turns to decide on meals, activities and discuss issues such as complaints. A review of associated meeting records indicated that residents actively participated in discussion during these meetings and the general election had been recently discussed, with some residents exercising their right to vote.

Overall, the inspector found that this centre was the residents' home and many of the arrangements which were implemented by the provider and the staff team promoted the well being and independence of residents; however, some improvements were required in regards to how residents' dissatisfaction with some aspects of the service were managed and the suitability of the premise to meet the

needs of all eight residents.

Capacity and capability

Overall, the inspector found that many of the arrangements which were implemented by the provider ensured that residents lived a good quality of life; however, the inspector also found that improvements were required in regards to meeting some resident's healthcare needs and the overall maintenance and suitability of the premise.

The inspection was conducted as part of ongoing monitoring in regards to the quality and safety of care which was provided to residents. The chief inspector had also recently received concerns in regards to some care practices which were in place in the centre and these concerns formed part of the enquiry process. The person in charge and a person involved in the management of the centre were unavailable on the day of inspection, but the inspection was facilitated by staff members who had previously been involved in the management of the centre. The inspector was unable to review records such as adverse events, complaints, training records or some internal audits, but assurances were submitted subsequent to the inspection in regards to the oversight of these systems.

The oversight arrangements which were implemented provided assurances in regards to some aspects of care which was provided to residents. The person in charge was conducted regular audits in areas such as medications, adverse events and fire safety and the provider had completed all audits and reviews as required by the regulations. The last six monthly audit had been detailed in nature and gave a good overview of the centre and of the quality of care which was provided. Some areas for improvement were highlighted in this audit including the utilisation of the complaints process in response to a resident's concern in regards to the access to transport; however, an associated action plan had not been implemented and the opportunity to drive improvements in the quality of care had been missed. Furthermore, the inspector found that the governance arrangements failed to implement recommendations in regards to the health care needs of a resident with dementia which impacted on the safety of care which was provided in the centre.

The staffing resources which were implemented by the provider ensured that residents were supported to live a good quality of life. A review of records such as daily logs and personal goals indicated that residents enjoyed activities such as shopping, meals out, holidays and visiting family and friends. Staff members who met with the inspector had a good understanding of residents' care need and they spoke and interacted with residents in a very kind and personal manner. A review of the staff rota also indicated that residents were supported by staff members who were familiar to them. Staff members stated that they were scheduled to attend regular team meetings and one-to-one supervision sessions

with the person in charge which ensured that they had opportunities to discuss care practices and raise any concerns they had in regards to the service. A staff member also stated that they had received dementia training in response to the care needs of a resident and a relief staff who was on duty also indicated that they were scheduled to attend this training. Although, staff members training records were not available for review, subsequent to the inspection the provider submitted assurances in regards training needs of staff members.

Overall, the inspector found that the governance arrangements ensured that many aspects of residents' lives such as independence, consultation and choice were promoted; however, improvements were required in regards to the management of complaints and supporting the health care needs of residents.

Regulation 15: Staffing

The staffing arrangements which were implemented by the provider assisted in ensuring that residents lived a good quality of life. A review of the rota also indicated that residents were supported by a staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members stated that they attended regular support and supervision sessions are scheduled with the person in charge. The provider also submitted assurances that the staff team were up-to-date with training needs and additional dementia training had either been completed or was scheduled to occur.

Judgment: Compliant

Regulation 23: Governance and management

The provider failed to ensure that the centre was supporting and meeting the health care needs of all residents. The provider also failed to ensure that information which was gathered from internal auditing was used to drive improvements in the quality and safety of care which was provided to residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider failed to ensure that residents' dissatisfaction with the transport arrangements had been identified as a complaint and managed in line with the provider's complaints procedures.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that many aspects of care were maintained to a good standard and residents were supported in a warm and caring environment; however, significant improvements were required in regards to supporting a resident's health care needs and additional improvements were required in regards to the premises and the review of risks in the centre.

The inspector reviewed a sample of residents' health care plans and found that a resident who required assistance with incontinence was well supported with care planning which was comprehensive in nature. Staff members who met with the inspector also had detailed knowledge of these plans and a review of records indicated that this area of care was kept under regular review. The inspector also reviewed the arrangements which were in place to meet the needs of a residents who had being diagnosed with dementia and found that improvements were required to ensure that both the quality and safety of this area of care was maintained to a good standard at all times. Recommendations from review processes stated that the resident would require to have access to a downstairs bedroom and these recommendations were due to the diagnosis, medication regime and a previous history of falls. However, these recommendations had not been implemented. Furthermore, a falls risk assessment had not been completed as recommended and the inspector found that additional care planning had not been implemented to ensure that a consistent level of care was provided at all times. The inspector spoke at length with a member of staff who had a good understanding of this resident's care needs and on the day of inspection the resident appeared relaxed in their surroundings; however, improvements were required in the overall delivery of care to ensure that this was effectively monitored at all times.

As mentioned earlier in the report, residents were supported to live a good quality of life. The centre was located in a housing estate which was within walking distance of the local town and two residents discussed how they liked to go into town by themselves for coffee and to visit the shops. Residents could also access public transport services such as taxis and a public bus was also readily available. The inspector found that the location of the house meant that residents were active members of their local community and some residents explained that they were

from the local area which meant that they could easily meet up with their families.

Residents attended day services and staff members explained that a resident had recently retired from paid employment and that they were exploring the possibility of joining a local active retirement group. Residents were happy to show the inspector their personal plans and one resident proudly discussed all that they had achieved in the previous year such as holidays, meeting up with family and going to concerts. The resident and their key worker also explained how the resident was saving their money in a financial institution with the goal of going to Lourdes this year. The inspector found that the arrangements such as personal planning, goal setting and the keyworker system had a positive impact on the provision of care and supported residents to realise personal goals.

The centre had a homely feel and residents appeared relaxed throughout the inspection. Residents also had access to all communal areas of the centre and there were no identified restrictive practices in place. Residents did highlight issues in regards to communal areas when all eight residents and three staff members were present. Residents stated that although they liked their home and the staff who supported them, the centre could be crowded at times which impacted on their enjoyment of communal areas such as the sitting room. Each resident also had their own bedroom which gave them opportunities to have personal space and time to themselves. Bedrooms, in general, were warm and comfortable furnished; however, one bedroom was notably colder than other bedrooms and a significant draft was coming through one window. The inspector also noted that an odour from the oil boiler was present in the centre's utility room and a review of records indicated that this boiler had been serviced as required. Staff members explained that this boiler had been recently examined by a competent professional but records of this review were not available.

The provider had fire safety systems in place and the staff team were conducting regular fire drills and checks of fire equipment which promoted the safety of both residents and staff members. A resident had recently moved into the service and a fire drill and personal emergency evacuation plan had been conducted to ensure that the resident could safely evacuate in the event of a fire. However, a fire drill had not been completed with all residents and minimal staffing present to ensure that residents could safely evacuate at all times.

Overall, the inspector found that residents lived in a centre which had a sense of home and the arrangements which were implemented by the provider and the staff team meant that residents were offered choice and their rights were overall respected and promoted. However, improvements were required in the management of some residents health care needs and in regards to the suitability and maintenance of the premises.

Regulation 13: General welfare and development

Residents were dissatisfied with the transport arrangements and felt that their level

of community access and quality of life would be improved if they had their own transport.

Judgment: Substantially compliant

Regulation 17: Premises

Some residents were unhappy with the communal areas which they felt were sometimes crowded and noisy. Improvements were also required in regards to maintenance of the centre including the home heating boiler and a notable draft was present in a resident's bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider failed to ensure that a falls risk assessment had been completed as recommended.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not completed a recent fire drill with all eight residents present and as such, failed to demonstrate that all residents could evacuate the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan and a review of documentation indicated that both residents and their family representatives were involved with the development and review of these plans. Residents were also supported to identify and achieve personal goals.

Judgment: Compliant

Regulation 6: Health care

The provider failed to demonstrate that the health care needs of a resident with dementia were met, including implementing the recommendations from recent reviews in regards to the bedroom arrangements and falls risk management. Improvements were also required in regards to dementia care planning.

Judgment: Not compliant

Regulation 8: Protection

Residents stated that they felt safe in their home and that staff members were nice. There was one safeguarding plan in place and staff members were found to have a good understanding of this plan.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise their voting rights and the inspector observed that they were consulted with throughout the inspection. Residents' independence was also promoted through positive risk taking.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Birches Services OSV-0001500

Inspection ID: MON-0025725

Date of inspection: 19/02/2020

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Review of all resident’s personal plans to be undertaken, including review of resident’s assessments of needs and healthcare plans to ensure that the service provided is safe and appropriate to their needs. 2. Review of actions from Provider Led Audit to take place to ensure that action plans were/are put in place and completed, to address any issues or concerns which were identified during the auditing process. 3. Action plan in place re: Provider Led Audit dated 1/10/2019. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. All complaints to be reviewed to ensure that they have been investigated properly, and closed off, pending resolution and satisfaction of the complainant. Logging of all complaints on Quality Management Information System and of the need to investigate them adequately was discussed at staff meeting on 02/03/2020. 2. Complaint has been logged on the Quality Management Information System. The complaint has been dealt with by an appointed Complaints Officer. Discussions have taken place between the Complaints Officer and the Facilities and Transport Manager, in consultation with the residents, (discussed at resident’s house meeting 09/03/2020) and a roster has been put in place to ensure there is planned/scheduled access to transport 	

for all residents. Residents have expressed satisfaction with same.	
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> <ol style="list-style-type: none"> 1. Review of resident's personal plans to be undertaken to ensure that residents are receiving supports appropriate to their needs and preferences, to maintain and develop personal relationships with the wider community. 2. Discussions have taken place between the Complaints Officer and the Facilities and Transport Manager, in consultation with the residents, and a roster has been put in place to ensure there is planned/ scheduled access to transport for all residents. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Review off all residents personal plans to be undertaken, including assessments of needs and healthcare plans to ensure that the service is appropriate for the number, and needs of the residents. In consultation with the residents at a house meeting it was proposed to convert the archive room/staff bedroom upstairs into a recreation room which could be used by a small number of residents at any given time. It would provide an additional relaxation/recreation space to the downstairs sitting room/ dining room area. Residents expressed satisfaction with this proposal. 2. All windows and doors have been checked by competent personnel to ensure that they are all in sound working order. All necessary repairs to same, have been completed. 3. The boiler is to be serviced, and a quotation obtained to relocate the boiler outside. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. Falls risk assessment has been completed and individual's risk assessment updated 	

<p>accordingly. This is reflected in the Centre's Risk Register.</p> <p>2. Risk Register to be reviewed to reflect any issues/concerns arising from review of residents' personal plans, healthcare plans and assessment of needs.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. Fire drill has been completed involving all 8 residents, with a minimum staffing level of 2.</p> <p>2. Fire drill to be completed with reduced number of residents, and a minimum staffing level</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>1. Falls risk assessment has been completed and review date for same has been noted on residents individual risk assessment.</p> <p>2. Annual review re. resident with specific health care diagnosis took place on the 09/3/2020 and discussion took place on implementation of recommendations from recent reviews.</p> <p>Dementia Care Plan in the process of being completed, in consultation with the Psychology Department, the resident and all relevant parties.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	10/04/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2020
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	31/05/2020

	state of repair externally and internally.			
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	10/04/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	31/03/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	31/03/2020

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/03/2020
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	10/04/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	10/04/2020