



Office of the Chief Inspector

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

Name of designated centre:	Cork City North 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	18 and 21 February 2019
Centre ID:	OSV-0003696
Fieldwork ID:	MON-0026512

About the designated centre

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

The centre is part of COPE Foundation's community residential services for adults with an intellectual disability. The centre comprises two residential houses located in a city suburb. The first house is a dormer bungalow and can accommodate seven residents. The second house comprises two semi-detached houses over two floors, between which access had been created to allow shared kitchen/dining/living space and free movement between both houses. This house can accommodate six residents. Each of the houses have their own kitchen and sitting room, the sizes of which are adequate to provide suitable common space for the number of residents.

The following information outlines some additional data on this centre.

Current registration end date:	26/01/2020
Number of residents on the date of inspection:	13

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
18 February 2019	10:00hrs to 18:00hrs	Cora McCarthy	Lead
21 February 2019	09:00hrs to 15:00hrs	Cora McCarthy	Lead

Views of people who use the service

The inspector met with 7 residents who resided in this centre. Some residents communicated in a non verbal manner and therefore could not tell the inspector their opinions of the service. The inspector interacted with the residents through facial expression and gestures which indicated satisfaction with service. The inspector observed residents and noted the positive interactions that took place between residents and staff. Staff were able to interpret resident's vocalisations, needs and preferences. Residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. Residents who were verbal stated they were happy with the care they received and appeared content. One resident did indicate dissatisfaction that there was not enough staff for her to go out as requested. The inspector observed this to be the case due to inadequate staffing levels on the day of inspection. The inspector observed staff members supporting residents with cooking at mealtime. The residents appeared happy with the care and support provided by staff. Staff on duty in the centre interacted with residents in a warm and caring manner and both houses were decorated with personal items of the residents such as photos of family members.

Capacity and capability

This designated centre was comprised of two houses, one of which the inspector had serious concerns over regarding staffing and health care management. The second house in the centre was found to be a well-managed centre and provided a safe quality service to residents.

The provider had ensured that there was a governance and management structure in place to ensure that a safe service was provided to the residents. The person in charge was knowledgeable regarding the regulations and their statutory responsibilities. However the oversight and monitoring of the care provided in the centre required review and improvement.

There was a system of audits and unannounced inspections in place which identified areas for improvement however the the follow through to completion was poor.

There were inadequate staffing levels to meet the residents' assessed needs as outlined in the statement of purpose. The inspector viewed a training overview and identified significant gaps in training for staff. The person in charge subsequently submitted a training schedule and committed to ensuring all staff were trained with a set time frame.

A sample of staff files were reviewed. These were seen to contain all information

required by Schedule 2 of the regulations.

While staff meetings were not currently held on a regular basis the person in charge planned that these would happen regularly going forward. Similarly the undertaking of supervision and appraisal for all staff was occurring but not regularly.

There had been no recent admissions to the centre therefore admissions was not reviewed on this occasion.

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up. The residents were familiar with this and one resident informed the inspector as to how they would raise concerns should they wish to do so.

The inspector noted that the interaction between residents and staff was warm and a pleasant atmosphere was observed throughout the inspection. However the inspector observed on the day of inspection that a resident was going on an outing; the coat the resident was wearing was ill fitting and did not close fully. This was addressed immediately once the inspector made it known to the person in charge.

Regulation 14: Persons in charge

The person in charge was suitably qualified and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number of staff was appropriate to the number and assessed needs of the residents and as outlined in the statement of purpose.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector viewed a training overview and identified significant gaps in training for staff. The person in charge subsequently submitted a training schedule and committed to ensuring all staff were trained with a set time frame.

Judgment: Not compliant

Regulation 19: Directory of residents
An adequate directory of residents was available within the centre.
Judgment: Compliant
Regulation 21: Records
The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were available for the inspectors to view.
Judgment: Compliant
Regulation 22: Insurance
Suitable insurance arrangements were in place.
Judgment: Compliant
Regulation 23: Governance and management
Systems were in place to ensure the delivery of care and support. These arrangements included two six monthly unannounced inspections. There was evidence that some actions had been identified however there was no evidence that these were followed up and completed. The provider had not ensured that systems were in place in the centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.
Judgment: Not compliant
Regulation 24: Admissions and contract for the provision of services
The admission policy states that each resident should have a contract for the provision of services in place. The provider did have an agreement in place which included the support, care and welfare of the resident in the designated

centre, details of the services to be provided for the residents and the fees to be charged.
Judgment: Compliant
Regulation 3: Statement of purpose
The person in charge was unable to produce a statement of purpose on the day of inspection however she did submit it on the day following the inspection.
Judgment: Substantially compliant
Regulation 30: Volunteers
There were no volunteers in the centre currently.
Judgment: Compliant
Regulation 31: Notification of incidents
A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
Records indicated that such notifications were submitted to the office of the chief inspector as required.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The person in charge was aware of their responsibilities in terms of notifying the

office of the chief inspector as to the interim arrangements for the management of the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The written policies and procedures were unable to view on the day of inspection. The provider is actively reviewing and updating the printing and dissemination of policies.

Judgment: Not compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was poor.

The inspector found that the assessments of the residents' health and social care needs was not comprehensive and as such were not effective in meeting the needs of the residents. The inspector identified contradictory and incomplete information in care plans; these required review and update. The person in charge committed to amending this immediately and submitted the relevant document to the inspector in the days following the inspection.

Where treatment was recommended by allied health professionals such treatment had not been followed through. Two residents required support with monitoring food and fluid intake for a health related condition as observed in their personal plan. Health care management plans were required immediately for these two residents, the person in charge addressed this immediately. End of life care plans were required for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required communication assessment to be completed. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse.

The centre had a good medicines management system to support the residents'

needs. Residents were facilitated to access a pharmacist and GP of their choice.

Some residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day service, community facilities and amenities. The residents had access to some recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. However these were at times limited due to staffing levels. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Residents said they were happy spending time in the centre. The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector noted that the kitchen was dated and in a poor state of repair. It had limited accessibility for one resident who mobilised in a wheelchair. Overall improvement was required to the premises.

There was evidence that any incidents and allegations of abuse were reported and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. Examples of these would be missing persons, injury to a resident, behaviours that may challenge and choking risks. However the inspectors noted a health related risk where food and fluid intake monitoring was required, this risk had not been identified.

The inspector identified gaps in training in the management of behaviours that challenge. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required communication assessment to be completed. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control

of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had not ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. All residents did not have access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Not compliant

Regulation 17: Premises

The inspectors observed that overall the resident's home was warm and displayed personal items of the residents. However overall improvement was required to the premises. The inspector noted that the kitchen was dated and in a poor state of repair. It had limited accessibility to one resident who mobilised in a wheelchair.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were no arrangements in place for the investigation of and learning from adverse events. The inspector also noted a health related risk where food and fluid intake monitoring was required, this risk had not been identified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety records were reviewed. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. The storage areas under the stairs were empty of all fire hazards. There were records of regular fire drills however the staffing level posed a significant risk in the event of an evacuation being required. The inspector identified gaps in fire training however a schedule of training was subsequently forwarded to the inspector. Suitable personal emergency evacuation plan were in place for the residents. Staff were not signing in when coming on duty which was required as part of good fire safety practice.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social

care needs of each resident was carried out. However the personal plan required review as there was conflicting information throughout and required appropriate plans to be put in place to support the residents' individual needs. In general support plans required greater oversight and monitoring.

Judgment: Not compliant

Regulation 6: Health care

Each resident had access to a general practitioner of their choice. However where treatment was recommended by allied health professionals such treatment was not followed through. Two residents required support with monitoring food and fluid intake for a health related condition as observed in their personal plan. Health care management plans were required immediately for these two residents, the person in charge addressed this immediately. End of life care plans were required for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The inspector identified gaps in training in the management of behaviours that challenge. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. The inspector identified gaps in safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 2 OSV-0003696

Inspection ID: MON-0026512

Date of inspection: 18/02/2019 and 21/02/2019

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff rosters will reflect information provided within the SOP, and as previously stated in Providers Assurance Report. SOP will be updated to reflect staffing compliment as required.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training for 2019 has been scheduled for all mandatory courses. 2 places per mandatory course e.g. Manual Handling, MAPA, have been secured by the training coordinator for each month from June 2019 to December 2019.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Going forward ,following each unannounced 6 monthly and annual review inspections, the PIC and PPIM will meet to discuss actions identified and devise a plan to implement recommendations.PIC will then organize a staff meeting specific to 6 monthly unannounced inspections and annual reviews. The PIC will allocate actions to staff with regard to areas of improvements identified within the action plan. Work will begin to address all actions identified immediately and be completed within the six month period. PIC will review and effectively monitor progress on action plans.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of</p>	

<p>purpose: PIC will ensure that most current version of Statement of purpose and function is available on site in both locations of designated centre at all times. Same completed 18/02/2019.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Cope Foundation has a policy development forum which is responsible for the development and review of all PPPG. The Organisation is actively reviewing and updating the printing and dissemination of Policies.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Referrals for communication assessment for residents have been sent internally through CASS referral system. Communication passports for all residents will be reviewed and updated.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: All residents that currently attend day services will continue to do so. Residents that do not attend a designated day service, a time table for activation has been devised to reflect a choice of activities with regard of their personal choice and preference of activity. Referrals for Educational assessments for all 7 residents in one location within the designated centre have been sent through internal CASS referral system. Referral for a sensory assessment for one resident identified during inspection has also been sent through internal CASS referral system. All residents personal plans are currently being reviewed and updated to ensure appropriate care and support in accordance with evidence-based practice and each residents individual needs.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A response has been provided to the Authority regarding the suitability of the premises. A detailed plan of refurbishment has been proposed and submitted to the Authority.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All incidents will be discussed at staff and safety meetings to promote learning from same and a learning log will be put in place. A schedule of Staff and Safety meetings for 2019 has been devised and made available to all staff.</p> <p>Health related assessment in respect of nutrition have been reviewed and updated. Updated SLT and dietetics reviews will be referred through CASS system and monitored at annual MDT review scheduled for 24th October 2019.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff are now signing in when coming on duty as part of the handover in the a.m and p.m. 20/02/2019.</p> <p>All but 1 staff fire training has been updated and in date.</p> <p>Staffing levels will be in accordance to the Provider Assurance Report.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Schedule to review all personal plans and individual assessments in both locations within the designated centre is in place and will be completed by 31/12/2019.</p> <p>Individual assessments and Personal plans will then be reviewed monthly by keyworkers and PIC will oversee and monitor care plans on an ongoing basis with evidence of same in each personal Plan.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Health Management plans for all residents will be updated during the review of their personal plans. These plans will follow the same format/template as those submitted to inspector regarding two residents identified during inspection.</p> <p>End of life Care plans will be discussed in consultation with resident and families during PCP meetings.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/12/2019
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Yellow	31/12/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	16/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Yellow	31/12/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Yellow	31/03/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that	Not Compliant	Yellow	31/12/2019

	the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/12/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/04/2019
Regulation 03(3)	The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	Substantially Compliant	Yellow	20/02/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Yellow	31/12/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Yellow	31/12/2019
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	31/12/2019