



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group R
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	13 March 2023
Centre ID:	OSV-0007791
Fieldwork ID:	MON-0030319

About the designated centre

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

St. Vincent's Residential Services Group R is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen, a dining room, two living rooms and bathrooms and a garage. Residents are supported by the person in charge, social care workers, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 March 2023	09:45hrs to 17:10hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life and were well cared for in this centre. Residents were seen to be offered a person centred service, tailored to their individual needs and preferences. There were management systems in place that ensured a safe and effective service was provided. Overall, the inspector found that there was good compliance evident with the regulations in this centre. Some issues in relation to contracts of care and information of residents displayed in a communal area will be discussed in the following two sections of this report.

This was an announced inspection to monitor levels of compliance with regulations to inform the upcoming decision in relation to the renewal of the centre's registration. The inspector had the opportunity to meet with each resident that lived in the designated centre. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with the management, person in charge and staff. The inspector had the opportunity to meet the service manager and person participating in management during the course of the inspection day. They showed knowledge and oversight arrangements were in place in the designated centre and were both familiar with the supports and care needs of the residents. The inspector completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival at the centre, it was noted it was a well-maintained home located in a rural setting close to the city of Limerick. The designated centre, internally was well kept, warm and clean. Each resident had their own bedroom which was individualised. Residents had access to a kitchen, sitting room and dining room area. The centre was surrounded by a large well maintained garden which had a decking area at the rear to allow access and overview of the garden. The back garden was accessible via a footpath but the provider did identify further works were needed in order to make it fully accessible for the residents of the designated centre. Some improvements were required regarding the upkeep of the property such as painting of the centre. This was self-identified by the registered provider and plans were in place to have this designated centre painted in the coming weeks, which would meet the requirements of regulation.

On the morning of the inspection, residents were observed engaging in their routines and preparing for the day. Residents were observed to be supported to get ready for their daily activities. The inspector met all four residents, one resident was preparing to leave the centre to visit family members for a few nights. Another resident was observed relaxing in the kitchen with staff having a cup of tea, while another was preparing to go to an art and craft class in a local community college, this resident told the inspector they were going out for lunch after which they were looking forward to. The inspector was introduced and shown the sitting room by

another resident, this resident was actively involved in the local tidy towns for the community and also enjoyed volunteering at the local church as per their interests. Residents appeared very comfortable in staff and each others company. The residents had active lives in the local community, which also included regularly going to the local pub to listen to traditional music, visiting a local donkey sanctuary and attending the local hairdressers and beauty salon. Staff spoken with noted residents had a good quality of life.

As this inspection was announced, the residents' views had also been sought in advance of the inspector arrival via the use of questionnaires. Four residents with the support of staff or friend/family used these documents to provide information on the care and support being provided within the centre. Residents and their representatives expressed they were happy and satisfied with the quality of care and support being provided. Residents expressed satisfaction with areas such as meal times, activities and their bedrooms.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a clearly defined management system in place which ensured the service provided quality, safe care and was effectively monitored.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for another designated centre and was supported in their role by a clinic nurse manager 1 in this designated centre. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review for 2022 and unannounced provider six-monthly audits which took place in January 2023. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised as per the providers policy. This meant that the staff team

had up-to-date knowledge and skills to meet the residents' assessed needs.

The registered provider also had a directory of residents that was properly maintained with all required information. All mandatory required notifications had been submitted to the Health Information and Quality Authority (HIQA). Each resident had a contract of care and an easy-to-read contract of care in place, however some gaps were identified in these. Contracts had not been reviewed in the service for all residents since March 2021. The registered provider had changed provider name and this was not reflective of the contracts seen. Each resident had an accessible easy-to-read format of their contract, this also had not been reviewed since 2021 and did not include information on the fees the residents pay or any additional cost that may be incurred in the designated centre.

The inspector found that the provider had systems in place for a complaints process. The designated centre had received no complaints. An easy-to-read complaints procedure was available for residents and a flow chart was on display for residents. Residents had access, if needed, to an appeals process. Residents were made aware of their right to make a complaint in resident's house meetings. The inspector spoke to the person in charge and staff who displayed knowledge of the complaint process for the designated centre and how to support a residents or family member to make a complaint.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. The person in charge was also responsible for another designated centre, which is located close by. They were

supported in their role by a clinical nurse manager in this designated centre. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The service ensured staff ratios were flexible to respond to resident's needs also, for example the service promoted residents ability to engage in social activities at varying times throughout the day and evening. On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was present in the centre and was available to the inspector for review. It was found to contain all information as required by the Regulation and Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the person participated in management, who in turn reported to the service manager. The governance systems in place ensured that service delivery was safe and effective through the ongoing audits and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of audits taking place to ensure the service provided was safe for the residents' needs. The audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. In addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had procedures in place in regards to the contracts of care to be provided to the residents. Some gaps were evident in the maintenance of these documents, this was seen not to impact on the care provided in the designated centre.

The registered provider had a contract of care and an accessible easy-to-read contract of care in place, however these had not been reviewed since March 2021 and did not reflect the current registered provider name as per the statement of purpose. The easy-to-read contract of care did not identify fees or charges for the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. For example, the statement of purpose described a blended day service model in the local community and also the home environment. This was observed on the day of inspection and evident through review of schedules and staff rosters. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the designated centre at the time of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired, actions and resident satisfaction with the outcome were recorded. An appeals process was also available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. These policies were reviewed in a three year period by the provider as required by the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person-centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, health care plans, risk documentation, fire safety documentation, and protection against infection. The inspectors found good evidence of residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to residents' rights regarding personal information on display.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate. As mentioned earlier in the report residents had access to opportunities and facilities while in the centre. They had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. One resident goal was participation in an advocacy group where they would provide feedback to the group and community on the accessibility for wheelchair users in facilities in the surrounding area. Another resident was planning a trip abroad to visit family.

There were effective systems in place for the safeguarding of residents. The inspectors reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home. Each resident had an intimate care plan in place.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There had been a significant improvement since the last inspection in November 2021. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. Risk assessments were in place and regularly reviewed by the person in charge. The centre had facilities and system in place for laundry which was located in the utility room, this was seen to be well organised with colour coded mops and cloths present. Cleaning schedules were in place for high touch areas, regular cleaning of rooms and some personal equipment. The designated centre was visibly clean and well maintained on the day of the inspection.

Safe and suitable practices were in place for the ordering, prescribing, administration and disposal of medicines in the centre. The inspector reviewed a sample of the contents within the medicine store in the centre. Medicines were stored securely in a locked cabinet. Stock records were maintained of all medicines

received into the centre. Appropriate facilities were provided for medicines which needed to be refrigerated.

An inspector reviewed the management of residents' finances in this centre and looked at a sample of the documentation in place around this. Residents had their own bank accounts and were supported to manage their money by staff and management of the centre. Financial assessments were in place for residents. There were clear systems in place to support residents to access their monies as desired and there were monitoring arrangements in place to safeguard residents' monies. From meeting with the residents and viewing their bedrooms in the centre, there was evidence that residents were supported to have control over their personal possessions, and had adequate space to store their personal belongings. Residents' rooms were decorated in line with their personal preferences and some residents had items such as televisions, photographs, seating and a range of other personal possessions on display and stored in their bedrooms. Each resident had an inventory list of all their personal possessions which was reviewed on an annual basis.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes. On the day of the inspection residents were seen to be supported with a range of activities in line with their personal interests. Residents had active lifestyles and were actively involved in the local community groups such as, tidy towns and a church voluntary group. Residents were seen to have individualised goals in place with actions and supports in place for each resident to achieve their goals. For example, one resident had a goal to visit a family member abroad, this was clearly documented and a time line in place for the resident to achieve this goal.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was well-maintained with accessibility arrangements in place for residents as required in relation to ramps on exit and entry doors and a decking area in the back garden. The centre was warm and homely and well furnished. The design and layout of the centre was in line with the statement of purpose. Each resident had access to their own private and communal spaces.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with a choice of food in line with any dietary or preferred meal choices. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened. Residents were supported at meals times by staff where required. For example, a resident required a modified diet as per guidance from a speech and language therapist. An assessment and support plan were recorded in the resident's personal plan identifying the supports needed and this was seen to be implemented on the day of the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider prepared a residents guide which contained the required information as set out by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas, regular cleaning of all areas of the designated centre. Good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. There were adequate means of escape, including emergency lighting. The centre evacuation plans were current and regularly reviewed. Each resident had a personal emergency evacuation plan (PEEP) outlining any supports they may require to safely evacuate the centre in the event of an emergency. The PEEP for each resident was displayed on the wall in the kitchen area which contained personal information of residents, these were also kept in the residents personal plan. This will be discussed under regulation 9.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency. There was evidence that drills had been completed with the minimum number of staff and using all aids that were required by residents for safe evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines The designated centre had nursing care 24/7. Staff were knowledgeable on medicine management procedures, and on the

reasons medicines were prescribed. Medicine and administration records were complete in line with requirements. Medicines were securely stored in a locked press.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. For example, on return from a social outing a resident appeared to communicate to staff a wish to change activity and have a rest, this was facilitated for the resident.

Judgment: Compliant

Regulation 6: Health care

Each residents' health care supports had been appropriately identified and assessed. The inspector reviewed a sample of health care plans and found that they appropriately guided the staff team in supporting residents with their health care needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were offered choice in this centre. Residents had access to advocacy services if required. The residents had access to meaningful day service programme and to regular community access. Staff supported residents' capacity to exercise personal independence and choice in their daily lives, with one resident telling the inspector they had paid for their meal out with their own bank card.

Some resident's personal information was viewed on display in the kitchen area of the centre on a personal evacuation emergency plan and this did not protect the privacy and dignity of all residents.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group R OSV-0007791

Inspection ID: MON-0030319

Date of inspection: 13/03/2023

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider's Quality and Risk Officer is in the process of reviewing and updating the Contract of Care as required which will also reflect change in Provider's name.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The resident's personal information which was on display in the kitchen area of the centre on a personal evacuation emergency plan was covered over so that personal information is no longer visible.	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	26/05/2023
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	26/05/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in	Substantially Compliant	Yellow	13/03/2023

	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.			
--	---	--	--	--