



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

Issued by the Chief Inspector

Name of designated centre:	Grangebective
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0001913
Fieldwork ID:	MON-0035013

About the designated centre

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

Grange Bective provides support to five residents aged 18 years or older. The centre consists of a two storey, dormer style bungalow, situated outside a large town in County Meath. The centre includes an independent living unit which can accommodate one resident and is connected to the bungalow by a hallway and connecting door. There is a large garden to the back of the property where residents can enjoy sitting out. Residents are supported 24 hours a day, seven days a week by a person in charge, team leaders, and support workers. There are six staff and one team leader on duty each day and two waking night staff and a sleepover staff on duty each night. The person in charge is employed on a full time basis, but is also responsible for another designated centre under this provider. Transport is provided for residents to avail of activities in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 11 January 2023	11:00hrs to 19:45hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor ongoing compliance with specific regulations and to follow up on issues identified at previous inspections conducted in this centre, where improvements were required in a number of the regulations inspected against. Overall, the inspector found the provider had effective governance and management arrangements in place which were contributing to positive outcomes for the residents. Some improvements were required in fire safety, records, personal plans and residents' health care needs.

On arrival to the centre, a team leader went through some precautions around infection control measures. Staff were supporting residents with personal care, preparing for the day ahead and one resident had left to attend their day service.

The inspector got to meet three of the residents living here. One of the residents expressed that they did not wish to meet the inspector and this was respected. The residents appeared comfortable in their own home and over the course of the inspection were observed going out on activities, enjoying breakfast and listening to their favourite music. The inspector observed that staff interactions with residents were respectful, kind and patient.

Since the last inspection, two residents had been supported to attend a day service, however, both did not really enjoy the service after attending a number of sessions. Instead, a timetable of activities had been developed each day to ensure that the residents had a routine and plan in place, which was very important to each of them.

To support residents with this, some residents had an 'objects of reference' board to support them to understand what activity was coming next. An objects of reference board uses a specific object to identify what is happening next. For example; if the next activity for a resident was going for a drive, then the resident was shown a small bus to indicate that they were going for a drive. One staff member explained how this worked for one of the residents, stating that it was really supporting the resident to understand what was happening next which also helped the resident to manage some of their anxieties.

All of the residents had developed a 'wish list' for the coming year, which was a list of activities and goals they wanted to achieve. This list was created using pictures which made it easy for the particular residents to understand. Some of the items included on the lists were going on an overnight stay, going to a concert or attending theme parks.

One resident met with the inspector to talk about what it was like living in the centre. The resident showed the inspector their bedroom and home. They spoke about some of the updates that had taken place in their home and some of the

things they liked to do.

Since the last inspection a significant amount of work had been completed to the premises. All of the residents had their own bedrooms and en suite bathrooms. Residents bedrooms had been decorated in line with their personal preferences. For example; one resident liked a minimalist decor and another resident who liked a more personalised bedroom, had it decorated with some of the things they loved. The inspector noted that the temperature in one residents bedroom was cool and not at room temperature, staff informed the inspector that this was in line with the residents own preferences and needs. This information was verified in the resident's personal plan also.

Overall the centre was tidy, clean and decorated to a high standard. Outside there was a large garden where equipment such as a swing had been purchased for residents to enjoy. Funding had also been secured for the coming year to landscape the garden and get more outdoor equipment.

Residents were consulted about how the centre was run, through residents meetings where they chose meals for the week and where they were also informed using social stories about how to make a complaint and feeling safe. They also discussed events coming up or plans for the week or month. For example; the minutes of the meeting in December 2022 showed that a Christmas party was planned, Christmas breaks home had been discussed and each resident was to be supported to compile a 'wish list' for 2023.

As part of the providers annual review, they were collating feedback from family representatives and residents about the services provided. One form had been received from a family representative so far, who reported that they were very happy with the care provided to their family member. The residents feedback overall was also positive with residents reporting that they were happy with staff and liked their home. Some residents had raised some areas that they would like improved. The head of operations advised that all feedback from surveys is recorded onto a computer system from which actions are collated and acted upon. The inspector was therefore satisfied that the areas of improvement highlighted by residents would be addressed.

At the time of the inspection there were no complaints logged in the centre.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The inspector found that the provider had implemented all of the actions from the last inspection and while a small number were still ongoing at the time of the inspection, there were plans in place to address them going forward. The actions taken by the provider are discussed in more detail under the relevant regulations. Some improvements were still required in staffing, fire safety, personal plans and residents health care needs.

Since the last inspection the centre had undergone considerable renovations and updates. Part of this included removing an en suite bathroom and converting a bedroom to a relaxation room. The registered provider had not informed the chief inspector of this change as required under the regulations. Notwithstanding, the inspector found that this did not impact on the quality of life of the residents in the centre and was assured by the head of operations that the registered provider would submit an application to vary the registration of the centre to the chief inspector following this inspection. Prior to the publication of this report, the registered provider had submitted this application.

There were clear governance and management arrangements in place. The person in charge was a qualified social care professional who worked on a full time basis. They were also appointed as the person in charge of another designated centre under this provider. A number of team leaders were also employed to support the person in charge with the oversight arrangements and supervision of staff in the centre. Since the last inspection the registered provider had increased the number of team leaders in order to support this arrangement. The inspector found that this was ensuring effective oversight of the centre.

The person in charge reported to a head of operations who was also a person participating in the management of the centre. This person along with a team leader facilitated the inspection. Both of these staff demonstrated a good knowledge of the residents needs and were very responsive to any areas of improvement identified at the inspection to ensure a safe quality service for the residents. The registered provider had systems in place to review the care and support being provided. This included monthly audits, a six month unannounced quality and safety review and an annual review of the quality and safety of care which is required under the regulations.

There were sufficient staff numbers in place to meet the needs of the residents. Some vacancies had still not being filled despite an ongoing recruitment campaign by the provider. This meant there was still a reliance on agency staff in the centre, however the inspector found that the provider had recently inducted three new staff who were due to start in the coming months. In instances where agency staff were employed the provider had arrangements for induction and the supervision of these staff.

Staff met said they felt supported in their role by the person in charge, the team leaders and the head of operations. Regular supervision was held with staff and the person in charge facilitated staff meetings on a monthly basis. Staff meetings were also used as an opportunity to review and discuss residents' needs.

Training records for staff were reviewed and found that all staff had up-to-date training in both mandatory and additional training required to meet the needs of the residents. Staff had also completed training in human rights and one staff provided an example of how one resident was being supported with their human rights. The details of this are not discussed in this report to protect the residents identity.

Some improvements had been made to the records stored in the centre since the last inspection, however some of those reviewed by the inspector contained conflicting information that may lead to the inconsistencies in the way supports were delivered to the residents.

Registration Regulation 8 (1)

The registered provider had changed the lay out of the centre and had not informed the chief inspector of this change. Notwithstanding, the inspector found that this did not impact on the quality of life of the residents in the centre and was assured by the head of operations that the registered provider would submit an application to vary to the chief inspector.

Judgment: Not compliant

Regulation 16: Training and staff development

Since the last inspection, specific workshop training had been provided to staff to ensure that they had the skills to support one residents specific mental health needs.

Team leaders had also received training on risk assessments and effective care planning. Workshops had also been held with the team leaders on their roles and responsibilities and to enhance their skills.

A review of a sample of training records showed that staff employed on a full time basis had received training in fire safety, manual handling, safeguarding vulnerable adults, medicine management, supporting a person with epilepsy, infection prevention and control, positive behaviour support, supporting a person with autism and person centred care. Staff had also completed training in human rights and one staff provided an example of how one resident was being supported with their human rights. The details of this are not discussed in this report to protect the residents identity.

As part of a wider organisational initiative all staff were completing a training

programme in the coming weeks about promoting positive cultures.

A training matrix was maintained and regularly reviewed to ensure that any training due was scheduled in a timely manner.

All new staff received induction training in the wider organisation and the designated centre.

Regular staff meetings were held and the person in charge ensured supervision of staff took place regularly. Staff informed the inspector that they felt supported in their role and that they had no concerns about the quality and safety of care being provided. And should concerns arise they could talk to managers daily or through supervision.

Judgment: Compliant

Regulation 21: Records

As part of the actions from the last inspection, the registered provider was implementing a computerised personal planning process. This was still in progress at the time of the inspection. Therefore there remained issues with the accuracy of some records stored in residents personal plans as some of them contained conflicting information which could lead to errors if not addressed.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place. The person in charge reported to a head of operations, who reported to the director of care. The person in charge met with the head of operations regularly and had been provided with additional support from this person since taking up the role as person in charge. Five team leaders were also employed to ensure a management presence in the centre all of the time.

The registered provider also had a system in place to supervise and manage the centre when the person in charge was on leave. For example on the day of the inspection, the head of operations was working in the centre to support the staff team.

The registered provider had systems in place to review the care and support being provided. This included a six unannounced quality and safety review which is required under the regulations. The last one conducted had identified some improvements and a sample of those actions followed up by the inspector were found to have been completed.

The registered provider also had other audits and checks conducted to monitor the care and support being provided. This included medicine management audits, safety checks and environmental audits.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied from a review of incidents that had occurred in the centre that the chief inspector had been notified where required under the regulations when an adverse incident occurred in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff numbers in place to meet the needs of the residents. Some vacancies had still not being filled despite an ongoing recruitment campaign by the provider. This meant there was still a reliance on agency staff in the centre, however the inspector found that the provider had recently inducted three new staff who were due to start in the coming months. In instances where agency staff were employed the provider had arrangements for induction and the supervision of staff.

There were no volunteers employed in the centre. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the changes made to the premises and other improvements since the last inspection were contributing to a better quality of life for the residents. Some improvements were still required in personal plans, health care needs and fire precautions.

Since the last inspection a significant number of improvements had been made to the premises which was contributing to a more homely environment for the residents. All of the residents bedrooms had been redecorated, new furniture and beds had been purchased. New equipment had been purchased for the garden area. Some minor issues were still being addressed at the time of the inspection and the head operations had secured dates for this work to be completed.

Each resident had an up-to-date assessment of need completed. Support plans were in place to guide practice and inform the supports that residents required. However, improvements were still required to some of the support plans in place.

Residents were supported with their health care needs and had access to allied health professionals when required. However, one resident did not always want to comply with the recommendations made in relation to one of their health care needs, and while this was the residents right, there was no records to indicate whether the residents medical doctor had been informed of this. This required review.

Risk management systems were in place to ensure that incidents that occurred in the centre were reviewed, assessed and that control measures were implemented to mitigate risks. A review of incidents in the centre over the last six months, showed that there had been a reduction in the frequency of incidents in the centre.

The provider had systems in place to manage/prevent an outbreak of COVID-19 in the centre. Some minor improvements were required, however the inspector was assured that the provider had plans to address this next week.

Staff had been provided with training in safeguarding vulnerable adults. Staff were aware of the different types of abuse and who they should report allegations of abuse to in the organisation. Since the last inspection a number of safeguarding concerns had been notified to HIQA. The inspector followed up on these and found that the provider had taken appropriate actions to safeguard residents in the centre.

The registered provider had systems in place to ensure that medicine management practices were safe in the centre. All staff had completed training in the safe administration of medication.

There were systems in place for the management of fire in the centre. Some improvements were required to the personal emergency evacuation plans.

Regulation 17: Premises

Since the last inspection a significant number of improvements had been made to the premises which was contributing to a more homely environment for the residents. All of the residents bedrooms had been redecorated, new furniture and beds had been purchased. New equipment had been purchased for the garden area. Some minor issues were still being addressed at the time of the inspection and the head operations had secured dates for this work to be completed.

The registered provider had a system in place to ensure that equipment used in the centre was checked and maintained in good working order. For example; the water supply was checked to eliminate the risk of legionalles disease.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place to ensure that incidents that occurred in the centre were reviewed, assessed and that control measures were implemented to mitigate risks. A review of incidents in the centre over the last six months, showed that there had been a reduction in the frequency of incidents in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable procedures were in place for the prevention and control of infection. Since the last inspection the registered provider had made significant improvements to premises. Some minor issues were still required to a radiator, tiles in a bathroom and an area on the sinks to ensure that they were free from rust and debris. The inspector was satisfied that this was being addressed as the work was scheduled to take place next week.

Staff were observed to wear appropriate personal protective equipment in line with public health guidelines and there was a sufficient supply of personal protective equipment (PPE) in the centre. The provider had a contingency plan in place to manage and outbreak of COVID-19.

Enhanced cleaning schedules were in place and being completed by staff to mitigate

the risk of cross contamination.

Since the last inspection there had been no outbreaks or cases of COVID -19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had systems in place for the management of fire precautions. This included the provision of a fire alarm, fire doors, emergency lighting, fire extinguishers and fire blankets. There were records to indicate that all of this equipment had been serviced by competent professionals. Staff also completed weekly, daily checks on some fire safety measures.

All residents had personal emergency evacuation plans which were reviewed. However, some of these plans did not adequately describe the supports that a resident may need during an evacuation of the centre. In addition, the staff in the centre provided conflicting supports for one resident. This needed to be reviewed. Fire drills had been conducted to assure a safe evacuation in a timely manner.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had systems in place to ensure that medicine management practices were safe in the centre. All staff had completed training in the safe administration of medication.

An assessment had been completed with all residents on their ability to self medicate.

The provider had systems in place to ensure that the medicines stored in the centre were stored securely. Audits were conducted on medicine management practices in the centre.

Regular stock checks were conducted in the centre to ensure transparency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need completed. Support plans were in place to guide practice and inform the supports that the resident required.

However, improvements were still required to some of the support plans in place. For example; one support plan indicated that a residents room should be checked every morning, however staff said that this was no longer done. In addition, there was no support plan in place to guide practice for one residents potential mental health need.

Care interventions in relation to the residents health care needs were being monitored and recorded, however one of them was not consistently recorded for the month of December 2022.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported with their health care needs and had access to allied health professionals when required. However, one resident did not always want to comply with the recommendations made in relation to one of their health care needs, and while this was the residents right, there was no records to indicate whether the residents medical doctor had been informed of this. This required review.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding vulnerable adults. Staff were aware of the different types of abuse and who they should report allegations of abuse to in the organisation. Since the last inspection a number of safeguarding concerns had been notified to HIQA. The inspector followed up on these and found that the provider had taken appropriate actions to safeguard residents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

At the time of the last inspection, one residents behaviours were impacting on other residents in the centre. Since the last inspection one this resident had been supported to transition to another centre. Staff reported that this was having a positive impact on the residents living in this centre.

As discussed earlier in this report one staff gave a very positive meaningful example of how one resident was being supported to exercise their rights in the centre.

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 15: Staffing	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grangebective OSV-0001913

Inspection ID: MON-0035013

Date of inspection: 11/01/2023

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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1): The Registered Provider has submitted application to vary 31/01/2023. Completed 31/01/2023</p> <p>The Registered provider has communicated with development department and operational regarding ensuring applications to vary are submitted as per regulation. Completed 20/02/2023</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Person Participating in Management will complete personal planning workshops with team leaders to improve use of plans. To be completed by 30/04/2023</p> <p>The Person Participating in Management and Person In Charge will complete record keeping workshop with team leaders to improve use of record keeping in the centre. To be completed by 30/04/2023</p> <p>The PIC has ensured that all records have been up dated to ensure they accurately reflect residents needs and wishes. Completed 17/02/2023</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person In Charge has reviewed all personal evacuation plans to adequately reflect supports required. Completed 30/01/2023</p> <p>The Person In Charge will continually communicate fire evacuation plans to all staff in the Centre at daily handovers and at staff meeting. To be completed by 31/03/2023</p>	

<p>The Person Participating in Management will monitor and review residents Personal Emergency Evacuation Plans during monthly monitoring visits. To be completed by 28.02.2023</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge has reviewed and updated the resident's personal plans to ensure assessed needs are reflected in same. Completed 17/02/2023</p> <p>The Person Participating in Management will complete personal planning workshops with team leaders to improve use of plans and record keeping. To be completed by 30/04/2023</p> <p>The Person Participating in Management will monitor and review resident's personal plans during monthly monitoring visits. Commenced 17/02/2023</p> <p>The Person In Charge has updated health plan for resident for December 2022. Completed 17/01/2023.</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person In Charge has ensured resident's health needs have been reviewed by the medical doctor to ensure residents health needs are reviewed and monitored accurately. Completed 17/01/2023</p> <p>The Person participating in Management will continually monitor health needs in monthly monitoring visits. Commenced 17/01/2023</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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	20/02/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/03/2023

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
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).	Substantially Compliant	Yellow	30/04/2023
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	17/01/2023