



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

## Issued by the Chief Inspector

|                            |                                 |
|----------------------------|---------------------------------|
| Name of designated centre: | Rathbeag                        |
| Name of provider:          | Nua Healthcare Services Limited |
| Address of centre:         | Laois                           |
| Type of inspection:        | Unannounced                     |
| Date of inspection:        | 09 August 2023                  |
| Centre ID:                 | OSV-0003381                     |
| Fieldwork ID:              | MON-0041004                     |

## About the designated centre

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

Rathbeag consists of a large detached bungalow located in a rural area comprising of three individual apartments and one bedroom which supports a resident to have free access to the main aspect of the centre. The centre is within close driving distance to a number of towns and provides a residential service for four adults, over the age of 19, both male and female with disabilities. Residents have their own bedroom, three of which are en suite, while three of the apartments also have their own sitting room. Communal facilities are also available in the centre such as a kitchen and a utility room with staff rooms also in place. Staff support is provided by social care workers and support workers. Nurse support is also available when required.

**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 |
|-------------------------|----------------------|---------------|------|
| Wednesday 9 August 2023 | 08:30hrs to 16:30hrs | Ivan Cormican | Lead |

## What residents told us and what inspectors observed

This inspection was conducted following the receipt of information which was submitted, as required by the provider, in relation to the use of restrictive practices in this centre. The inspector found that welfare of residents was promoted; however, there were some adjustments required in regards to supporting a resident with regard to advocacy and some aspects of the use of restrictive practices. In addition, significant improvements were required in relation to infection prevention and control (IPC) measures for one care area of this centre. These issues will be discussed in the subsequent sections of this report.

The inspector met with the four full time residents who were availing of a service on the day of inspection. The centre had no vacancies and there were no immediate plans to discharge any resident from this centre. The centre was large and each resident had their own living area. The inspector met with three of the residents in their own quarters, which they had individually decorated in line with their own preferences. The inspector met with the remaining resident in the communal area of the centre and they chatted freely about their life and how they found living in this centre. They explained that they were supported by a friendly staff team and that they would have no issues in approaching the person in charge or any staff member if they had a concern. They discussed how they liked going out everyday and that they planned to go shopping later that day.

Three of the residents who used this service had significant care needs and they required support with personal care, behaviours, maintaining their safety while in the centre and also when accessing the community. The inspector met with each of these residents in their own living areas with one of the residents openly discussing their life with the inspector on both the morning and the late afternoon of the inspection. They told the inspector that they were unhappy living in the centre and they highlighted their dissatisfaction with many aspects of care including staff, oversight and recent changes to their medications. Through their interactions they also disclosed two safeguarding concerns which they had and these were brought to the attention of the provider as soon as the conversation ended with this resident. The residents' mood changed frequently throughout the conversation and they proudly sang two songs prior to the conclusion the inspection. It was clear that the person in charge was aware of the resident's thoughts on the service and they showed the inspector minutes of a multidisciplinary team meeting which discussed the resident's placement in this centre and their wish to leave. Although this was a positive example of oversight, and feedback given to the resident in regards to a holiday which was discussed, there was no overall feedback given in regards to their concerns and wishes. In addition, although the provider stated that advocacy had been sought for this resident in the past, no new referrals had been submitted in regards to their overall dissatisfaction with the service.

Resident's individual living areas were decorated with pictures of them enjoying social outings and residents who met with the inspector stated that they were

supported in line with their personal wishes to access their local community. One resident who met with the inspector stated that they intended to get some fast food later that day and as mentioned above one resident planned to go shopping and they joked with the inspector that they could end up spending a lot of money on clothes. The person in charge also informed the inspector that while shopping with staff this resident indicated that they would like a job or to become a volunteer which was a very positive indication that this resident was well supported in this centre. Although one resident was dissatisfied with their overall service, they indicated that they had good community access and they regularly went to markets, garden centres and day trips.

One resident did not use English as their first language and they had been admitted to the centre in the months previous to the inspection. Staff used a translator which was paired to the resident's mobile phone and promoted their communication. The inspector also used this device to good effect and the resident told the inspector that they were happy with their home, staff and community access.

Overall, the inspector found that the provider was committed to the delivery of a good quality service and that the person in charge and a senior manager had a good understanding of the service, including the residents' complex needs. However, issues remained from the last inspection in relation to the IPC in one area of the centre. In addition, some elements of the oversight of restrictive practices required adjustments and a resident's dissatisfaction with the service required further review.

## Capacity and capability

The inspector found that there was good oversight of day-to-day care and it was clear that the management team were committed to the delivery of a good quality service. Areas of care such as safeguarding were well managed and the provider demonstrated learning from recent implementation of physical restrictive practices. However, issues remained from the last inspection in relation to IPC and the provider's most recent six monthly audit had not re-examined this area of care to ensure that satisfactory measures were in place.

The inspection was facilitated by the centre's person in charge and also by a senior manager from within the provider. Both managers were found to have an in-depth knowledge of the residents' needs and also of the resources which were in place to meet those needs. The person in charge explained the oversight measures which were in place including the trending of incidents which had the potential to impact upon the safety and quality of care which was provided. As mentioned in the opening section of this report, this inspection was conducted following the receipt of information which was submitted by the provider and indicated a significant increase in the frequency and duration of some restrictive practices. The person in charge clearly demonstrated their awareness of this increase and they outlined the response from within the centre and also from the provider which sought to ensure

that any restrictive practices were implemented as recommended and also that the least restrictive option used.

The person in charge highlighted several reviews of behavioural plans which had recently occurred, with adaptations included that supported staff with a measured removal of any physical restrictive practices which they may have to engage in. Behavioural support also recommended a wellness programme to assist a resident to better engage socially and the person in charge explained that this programme was still under consideration at the time of inspection. In addition, the provider conducted centre specific behavioural support training for staff which was facilitated by the behavioural support specialist and also a specialist trainer in responding to behaviours of concern. It was clear that the provider had taken the increase in physical restrictive practices seriously and an additional multidisciplinary team meeting had occurred which reviewed a resident's placement and also any contributing factors to the increase in behaviours of concern. The review highlighted that a poor night time routine and potential lack of sleep could have contributed to this increase and at the time of inspection the person in charge indicated that the staff team were exploring several options to promote a better sleep pattern for this resident.

The inspector met with seven staff who were on duty at the time of inspection. The centre was found to have a very pleasant atmosphere and staff were observed to interact and converse with residents in a very kind and considerate manner. A staff member who sat and spoke with the inspector had a good knowledge of a resident's behavioural support needs and they clearly explained the situations which may lead to the use of a restrictive practice. They also had a good knowledge of safeguarding and they spoke about safeguarding arrangements which were in place at the time of inspection.

Although the provider had responded in a positive manner to recent behavioural concerns, this inspection highlighted that deficits in regards to IPC remained since the last inspection of this centre. Although the actions from the last inspection had been implemented, these actions had not fully resolved the IPC issues and concerns remained around staff practice and also the facilities which were available to staff to clean and disinfected one area of this centre. Furthermore, the centre's most recent six monthly audit failed to re-examine IPC arrangements in this centre to ensure that they were held to an overall good standard.

Overall, the inspector found that management had good oversight of care in this centre; however, the actions from the last inspection did not ensure that IPC was maintained to satisfactory standard at all times.

## Regulation 16: Training and staff development

Staff training and development plays a central role in supporting residents who have complex needs. The provider ensured that residents were supported by staff who could support their needs by having both a mandatory and refresher training

programme in place. A review of training records indicated that all staff were up to date with their training needs.

Additional centre specific training was also completed by staff following an increase of behaviours of concern which had resulted in the use a physical restrictive practices.

Judgment: Compliant

## Regulation 23: Governance and management

Robust governance and management arrangements assist in ensuring that the service is safe and that residents have a good quality of life. It was clear that the provider was committed to the delivery of a service which met residents' needs and promoted their wellbeing.

However, although the actions from the last inspection in regards to IPC had been implemented, these actions had not fully addressed the IPC issues in this centre. In addition, the provider's last six monthly audit failed to re examine the IPC arrangements to ensure that any action taken were effective.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the overall quality of care was promoted in this centre and it was apparent that management of the centre sought to ensure that residents were safe and that their wellbeing was to the forefront of care. Although there had been incidents whereby physical restrictive practices were used, the provider clearly demonstrated learning from these incidents and sought to ensure that the least restrictive measures were used. However, as stated earlier in the report, there were recurrent issues in regards to the IPC measures in one area of this centre.

One area of this centre required significant input to ensure that IPC was actively promoted and maintained to a good standard at all times. There were issues raised on the last inspection of this centre in relation to this area and the provider submitted a plan to the Office of the Chief inspector to resolve these issues. Although, this plan had been implemented, the inspector found that it did not fully alleviate the IPC issues in this centre. For example, an external area which had been renovated to address some of the IPC issues required further improvements in regards to maintenance but overall the provider failed to demonstrate that there were suitable facilities for staff to adequately clean and sanitise some essential items, including bedding. Staff practice in regards to the use and storage of cleaning

equipment such as mops and cleaning cloths also required improvement. In addition the inspector observed some poor staff practice in relation to the use of PPE; however, the overall implementation of IPC in the centre required review to ensure that PPE which was used was suitable for the cleaning and disinfection practices which were required in this centre.

Residents who used this service required significant inputs in relation behavioural support and maintaining their safety. As mentioned earlier, a resident had been through a difficult period in regards to their behaviours. The person in charge explained that they had initially settled in well to the centre; however, changes to their sleep pattern had resulted in a deterioration in their behaviours which placed themselves and staff members at risk. A comprehensive behavioural support plan was in place and the inspector found that this document had been reviewed on several occasions in the weeks and months prior to the inspection. The inspector reviewed a sample of occasions in which a physical restrictive practice was implemented by staff. The inspector found that staff had described the perceived safety concerns as behaviours escalated and in general the records of the incidents gave an overall account of the event. The inspector noted that more detailed notes were required in order to demonstrate that the least restrictive option was fully utilised. This was discussed with the person in charge who had recently returned from leave and they explained how they had also highlighted this issue with staff and they showed the inspector records of a recent incident where more detailed notes were taken and clearly demonstrated the staff members' efforts to reduce the physical intervention once utilised. Although there were improvements in regards to note taking, some further adjustments were required, for example, records did not clarify which staff members were responsible for each element of the physical intervention or at which timeline of the intervention did relief staff take over. As mentioned earlier in the report, English was not the first language for one resident who used this service. As part of their personal planning the provider had sought the resident's consent in regards to several care areas including the use of restrictive practices; however, the written consent which was signed by the resident was in English and the provider failed to demonstrate that the resident was supported to understand what they were signing.

The centre had an overall pleasant and relaxed feel and three of the four residents who met with the inspector voiced their satisfaction with the service they received. These three residents were happy with their home and they complemented the staff who supported them. However, as mentioned earlier in the report, one resident was unhappy with the service they received and although there had been reviews of their living arrangements and service, improvements were required in regards to the feedback which they received from these reviews, including their participation in future discussions about their home. In addition, advocacy had been sought for this resident in the past, but there were no further referrals made to support them with their dissatisfaction with the service.

Overall, the inspector found that management and the staff team were committed to the delivery of a good quality service. There was good day-to-day oversight of care practices and the person in charge clearly demonstrated learning from incidents in which physical restrictive practices were used. However, improvements were

required in regards to residents' rights and elements of the use oversight of restrictive practices. In addition, significant improvements were required in regards to the IPC arrangements for one area of this centre, which included facilities and staff practice.

### Regulation 26: Risk management procedures

The provider had a system in place for identifying, recording and responding to incidents. The inspector reviewed this system in regards to the use of physical restrictive practices and that detailed records were completed in regards to the rationale for the implementation of these practices.

The person in charge had reviewed all incidents and recommendations were made prior to the inspection in relation to improving the quality of records taken during the use of a restrictive practice with the aim of staff demonstrating how they were working towards the lessening or removal of a physical intervention during an incident.

However, some further improvements were required as records did not clearly demonstrate which staff members were responsible for each element of the physical intervention or at which timeline of the intervention did relief staff take over.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The inspector found that many areas of this property were clean to a visual inspection and staff were observed to clean and sanitise their hands throughout the inspection. Information on IPC was clearly displayed and staff were able to reference information points in regards to dilution rates for the sanitising of equipment.

However, infection prevention and control was a fundamental aspect of care in one area of this centre. Although, the provider had made adjustments since the last inspection of this centre, the inspector found that deficits in regards to facilities and staff practice remained in this centre and required further review.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

Residents who used this service had complex care needs and staff were guided in their care by behavioural support plans. The inspector found that the provider has responded promptly to an increase in behaviours of concern, including associated incidents which had the potential to impact upon the safety of residents and staff in this centre. The inspector examined records which indicated that a behavioural support plan had been reviewed several times following incidents and staff who met with the inspector had a good understanding of resident's behavioural needs.

Although the provider was proactive in their response to incidents of behaviours of concern, some improvements were required in regards to the associated physical interventions which were implemented as the provider failed to demonstrate that the resident was supported to understand the consent which they signed for the use of this practice.

Judgment: Substantially compliant

## Regulation 8: Protection

There were two active safeguarding plans in place on the day of inspection and the inspector found that there was good oversight of safeguarding measures. A resident disclosed two safeguarding concerns on the day of inspection and the person in charge notified the Office of the Chief Inspector as required and outlined the safeguards and investigation which was implemented.

Judgment: Compliant

## Regulation 9: Residents' rights

The resident promoted residents' choice by facilitating monthly key working sessions where they discussed the running and operation of their home. Three of the residents who met with the inspector were satisfied with their home and the service which they received. However, one resident was unhappy with both the service and their living arrangement. Although this had been reviewed by the provider, formal feedback had not been given to the resident. In addition, a recent advocacy referral had not been made on behalf of the resident to assist them with this issue.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>                |                         |
| Regulation 16: Training and staff development | Compliant               |
| Regulation 23: Governance and management      | Substantially compliant |
| <b>Quality and safety</b>                     |                         |
| Regulation 26: Risk management procedures     | Substantially compliant |
| Regulation 27: Protection against infection   | Not compliant           |
| Regulation 7: Positive behavioural support    | Substantially compliant |
| Regulation 8: Protection                      | Compliant               |
| Regulation 9: Residents' rights               | Substantially compliant |

# Compliance Plan for Rathbeag OSV-0003381

Inspection ID: MON-0041004

Date of inspection: 09/08/2023

## 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 23: Governance and management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 23 (1) (C) the registered provider shall ensure that the management systems are in place in the designated center to ensure that the service provided is safe, appropriate to residents need, consistent and effectively monitored.</p> <p>1) Infection prevention and control processes was reviewed in full by the Head of Quality and Safety and Person in Charge. (Completed).</p> <p>2) Following the review by the Head of Quality and Safety and the Person in Charge, report was issued with an action plan which currently being implemented (Date Due 25.10.2023).</p> <p>3) 6-monthly audit to be reviewed to ensure that all supports required for the Individual are captured within and reflective in practice in the center (Completed).</p> |                         |
| Regulation 26: Risk management procedures   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To demonstrate that the Designated Center is in line with Regulation 26 (2) the registered provider shall ensure that there are systems in place in the designated center for the assessment, management, and ongoing review of risk, including a system for responding to emergencies.</p> <p>1) Training was delivered to the Team on the 20th July and 27th July 2023 to focus specifically on verbal de-escalation techniques, ensuring that physical intervention is a last resort. (Completed)</p> <p>2) Training was delivered to the Team on Advanced Safety Interventions to upskill the Team further ensuring safety intervention if a last resort. (Completed)</p>   |                         |

|   |                         |
|---|-------------------------|
| <p>3) Report Writing training to be completed by Team to further enhance quality of incident report writing. (Date Due 25/09/2023)</p> <p>4) The PIC will ensure that incident report forms identify who was involved in the restraint, their role and duration of restraint implemented. (Completed)</p> <p>5) PIC to ensure Keyworking Sessions are completed with all Individuals residing in Centre on Consent for use of physical restraint. (Date Due 25/09/2023)</p>   |                         |
| Regulation 27: Protection against infection   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 27 the registered provider shall ensure that resident who may be at risk of healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority by:</p> <p>1) Environmental review was completed in the center and additional environmental controls have been identified for implementation. ( Date due 25/10/2023)</p> <p>2) The PIC with the IPC Manager revised the disinfection and cleaning Standard Operating Procedure for the center. (Completed)</p> <p>3) All team members to complete refresher training on hand hygiene, infection prevention and control, use of PPE and incontinence care. (Date Due 29/09/2023)</p> <p>4) Individual hygiene buildings to be upgraded to include a donning and doffing area. (Date Due 25/10/2023).</p> |                         |
| Regulation 7: Positive behavioural support  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 7 (3) the registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative and are reviewed as part of the personal planning process by:</p> <p>1) Key working sessions completed with all Individuals regarding the use of physical restraint ensuring that they understand the rationale for same as part of their reactive strategies to behaviours of concern. (Completed)</p> <p>2) Consent forms to be completed by all Individuals following the completion of key working sessions on the use of physical restraint. (Completed)</p>  |                         |
| Regulation 9: Residents' rights   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 9 (2) (d) the registered provider shall ensure that each resident, in accordance with his or her wishes. Age and the nature of his or her disability has access to advocacy service and information about his or her rights by:</p> <p>1) National Advocacy referral has been submitted for the Individual. (Completed)</p> <p>2) Following acknowledgement of allocation of an Advocate PIC to arrange meeting with</p>   |                         |

Individual and Advocate. (Date Due 1st December 2023)

3) Individual met with their treating Psychiatrist to discuss their placement in the Centre and discussed wishes (Completed)

4) Following meeting with Psychiatrist PIC to close out actions arising (Date Due 29th September 2023)

## 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 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow      | 25/10/2023               |
| Regulation 26(2)    | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.             | Substantially Compliant | Yellow      | 25/09/2023               |
| Regulation 27       | The registered provider shall ensure that residents who may  | Not Compliant           | Orange      | 25/10/2023               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.                        |                         |        |            |
| Regulation 07(3)    | The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process. | Substantially Compliant | Yellow | 01/09/2023 |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.                      | Substantially Compliant | Yellow | 01/12/2023 |
| Regulation 09(2)(d) | The registered provider shall ensure that each resident, in accordance with  | Substantially Compliant | Yellow | 01/12/2023 |

|  |   |  |  |  |
|--|---|--|--|--|
|  | his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights. |  |  |  |
|--|---|--|--|--|