Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	24 May 2021
Centre ID:	OSV-0003957
Fieldwork ID:	MON-0032816

About the designated centre

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

The centre comprises two detached bungalows in close proximity to the nearest town. A full time residential service is offered to six adults (male and female), each of whom has their own bedroom, and access to communal space and gardens in the houses.
The provider describes the centre as offering support to individuals with medium support needs, including behaviours of concern and autism.
The centre is staffed over 24 hours including sleepover staff at night. The staff team consists of social care workers and support workers.
Residents are supported to access local amenities including GAA pitch, restaurants, leisure facilities and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 24 May 2021	10:00hrs to 16:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The centre comprises of two houses, in close proximity to each other. In order to minimise the risk of infection to the residents and staff the inspector was based in one house and visited the second house, which was smaller. All guidelines for the prevention of infection were adhered to.

The inspector met with four of the five residents at various times during the day, some of the residents did not like strangers in their home and this was respected with minimal contact and disruption so as not to cause unnecessary upset to their daily routines.

One resident chose to show the inspector their bedroom and all of their favourite, carefully minded, possessions and photos of their trips and activities. Residents were observed coming and going to their various activities and doing their chosen activities in the houses. Residents went out for walks or drives, did baking with the staff, and watched their DVDs or IPads, as they wished, in their rooms. Overall, the inspector observed that residents own preferences dictated their day and their preferred routines were being supported.

Residents were unable to communicate verbally with the inspector but with the support of staff used gestures and expressions to do so. The staff were observed to understand their wishes and preferences and respond to these. Residents looked well cared for, they were supported and encouraged gently and with dignity in their personal routines, Staff used pictures and stories to help them prepare for their routines, had good banter with the residents and were observed to follow their support plans and assist them with their meals or manual handling as required.

The residents had their own preferred comfort and sensory objects and staff were very familiar with how important these were to them. They supported them to be independent with their own needs in so far as was possible, and residents did their own chores in their home, such as setting the table and keeping their home tidy as they liked it.

The residents normally attended day services but this had been curtailed due to the restrictions in place as a result of the pandemic however, they were supported from the houses with alternatives. For example they had helped staff to paint a shed, put up a bird box in the garden, fed the birds, did jigsaws and table top activities and had access to exercise and fresh air. One resident had a personal trainer, they went horse-riding and on trips away.

Care was taken to ensure the residents had continued contact with their families. For example, family visits, or short visits home or outside had been managed safely and contact was maintained via phones and video calls. Families were also seen to be very involved in decisions regarding their care and support, which was

appropriate.+

The inspector reviewed a range of documentation for three current and one previous resident, these included incident reports, impact assessments, multidisciplinary reviews, safeguarding plans and residents' progress notes. Documents reviewed showed that there had been a significant delay in recognising and responding to negative peer to peer interactions, if inadvertent, due to the incompatible needs of the residents living together. This situation had continued over a protracted period of time.

The inspector found that actions had been taken in the weeks prior to inspection which had significantly improved the environment and atmosphere in houses. Staff spoken with acknowledged that this action had improved the lives of the residents living in the centre, which was found to be relaxed and calm on the day of inspection. For example one resident, who previously spent a lot of time in their bedroom, due to the disturbances, now watched TV in the living room and moved freely around their home without undue stress.

The following two sections of this report detail how Governance and Management impacts on the quality and safety of care in the centre. Findings in section two of this report indicate that despite the recent actions improvements are required in the providers systems for oversight, monitoring and communication, to ensure the residents are protected and their rights to a safe environment are upheld into the future.

Capacity and capability

This risk inspection was carried out at short notice, in order to ascertain the providers continued compliance with the regulations. The inspection was also informed by information forwarded to HIQA and therefore focused on the governance arrangements in place to protect the residents.

The centre was last inspected in April 2019. Non compliance's were identified on that inspection in relation to safeguarding, relating to the incompatibility of residents living together. Some interim arrangements had been made at that time to alleviate the situation, with an additional staff allocation of 19 hrs. per fortnight. The provider also advised that they were seeking funding from the Health Service Executive (HSE) for an individualised and more suitable placement. However, the situation had continued until May 2021 and had impacted on the quality of lives of all of the residents living in the centre.

The inspector was informed by the area manager that in the weeks preceding the inspection, they had carried out a review of a small number of notifications submitted to the Chief Inspector and subsequently initiated a multidisciplinary review of a range of documentation dating back to April 2020. The review indicated that there had been no reduction in incidents, and in fact the level of distress for

residents was much more serious and persistent, and had not been recognised, reported or addressed. Actions were taken and a resident was discharged from the centre and admitted to an environment more suited to meeting the resident's identified needs.The inspector was advised that as a result of the regional managers findings further remedial actions were planned including retraining for staff in safeguarding and reporting to address these failings into the future.

The inspector reviewed a range of documentation regarding these matters and found that, at all levels there was a breakdown in reporting, communication, follow up on incidents and inadequate review. For example, from a review of a number of audits, monthly reports and multidisciplinary meetings, the inspector found that there was scant mention of the incidents and the impact these were having on residents. Likewise, the annual report for 2020 stated that one resident had indicated they was unhappy in the environment, but failed to mention the extent of the disturbance these incidents were having on residents or the plan to seek funding to provide alternative accommodation.

The inspector found that despite management structures, defined responsibilities, and systems for oversight, including unannounced inspections, audits, monthly reports, there was inadequate management, oversight and response at a systemic level to these issues resulting in prolonged poor outcomes for residents. Given the nature, duration and the impact of the incidents on residents the inspector was not assured, that these systems would be effective into the future.

The provider was in the process of making changes to the governance structure with the area manager taking over the role of person in charge, supported by a team leader. The required documentation was in the process of being submitted.

At the time of the inspection the skill mix and numbers of staff reflected the residents need for support. Additional staff were available at various times during the day to assist to ensure that the residents activities and personal care needs could be facilitated. According to the training records reviewed, staff had the required training to support the residents with in their lives. However, given that the staff had received training in safeguarding the findings in safeguarding and a lack of adequate reporting of these incidents are of concern.

The provider had failed to forward the required notifications to the Chief Inspector, with specific reference to the notifications of abusive interactions. However, this had been undertaken in retrospect.

Regulation 14: Persons in charge

The area manager was acting in the absence of the person in charge at the time of the inspection and was in the process of taking up the position as an interim measure while recruitment for a permanent replacement took place.

She was suitably qualified and experienced to carry out the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The skill mix and numbers of staff reflected the residents need for support. Additional staff were available at various times during the day to assist to ensure that the residents activities and personal care needs could be facilitated.

There were sufficient staff available to support the residents with contingency arrangements in place.

Judgment: Compliant

Regulation 16: Training and staff development

The records reviewed indicated that the staff had all of the required mandatory training including manual handling, fire safety, first aid, medicines management and administration.

However, while all staff had access to training in the safeguarding of vulnerable adults, it was of concern that the significant number of incidents which had taken place, were not deemed sufficiently serious to require a robust safe guarding response.

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management systems in place including management structures, defined responsibilities, systems for oversight (including unannounced inspections, audits and monthly reports) were not effective in providing management, oversight and response at a systemic level to issues of significant concern resulting in prolonged poor outcomes for residents.

Given the nature, duration and the impact of incidents occurring in the centre the inspector was not assured, that systems in place would be effective into the future to minimise risk to residents and improve their quality of life.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had failed to submit notifications of abusive interactions over a long period.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the immediate concerns had been addressed in the weeks preceding the inspection and this had greatly improved the living experience for the residents. However, the failure to address the suitability of the environment for all of the residents living together and the resulting safeguarding incidents had severely impacted on residents quality and safety of life over a prolonged period.

There was good clinical support for residents with behaviours that challenged and detailed guidelines for the staff which were frequently reviewed. However, the incident reporting systems did not support adequate review of such incidents to include the impact of others living in the centre. An impact assessment had been implemented in 2020, however, from a review of this and a number of incidents reports, the record was not accurately compiled and so was an ineffective tool. In addition the designated safeguarding officer was not consistently informed or involved, except in the most overt incidents. The records showed and the staff confirmed to the inspector that families of the residents were not informed of such incidents unless a physical assault had occurred. Additionally, the safeguarding plans implemented were generic and did not address the specific risks to the residents' wellbeing and feelings of safety.

These failures, combined with a high threshold for such incidents, contributed to the ongoing and unresolved risk to the residents.

The nature of the incidents, as seen by the inspector were of concern and included: direct verbal assaults or threats, occasional physical assaults, abusive language, mimicking, and incidents where residents became very distressed by the behaviour in the centre. On occasions, the residents took themselves away to their rooms, or on occasion were taken out by staff, if possible, to avoid the tension and upset this caused. The physical environment was very comfortable, but small and such disruption was not possible to avoid.The residents were vulnerable and had limited capacity to express this, except non-verbally. It had been clearly identified by the provider in 2019 that the optimal living environment for a resident was to have individual accommodation and support, for the purpose of meeting the needs of the

individual concerned, who was also distressed in the environment.

Nonetheless, from a review of three residents' records and support plans it was evident that they had good access to multidisciplinary assessments of their primary and healthcare needs with support plans implemented and reviewed frequently. These included access to speech and language, physiotherapy, dietitian, neurology and general practitioner (GP) services. Staff were seen to be supportive of the residents needs and assisted them with all of their needs, including for example, crucial ongoing physiotherapy. The provider had also undertaken an occupational health review to ascertain if a residents changing physical care needs could be met in the centre and this was being monitored. Where residents were unable to tolerate some medical procedures or were fearful of them this was sensitively managed.Their social care needs were being promoted with good access to the local community, events and their pals based on their own preferences.

The actions from the previous inspection in relation to the premises had been addressed by the reduction in number of residents living in the centre. The inspector was advised that the provider intended to maintain this reduction. This ensured that there was adequate storage for equipment such as wheelchairs or mobility aids, outside of the residents own bedrooms. The centre required painting and decorating but this was rescheduled for completion when the restrictions and risks were reduced.

The systems for the management of general risk were overall satisfactory. The risk register and the individual risk assessments and management plans were specific to the environment and the clinical risks for these residents. They included detailed guidelines for seizure activity, and personal safety with strategies to manage such risks. The inspector did note however, that a potential risk for one resident had not been assessed and the area manager agreed to address this. General accidents and incidents, including mediation errors, were well and promptly managed.

The residents were protected by the fire safety and evacuation procedures implemented with a range of suitable fire safety systems in place and seen to be serviced as required. Staff had training in fire safety and regular drills were held to ensure that they could be evacuated.

The policy and procedure for the prevention and management of infection had been revised to prevent and manage the COVID-19 pandemic and to protect the residents. There were clear lines of responsibility for the oversight and management of this, with ongoing and updated direction for the staff and on call supports if necessary. An isolation unit had been identified residents may not be able self-isolate. This had not been necessary however.

While the staff and the area manger demonstrated a commitment to supporting the residents in their day-to-day lives, and routines, their right to live in a safe environment, and have their views, however expressed, acknowledged, while also providing an appropriate environment for all of the residents, was severely impacted on by the failure to recognise, and address in a timely manner, the concerns evident.

Regulation 10: Communication

The residents were supported to communicate using IPads, social stories and pictorial images.

Judgment: Compliant

Regulation 17: Premises

With the reduction in numbers of residents the premises is suitable to meet the needs of the residents in a homely way and also provide adequate storage for their mobility aids.

Judgment: Compliant

Regulation 26: Risk management procedures

The systems for managing general environmental and clinical risks were satisfactory.

Judgment: Compliant

Regulation 27: Protection against infection

The policy and procedure for the prevention and management of infection had been revised to prevent and manage the COVID-19 pandemic and to protect the residents. There were clear lines of responsibility for the oversight and management of this and ongoing direction for the staff. An isolation unit had been identified in the event that the residents may not be able to self-isolate. This had not been necessary.

Judgment: Compliant

Regulation 28: Fire precautions

The residents were protected by the fire safety and evacuation procedures

implemented with a range of suitable fire safety systems in place and seen to be serviced as required. Staff had training in fire safety and regular drills were held to ensure that they could be evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had good access to a range of multidisciplinary assessments, good support plans and good access to the community and their social care needs were well supported.

Judgment: Compliant

Regulation 6: Health care

The residents healthcare needs were very well monitored and supported and they had good access and referral to all health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents emotional care needs were supported with good access to clinical guidance and support for behaviours that challenged. Restrictive practices were minimal and only implemented for crucial safety measures.

Judgment: Compliant

Regulation 8: Protection

The provider had failed to protect the residents from ongoing abusive and harmful peer to peer interactions which impacted on their emotional wellbeing and safety. Reviews and investigations were not held. Adequate safeguarding plans had not been implemented. Effective and timely actions had not been taken in response to such incidents.

Examples of the experiences included; direct verbal assaults or threats, occasional

physical assaults, abusive language, mimicking, and incidents where residents became very distressed by the behaviour in the centre. On occasions, the residents took themselves away to their rooms, or on occasion were taken out by staff when incidents occurred.

While they had been addressed satisfactorily prior to the inspection, given the duration and nature of the incidents, the inspector was not assured that the systems for the protection of residents were effective and would prevent recurrences should they arise in the future.

Judgment: Not compliant

Regulation 9: Residents' rights

The residents fundamental right to live in a safe and happy environment, without fear of threat or intimidation, had been severely impacted on by the failure to recognise, and address in a timely manner, the incidents of this nature which were occurring within the centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Meath Westmeath Centre 1 OSV-0003957

Inspection ID: MON-0032816

Date of inspection: 24/05/2021

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have completed refresher training in Safeguarding Vulnerable Adults. In addition to the training programme, a follow up discussion session around safeguarding, staff responsibilities and recognition, reporting and prevention of abuse was discussed at a team meeting on 11/06/2021.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Area director has highlighted the area of safeguarding, recognition of safeguarding incidents, and responsibility of all managers to review all documentation to ascertain quality and safety of service for all residents. Managers are aware of their responsibility to ensure that records are accurate and reflective of the events day to day in the centre and to examine all incident reports and other records for issues that could be considered as safeguarding concerns. Managers are also encouraged to discuss concerns raised with designated officer for guidance and advice. Staff will be reminded at each team meeting of their duty and responsibility in terms of recording and reporting and raising of any concerns. Staff will also be reminded to ensure all documentation accurately reflects the events of the day in the centre. An overview of responsibilities is captured in a guidance document for reporting and recording, developed in May 2021	

Regional Director, area Director and psychology and social work departments work closely together to promote best practice in recognizing and highlighting concerns and promoting a safe environment.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Refresher safeguarding training is completed with staff and a follow up session on 11/06/2021 was completed to support staff to identify and recognise incidents which may be deemed as safeguarding. When retrospective safeguarding incidents were identified, area director and person in charge reported the incidents to HIQA and safeguarding teams.
Staff and management are aware of their responsibility to accurate and timely reporting of incidents and their obligations under regulation, and incidents are a standing agenda items at team meetings.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Area director has highlighted the area of safeguarding, recognition of safeguarding incidents, and responsibility of all managers to review all documentation to ascertain quality and safety of service for all residents. Managers are aware of their responsibility to ensure that records are accurate and reflective of the events day to day in the centre and to examine all incident reports and other records for issues that could be considered as safeguarding concerns. Managers are also encouraged to discuss concerns raised with designated officer for guidance and advice.
Staff will be reminded of their duty and responsibility in terms of recording and reporting and raising of any concerns. Staff will also be reminded to ensure all documentation accurately reflects the events of the day in the centre. All staff have completed refresher training in Safeguarding Vulnerable Adults. In addition to the training programme, a follow up discussion session around safeguarding, staff responsibilities and recognition, reporting and prevention of abuse was discussed at a team meeting on 11/06/2021.
Staff, psychologist and area director have discussed and provided an outlet for the residents to have a debrief session as a follow up to the incidents reported and experienced by them.

An overview of responsibilities is captured in a guidance document for reporting and recording, developed in May 2021

Regional Director, area Director and psychology and social work departments work closely together to promote best practice in recognizing and highlighting concerns and promoting a safe environment.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Area director has highlighted the area of safeguarding, recognition of safeguarding incidents, and responsibility of all managers to review all documentation to ascertain quality and safety of service for all residents. Managers are aware of their responsibility to ensure that records are accurate and reflective of the events day to day in the centre and to examine all incident reports and other records for issues that could be considered as safeguarding concerns. Managers are also encouraged to discuss concerns raised with designated officer for guidance and advice.
Staff will be reminded of their duty and responsibility in terms of recording and reporting and raising of any concerns. Staff will also be reminded to ensure all documentation accurately reflects the events of the day in the centre. All staff have completed refresher training in Safeguarding Vulnerable Adults. In addition to the training programme, a follow up discussion session around safeguarding, staff responsibilities and recognition, reporting and prevention of abuse will be discussed at the upcoming team meeting.
Staff, psychologist and area director have discussed and provided an outlet for the residents to have a debrief session as a follow up to the incidents reported and experienced by them.

An overview of responsibilities is captured in a guidance document for reporting and recording, developed in May 2021
Regional Director, area Director and psychology and social work departments work closely together to promote best practice in recognizing and highlighting concerns and promoting a safe environment.
Staff and management continue to encourage feedback from the residents and their representatives of their experience living in the designated centre and input into how the centre is run through key working, residents meetings and questionnaires.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	11/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	11/07/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Not Compliant	Orange	11/06/2021

	following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	11/06/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	11/06/2021
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.	Not Compliant	Orange	11/07/2021