



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	31 August 2022
Centre ID:	OSV-0004578
Fieldwork ID:	MON-0028684

About the designated centre

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

No.1 Fuchsia Drive is a detached dormer bungalow located in a town that provides full time residential support for a maximum of four residents, of both genders, between the ages of 40 and 75 with intellectual disabilities. Support to residents is provided by the person in charge, a social care leader, a social care worker and care assistants. Each resident has their own bedroom and other facilities in the centre include bathrooms, a living room, a kitchen/dining room, a utility room and a staff room.

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 31 August 2022	10:15hrs to 18:24hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were being facilitated to be as independent as possible while being supported to engage in various activities and to develop links with the wider community. Generally positive feedback on life in the centre was provided from with speaking with residents and reviewing questionnaires/surveys completed by residents.

Upon arrival at the centre and knocking at the front door, the inspector was greeted by a resident who invited him into their home. Four residents lived in this centre but this was the only resident present at the start of the inspection with the other three residents elsewhere. This resident appeared comfortable and relaxed at this time and spent some time watching television. Later on during the inspection the resident was observed to leave their home independently twice to go for a walk in the nearby area. At one point they also left the centre with a staff member in the centre's vehicle to collect another resident.

A second resident returned to the centre not long after the inspection commenced. This resident came into the staff office to greet the inspector and invited him to look at their bedroom. This resident's bedroom was located on the first floor and the inspector followed the resident up the stairs to get there. During this time it was observed that the resident's movement as they climbed the stairs was noticeably slow with the resident holding onto railings at both sides. This was later queried with management and staff of the centre who indicated that this resident had no issues climbing the stairs but if required the staff room on the ground floor could be changed into a bedroom for this resident should their needs changes.

The resident themselves also informed the inspector that they had no problems going up and down the stairs and said that they liked their bedroom which was noted to be well-furnished and personalised with photographs, a ring board and keyboard present amongst personal items. The resident also informed the inspector that they had lived in the centre for a long time and liked living there. The resident spoke about being at work earlier in the day which they said they enjoyed and also told the inspector that they were not sure what they would be doing for the rest of the day.

A third resident returned to the centre during the afternoon. Upon their return the resident brought some letters into the staff office where the inspector was based but did not engage with the inspector at this time. Later on the inspector met the resident in the kitchen/dining room as they were making a cup of tea. When asked by the inspector how their day had been going, the resident responded by saying that they had been at work earlier which they liked. The inspector asked the resident how long they had had this job and the resident said they had had it for a long time before moving into another room of the centre. Later on this resident was seen to leave the centre independently to go for a walk.

The fourth resident also returned to the centre before the close of the inspection and was overheard to engage pleasantly with management of the centre in the kitchen/dining room as they sat with them at the dining table. The inspector later joined the resident and management when it was observed the resident appeared happy and engaged jovially with management while talking about going to GAA matches, bowling and a birthday party. The resident told the inspector they had been at work earlier which they liked but when asked by the inspector if they liked living in this centre the resident responded "sometimes".

The inspector asked the resident what they liked about the living in the centre and if there was anything they did not like about living in the centre. The resident did not respond to either question. The inspector told the resident that if there was anything they want to show or tell the inspector then they could do so before the end of the inspection and left the kitchen/dining room so they could resume their conversation with management. This resident did not come to the inspector for the remainder of the inspection and was again overheard to interact jovially and pleasantly with management and staff of the centre before the inspection ended.

Aside from speaking with residents, the inspector also reviewed surveys completed by all four residents as part of the provider's annual review process for this centre. These were noted to contain positive responses for all areas queried such as rights, privacy and safety. As this HIQA inspection was announced in advance, the four residents had also completed HIQA pre-inspection questionnaires. It was found that positive responses were given for all areas queried including care and supports, general happiness, food and mealtimes, staffing, complaints and activities.

From reviewing documents in the centre and discussion during this inspection, residents engaged in various activities as they went about living their lives. Examples of activities which residents participated in included going to a gym, baking, swimming, arts, getting massages, attending a library, going for walks and bowling while some residents availed of active retirement groups and day care centres. Residents were also facilitated and supported to take holidays and trips away from the centre with the inspector informed that some resident would be going on such a trip soon.

Some residents also had a particular interest in music and attended a weekly music session in a local pub. Towards the end of the inspection, one resident was supported to sit outside the centre and during this time the resident played an accordion in the open air for over 30 minutes. During this period some neighbours passed by and greeted the resident while another resident also came outside one point and greeted a passer-by. This suggested that residents were familiar with the people living in their local community while evidence gathered during the inspection also indicated that residents were supported to maintain contact with their families.

There was also clear indications that residents were supported to be as independent as possible. For example, some residents had jobs and worked in settings such as a garden centre, a restaurant and an education centre. As mentioned earlier, during this inspection some residents were seen to leave the centre to go for walks independently and it was also indicated to the inspector that one resident availed of

public transport regularly to attend a nearby town. It was also found that residents had been risk assessed so that they could stay at home on their own in the centre which also increased their independence. The home and premises that was provided to residents to live in was generally observed to be well-furnished, well-maintained and homely on the day of the inspection.

For example, resident and family photographs, drawings, and achievements/awards of residents were on display in the communal areas of the house while outside the house was some potted flowers and plants along with a patio area for residents to sit out on. It was observed though that some external window sills were cracked and worn, some grab rails in one bathroom were rusted in places and some old fittings from disused smoke detectors were still on some ceilings. Also while large parts of the centre were clean on the day of inspection, the inspector did observe that part of one wall, some areas of the utility room and an ironing board cover required cleaning.

In summary, residents were observed to be comfortable and relaxed in the centre on the day of inspection with positive feedback generally provided by residents. A high level of satisfaction with the centre was also indicated by the residents in surveys and questionnaires completed. Residents were very active in their local community and participated in various activities while also being facilitated to be independent.

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

Capacity and capability

The provider had monitoring systems in operation but some improvement was needed to ensure that audits were carried out as scheduled. A consistency of staff support was provided for residents.

This designated centre was registered until January 2023 with no restrictive conditions. The centre had been previously inspected by HIQA in October 2019 and October 2021, with both inspections finding residents to be well supported which was reflected in good levels of compliance overall. In July 2021 the provider submitted an application to renew the registration of the centre for a further three years. As such the purpose of the current inspection was assess compliance with relevant regulations in more recent times and to inform a decision on whether to grant this application or not.

In submitting this application the provider submitted a number of supporting documents such as insurance details for the centre and the centre's statement of purpose which were found to be in order. The statement of purpose is an important

governance document which set out the services to be provided to residents. Under regulations the statement of purpose must contain specific information such as details of the staffing arrangements in place. On this inspection it was found that the staffing provided in this centre was in keeping with the statement of purpose while a consistency of staff support was also provided which is important for consistent care and the maintenance of professional relationships.

Documentation relating to staff was being maintained such as planned and actual staff rosters. Staff files were also being kept with a sample of these reviewed during this inspection which generally contained all of the required information such as evidence of Garda Síochána (police) vetting and written references. It was found though that one staff member's photo identification had expired while it was unclear if another photo of the same staff member in their file was recent or not. Aside from this staff were provided with relevant training, in areas such as safeguarding and infection prevention and control, to ensure that they were equipped with the necessary skills and knowledge to support residents.

Arrangements were also in place for staff members to be formally supervised while an on-call system was in operation that enabled staff to seek additional guidance or support outside of normal working hours. Staffing was an area that was focused on by the provider's monitoring systems in operation such as unannounced visits to the centre every six months that were carried out by a representative of the provider. Such visits were reflected in written reports which were available for the inspector to review with action plans put in place where necessary to respond to areas for improvement identified. The provider also ensured that annual reviews for the centre were also being completed.

Annual reviews and provider unannounced visits are specific requirements of the regulations but to supplement these, as part of the monitoring systems in operation for the centre, the provider also had a schedule of audits for specific areas. It was found on this inspection such audits were generally being carried out as scheduled. However, the audit schedule indicated that medication audits were to be conducted every three months but during this inspection it was noted that no medication audit was carried out between February 2022 and August 2022. In addition, while monthly infection prevention and control audits were generally being carried out as scheduled, the inspector found that no such audit had been conducted for March 2022 even though management of the centre had indicated that it was completed.

Aside from copies of completed audits, the inspector also reviewed other documentation related to the centre. These included specific policies covering areas such as admissions, Garda vetting and staff training. Such policies play a key role in directing practices and processes in a centre and it was found that all of the required policies were in place with all having been reviewed within the previous three years. A directory of residents was also reviewed during this inspection which contained most of the required information such as particulars of residents and their next of kin. It was noted though that the name and address of any authority, organisation or other body which arranged admission to the designated centre was not stated for all residents.

Regulation 15: Staffing

A consistency of staff support was provided for with staff rosters maintained. Staff files were also maintained which contained the majority of the required information. It was noted though that one staff member's photo identification had expired while it was unclear if another photo of the staff member in their file was recent or not.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training was provided to staff in various areas with supervision of staff also taking place.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place but while it contained most of the required information, the name and address of any authority, organisation or other body which arranged admission to the designated centre was not stated for all residents.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

Unannounced visits by a representative of the provider were being conducted every six months. Annual reviews were also being completed which assessed if the care and support provided was in accordance with relevant standards while also

providing for consultation with residents and their families. Audits in specific areas were generally being done although it was noted that medication audits were not being completed as scheduled while a monthly audit on infection prevention and control had not been completed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A recently reviewed statement of purpose was provided for that contained all of the required information.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place with all having been reviewed within the previous three years.

Judgment: Compliant

Quality and safety

Residents were being supported to exercise of their rights and had personal plans in place. It was found though that improvement was needed to ensure that alternative options for one resident were considered following the outcome of a national screening service appointment.

Given the ongoing pandemic, it was found that measures were in operation to support infection prevention and control practices. For example, it was seen that hand sanitiser was available in the centre while staff wore face masks throughout the inspection. Cleaning schedules were in place for the premises although when reviewing cleaning records the inspector did observe some recent gaps. In addition, one cleaning record recently introduced indicated that particular cleaning was done at least daily but the cleaning record suggested that such cleaning was to be done multiple times a day. The entries in this cleaning record did not indicate how many times per day this was done.

The centre was provided with a vehicle also which was present on the day of inspection. It was indicated to the inspector that this was to be cleaned after each

use and during the inspection a staff member was observed doing some cleaning of this vehicle after they had just returned from collecting one resident. Records provided indicated that such cleaning was generally done but, as with the premises, the inspector did observe some recent gaps. In addition, when the inspector reviewed this vehicle it was observed that commonly touched items, such as the steering wheel, were clean but some areas such as door panels needed further cleaning.

It was indicated to the inspector that this vehicle was always available to the centre and was used to facilitate some of the activities for residents as referenced earlier in this report. Such activities were referenced in residents' individual personal plans. These personal plans are required by the regulations and are intended to set out the health, personal and social care needs of residents while also providing guidance for staff in how to meet these needs. The inspector reviewed a sample of these plans and noted that they were subject to multidisciplinary review while residents and their families were also supported to be involved in their development and review through a personal outcomes process. It was noted though that one resident's personal outcome process had been recently completed, it had not been completed for over 12 months before then.

It found from the personal plans reviewed that they generally provided a good level of information on to how to meet residents' assessed needs. Included with the personal plans were specific health care plans which outlined particular guidance for supporting residents' assessed health needs. Such plans were indicated as being recently reviewed but when reviewing one health care for a resident reference was made to the resident doing exercises as recommended by physiotherapist. A staff member spoken with indicated that such exercises were not being done while towards the end of the inspection the person in charge indicated that such exercise were no long required for the resident. When reviewing the health records of another resident, the inspector noted that the resident had been supported to avail of relevant national screening services.

However, the record of the resident's most recent national screening appointment from September 2021 referenced changes having been identified in the resident that needed to be "fully assessed in the near future". The same record also highlighted the potential consequences of not treating such changes. This matter was specifically queried during the inspection and the inspector was not initially assured that this had been appropriately followed up since September 2021 but information received following this inspection suggested that there had been some recent follow up for this. However, while it was acknowledged that one potential option for the resident to avail of the recommended full assessment was outside of the provider's control, the inspector was not assured that alternative options had been considered for this resident to get a full assessment sooner.

While this was an area in need of improvement, it was noted that the provider was respecting the choices of residents related to their health. Where necessary residents were also being supported to avail of independent advocates to help them in their decisions. Systems were in operate to assess residents' rights and during the inspection it was noted that some residents had their own keys to their bedroom

doors. Residents were also consulted about the centre and given information during residents' meetings that took place regularly with topics discussed at such meetings including meals and social planning. The occurrence of such meetings was in keeping with the information as outlined in the residents' guide that was in place. Such a guide is required by the regulations and it was found that this contained all of the required information such as how residents could access HIQA reports or receive visitors.

Regulation 13: General welfare and development

Residents were supported and facilitated to be independent, be part of the community, engage in various activities and to maintain contact with their families.

Judgment: Compliant

Regulation 17: Premises

While the premises was generally observed to well-furnished, well-maintained and homely on the day of the inspection it was observed that some external window sills were cracked and worn, some grab rails in one bathroom were rusted in places and some old fittings from disused smoke detectors were still on some ceilings. Part of one wall, some areas of the utility room and an ironing board cover required cleaning.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as how residents would be involved in the running of the centre and how to access HIQA inspection reports.

Judgment: Compliant

Regulation 27: Protection against infection

While cleaning was generally indicated as being done in records provided, the inspector did observe some gaps in cleaning records of the centre and its vehicle.

The use of some cleaning records required review as the records reviewed did not indicate how many times a day certain items were being cleaned. The centre's vehicle was observed to require further cleaning.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

While residents were involved in the review of their personal plans through a personal outcomes process, it was noted that one resident's personal outcome process had not been completed for over 12 months.

Judgment: Substantially compliant

Regulation 6: Health care

The contents of one resident's health care plan as it related to recommended exercise required review. The inspector was not assured that alternative options had been considered for a resident to get a full assessment following the outcome of a national screening service appointment.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had been provided with relevant safeguarding training and no safeguarding concerns were identified during this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were being assessed with residents consulted about the centre and given information during residents' meetings that took place. Topics discussed at such meetings included meal planning and social planning. Residents were also supported to engage with independent advocates when required.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially 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 No.1 Fuchsia Drive OSV-0004578

Inspection ID: MON-0028684

Date of inspection: 31/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge will ensure that information maintained as required under Schedule 2 in respect of all of the staff is kept updated. The Provider has a human resource office that assists in this regard.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: The registered provider will review the Directory of Residents to ensure it has all of the required information detailed on the Register.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure that systems are in place to ensure that the provider internal audits are completed on a timely basis including ensuring that medication audits are undertaken every quarter by the community nurse or relevant competent persons.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that the premises is kept in a good state of repair externally and internally and the house is clean and suitably decorated.</p> <ol style="list-style-type: none"> 1) A request for external painting of premises has been submitted and will be completed as per maintenance schedule 2) New grab rails will be ordered and fitted in the main bathroom 3) A request for old smoke detector fittings to be removed has been submitted to maintenance department 4) Ironing board cover has been replaced. 5) Walls and utility room have been cleaned 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider will ensure that the residents a risk of a healthcare associated infection are protected by adopting procedures consistent with standards.</p> <p>The person in charge will review the cleaning schedule in place and ensure that it is completed correctly with a clear indication of how many times a day the area/items are to be cleaned.</p> <p>The house vehicle will be internally valeted and maintained thereafter.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

A new keyworker has been appointed to support two residents. The Team Leader and keyworkers will ensure that each residents personal plan will be reviewed within the Provider identified timeframes.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The registered provider will provide appropriate healthcare for each resident, having regard to their personal plan.

One resident is placed on a waiting list for follow up treatment from a national screening appointment, however is still awaiting receipt of appointment for same due to wait lists in the public sector. The resident is regularly reviewed by their general practitioner and community nurse, with any cause for concerns acted upon.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	27/09/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2022
Regulation 19(3)	The directory shall include the information specified in	Substantially Compliant	Yellow	27/09/2022

	paragraph (3) of Schedule 3.			
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	27/09/2022
Regulation 27	The registered provider shall ensure that residents who may 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.	Substantially Compliant	Yellow	20/10/2022
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a	Substantially Compliant	Yellow	20/10/2022

	manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/10/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/10/2022