



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

Issued by the Chief Inspector

Name of designated centre:	Ardcuan Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	24 May 2021
Centre ID:	OSV-0004041
Fieldwork ID:	MON-0033133

About the designated centre

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

Ardcuan is a community based that provides respite service and an additional residential service to one individual in an adjacent apartment building. The centre is comprised of a three story house and is located in a central area of a city and in close proximity to local shops and other amenities. The premises of the centre is made up of a three storey house with an apartment attached to the side of the building. There are four bedrooms in the main two storey building and two bedrooms in the attached apartment. Four of these bedrooms in the main two storey building are shared with two beds in each; three of which contain en-suite bathrooms. There are also two separate bathrooms in the centre. The service provides planned and crisis respite care to male and female adults with an intellectual disability. In addition, one resident avails of a full residential placement in the adjacent apartment while two individuals are placed in emergency residential places in the centre currently. There are two communal sitting rooms and a communal kitchen come dining area. There is a large secure garden at the rear of the property. There is a service transport vehicle that brings residents to their daily activities. Residents and respite users are encouraged and supported to participate in the local community in line with their own wishes and preferences. Staff support is offered 24 hours a day seven days a week and rosters are changed in line with the residents' care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 17:15hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, overall, those who were availing of the services of this centre were experiencing a reasonably good quality of life and were generally well cared for and supported. There were, however, concerns regarding the long term residential placements of two individual in the centre given the primary supports provided in the centre were to respite users. This, the inspector found, was an ongoing issue whereby emergency admissions were facilitated despite the centre not being able, in some cases, to meet the needs of residents in residential placements. The residents who found themselves in this situation told the inspector that they were not happy living in the centre and explained that it was unfair to see other individuals availing of respite supports and short breaks going home when they could not.

The inspector met with both residents who were living in the centre in temporary residential placements while long term placements were being sought for them. There were no respite users staying in the centre at the time of the inspection. One resident had lived in the centre for over 30 months while the other resident had lived there for approximately 15 months. In the case of one resident, they had been recently informed that a permanent long term placement had been secured, however, they were not sure when to expect to move to this location. There were no plans in place for the second resident. Both informed the inspector that this was a difficult experience and while they had been supported by the staff team, they were not happy with the situation. One resident told the inspector about the impact of living in the centre had on them which included being unable to access day programme supports during the COVID-19 pandemic period. They said "It's not fair that I can't see my friends or my family or attend day services all this time".

The inspector spoke with a number family members as part of the inspection. There was mixed feedback received with some family members stating that they were very satisfied with the services being delivered, while others explained that there were insufficient supports available from some allied health professionals regarding planning for the long term future and arranging residential placements. Others were dissatisfied with a number of aspects of the care and support being delivered including access to day services and the response to complaints made. Overall, however, all family members spoken with explained that they were happy with the day-to-day supports being provided to their loved ones in the centre.

The premises of the centre were very clean throughout, decorated to a high standard and provided for a comfortable and homely living environment. All residents met with had their own bedrooms and there were additional bedrooms for respite users when they were present in the centre. The centre was warm, spacious and there were good arrangements for storage of personal belongings. There were appropriate numbers of showers, toilets and bathrooms and there was sufficient communal and shared accommodation. There was a large garden to the rear of the

centre which included a utility space and an outdoor dining and patio area.

The staff team were observed to be respectful in their interactions with residents and treated them in a kind and patient manner. The way in which staff members spoke about residents was sensitive, respectful and appropriate. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease. One resident told the inspector "the staff are great and are so helpful with everything". At the time of the inspection, staff were observed supporting residents to go for a walk in the local area, to complete the weekly grocery shopping with the assistance of a resident and to support individuals with other needs.

There was evidence that services were being provided in a person-centred manner. For example, there were regular house meetings where resident and respite user input was sought on a variety of areas such as menu planning, COVID-19, complaints, advocacy, health and safety, and staffing. The inspector found, however, that the manner in which the centre was operated did not promote the dignity of some residents. The practice of admitting individuals to emergency long term residential placements in the centre was not appropriate and did not promote or facilitate some residents to exercise their human rights. The inspector found that many of the five principles of a human rights based approach to care and support were not being enjoyed by some residents at the time of the inspection and these had not been appropriately considered by the registered provider.

Overall, this was a mixed inspection with some poor findings and areas identified which required considerable improvements. These areas included the governance of the centre, the arrangements for supervising staff members, training and development of the staff team, the management of complaints, the completion of assessments of needs and the manner in which the rights of residents were promoted and respected. There were, however, some positive findings in areas such as safeguarding and prevention against infection.

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

Overall, the inspector found that there was a need for improvement in the manner in which this centre was managed. There was limited oversight of the care and support being provided and the registered provider was not self-identifying areas of non-compliance with the regulations or areas that required ongoing improvement and development. There were high levels of non-compliance with the regulations identified during this inspection and it was clear that there was a need for significant improvement including the development and implementation of good governance

arrangements.

The centre was managed by a person in charge who was employed in a full-time capacity. They reported to a clinical nurse manager who in turn reported to a service manager. While the management structures were found to be clear, the inspector observed that there was an overarching absence of developed management systems to allow the centre to operate to a high standard or to achieve its objectives. In addition, the registered provider had not appropriately supported the centre through the completion of annual reports as required by the regulations. Annual reports had not been completed for 2019 or 2020 and while six monthly unannounced visits to the centre had been completed, the inspector found that these had not identified many of the areas which required improvements. This demonstrated that the registered provider was not effective in self-identifying areas of concern or promoting quality improvement in the centre.

While the centre was found to be appropriately resourced, there was ambiguity as to what the agreed allocation of staffing resourced was. A review of staff duty rosters for a one month period from March to April 2021 found that the centre was operating at a deficit of one full time equivalent (or 156 hours across a four week period). There was a lack of awareness of this deficit on the part of the registered provider and an explanation as to the reasons for this variation or reduction was not available to the inspector. In addition, there were concerns regarding the continuity of the care and support being provided in the centre. There was a reliance on relief and agency staff to supplement the staff team and the inspector found that in some cases these staff members were not appropriately inducted to the centre.

Regulation 15: Staffing

While the inspector found that the centre was appropriately resourced, there was a lack of clarity on the part of the provider as to the agreed staffing allocations for the centre. There was a reliance on agency and relief staff to support the staff team and the inspector observed that these staff members were not appropriately inducted to the centre. In some cases, these staff members were working alone or were the only waking staff member on duty. Staff duty rosters were found to contain a number of codes which were not explained on the documents and as a result it was not clear on some occasions if staff members were rostered to be on duty or not.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were a number of deficits noted in training described to the inspector as being mandatory. These included food safety, children first, safeguarding and

manual handling. In addition, the inspector found that some staff members had not completed the required refresher training in the safe administration of medication. In one case, refresher training in this area had not been completed since 2016 and the staff members involved were continuing to administer medication. The inspector brought this to the attention of the registered provider who outlined a number of assurances including ensuring that the staff members would complete the training within a number of days of the inspection.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that there was appropriate oversight of the care and support being delivered in this centre. The governance and management arrangements in place were not satisfactory. There was a need for the development of robust management systems to ensure that services provided were appropriate to the needs of residents and respite users and effectively monitored.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the systems in place for managing complaints were not appropriate and as a result there was limited oversight of complaints made in the centre in the time since the last inspection. All complaints made had been closed off locally, however, there was an absence of any evidence of the investigation of these complaints or communications with the complainants. In addition, the inspector found that there was no evidence to demonstrate that complainants were satisfied with the outcome of the complaints process or had been informed of the manner in which to appeal the outcomes.

Judgment: Not compliant

Quality and safety

The inspector found that overall, residents were supported to have a reasonably good quality of life while residing in this centre, however, there were areas that required significant improvements to ensure compliance with the regulations. The inspector found that in the cases of respite users who were availing of the services of the centre, the supports they were receiving were very positive and had provided important opportunities for breaks away from their normal living arrangements. The findings of the report varied considerably when the supports provided to short term respite users were compared to those receiving long term residential supports.

There was an overall absence of appropriate systems for assessing the needs of residents and ensuring that there were effective support plans in place to meet the identified needs of this group. The inspector found that in some cases, assessments of need had not been completed for up to six months after residents were admitted to residential placements in the centre. There was ambiguity as to what needs were actually identified through these assessments and as a result there was an absence of evidence to demonstrate that the residents' needs were being met. In addition, the inspector found that there were support plans in place for certain needs despite the completed assessments stating that there was no support need identified in these areas. Some support plans reviewed provided no direction for staff members on how to support residents and the inspector found that support plans were not reviewed or their effectiveness considered on a regular basis. The inspector found that as a result of these ineffective arrangements, there was a lack of clarity on what the needs of residents were which impacted on the long term planning processes which were taking place for residents.

A review of the measures taken by the registered provider to protect residents and respite users against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) and there were systems in place for stock control and ordering. There was a COVID-19 information folder available, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout. There was sufficient provision of private and communal

accommodation and provided for a comfortable living environment for residents and respite users. The centre was fully accessible to those who were availing of its services and was found to meet their needs.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector found that residents and respite users were supported to eat a varied and nutritious diet and were communicated with about their meals and preferences. There were snacks available for individuals between meals and there were choices offered during the planning of meals. Residents and respite users were encouraged to participate in grocery shopping and the preparation of meals and there were allied health supports available to those who required them.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents and respite users were protected from healthcare infections by adopting procedures consistent with current public health guidelines. Those availing of the services of the centre had been supported to understand the COVID-19 pandemic and the need for increased infection prevention and control practices such as regular hand washing and sanitization.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for the residents which clearly communicated their support needs in the event of a fire or similar emergency. There were fire containment measures in place in the form of fire doors and self-closing devices and there was evidence available to demonstrate that residents and the staff team could evacuate the centre in a timely manner during fire drills which had been completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessments of need had not been completed for residents. Assessments which were in place had not been completed in the required time frames and did not communicate the identified needs of residents. While there were personal plans in place, the inspector found that these did not relate to assessments completed and in some cases there were plans in place despite there being no need for supports in the specific area. There was no review of personal plans to consider their effectiveness and the inspector found in some cases that the plans did not contain details on how to support residents with their needs.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that staff members spoken with had a good understanding of the various types of abuse and the actions required if they witnessed, suspected or had an abusive incident reported to them. Residents told the inspectors that they felt safe living in the centre. There was a safeguarding policy in the centre and the inspector found that this was informing practice. A number of incidents of a safeguarding nature had occurred in the centre and these were found to have been appropriately followed up on and managed by the registered provider.

Judgment: Compliant

Regulation 9: Residents' rights

While the inspector found that the care and support being delivered to respite users was dignified and respectful, this did not extend to those who were living in the centre in residential placements. The inspector found that the use of the centre to facilitate long term emergency placements was not appropriate and was impacting on the quality of life of a number of individuals. The registered provider was found not to be meeting the needs of these residents in a respite centre setting and this ongoing practice was impacting on the human rights of those individuals.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ardcuan Group - Community Residential Service OSV-0004041

Inspection ID: MON-0033133

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider will ensure consistent relief/agency staff will work in the designated centre.</p> <p>The PIC will ensure that all codes on the rosters will have an explanation.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: 2 staff have completed safe administration of medication refresher training.</p> <p>All staff have completed food safety training and children first training.</p> <p>2 staff will complete safe guarding and manual handling training.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

The provider will ensure that annual reviews are carried out yearly.

The provider will ensure that 6 monthly unannounced visits are identifying areas for improvement.

The provider and PIC will review the current staffing and rosters to ensure centre is adequately staffed.

The pic will ensure all relief/agency staff are given a thorough handover and directed to Traffic Light System in care plans to ensure they are adequately inducted to the centre.

Regulation 34: Complaints procedure

Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The provider and PIC will ensure that all complaints are dealt with in line with Service policy.

Complainants will be kept up to date in relation to the status of their complaint.

If the pic receives a complaint that is not under her area of management, she will refer complaint to appropriate area and notify complainant of same. The PIC will maintain documentation related to the transfer of the complaint and communication with the complainant.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The PIC and CNM3 will review the care plans to ensure that any assessed needs identified have a corresponding care intervention.

The PIC will ensure care plans are reviewed monthly.

The CNM3 will arrange an audit of care plans to consider their effectiveness and recommend any changes.

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider has purchased a house and 1 resident will transition there. The provider is working with HSE to source suitable accommodation for 1 resident.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	17/06/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	17/06/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	30/07/2021

	showing staff on duty during the day and night and that it is properly maintained.			
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	30/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	17/06/2021
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	30/07/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/07/2021
Regulation	The registered	Not Compliant		30/07/2021

23(2)(a)	provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.		Orange	
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	17/06/2021
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	17/06/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint,	Not Compliant	Orange	17/06/2021

	outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.	Not Compliant	Orange	17/06/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: the person nominated under paragraph (2)(a) maintains the records specified under paragraph (2)(f).	Not Compliant	Orange	17/06/2021
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Orange	15/08/2021

Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	15/08/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	15/08/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/12/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal	Not Compliant	Orange	15/08/2021

	plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	15/08/2021
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	15/08/2021
Regulation 05(6)(d)	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,	Not Compliant	Orange	15/08/2021

	which review shall take into account changes in circumstances and new developments.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/12/2021