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:	Grancore
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	09 September 2021
Centre ID:	OSV-0001520
Fieldwork ID:	MON-0033756

About the designated centre

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

The statement of purpose describes the services as providing a home to five adult residents both male and female, with acquired brain injuries (ABI). The purpose is to provide specialist neuro-rehabilitation to the residents, readjustment to daily life and community living, regain or learn new skills to manage everyday life following an injury. The supports available are entirely based on each individuals need. There is access to specialist clinical supports via the local community services, national neurological services and ABIs own service including psychology and occupational therapy. The service is open and staffed on a 24/7 basis with high staff ratios to support the residents. The designated centre is a spacious, detached three story house on its own grounds in a rural setting. There were pleasant, large and private gardens to the front and rear of the house, including parking for several cars. There were ramps at the entrances to the house, and the corridors were wide so as to accommodate wheelchair users. Each person living there has their own bedroom and en-suite. The accommodation comprised two apartments containing a bedroom, bathroom and living room which were entered via the main accommodation. There were three further bedrooms, sitting room and en-suites for the residents on the second floor. The third floor is not used to accommodate the residents but contains office and storage space. There were various communal areas, including a large kitchen/dining room, living rooms, sun-room and a utility room. The lay-out of the accommodation is such that the residents can have communality access in the main areas as they wish, but also private time to engage in their own preferred activities in private if they wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Thursday 9 September 2021	10:00 am to 3:00 pm	Conor Brady	Lead
Thursday 9 September 2021	10:00 am to 3:00 pm	Leslie Alcock	Support

What residents told us and what inspectors observed

The purpose of this inspection was to follow up on a number of areas that were found to be not compliant with regulations and standards on the previous inspection which took place on 19 May 2021.

The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

This centre was a very large country dwelling located on the outskirts of a rural village. There were considerable internal and external grounds. The centre provided a home to three female residents. Inspectors had the opportunity to meet with all three residents as part of this inspection. In addition, all members of management and staff were spoken with as part of this inspection.

On arrival to the centre on this unannounced inspection, inspectors observed that two residents were up and one remained in bed. One resident was in the centre’s vehicle and was going on a planned outing and another resident was being supported by a staff member and was moving around the house. This resident when asked was happy for the inspectors to have a look around their home and some outstanding maintenance work was observed. One resident was complaining of a head ache and remained in bed and was observed to be appropriately supported by the staff team.

The centre was a large and comfortable house. Each resident had their own apartment which included a living room, bathroom and bedroom, and there was a communal living, dining and sitting room. Each apartment was decorated in accordance with the resident's personal needs and interests. However, the premises was in need of some maintenance with outstanding paintwork required and noted around the centre.

On the day of the inspection, the inspectors met with the resident's, observed where they lived, observed care practices, spoke with staff and reviewed the resident's documentation. In general, the inspectors found that residents appeared in good health and appeared familiar with the staff and the environment in which they lived. Residents did partake in some in-house activation schedules during the day, however the inspectors noted that this required review to ensure that the activation schedules were more varied and person centred.

Inspectors met with the staff on duty who demonstrated familiarity with the residents and their assessed needs. The inspectors observed respectful and meaningful interactions between staff and residents.

In summary, based on what was observed, communicated and reviewed, it was evident that the residents appeared to have received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. Some improvements were required to ensure that the service provided was safe at all times and to promote higher levels of compliance with the regulations. The inspectors found that further improvement was required in areas such as the premises, fire safety and general welfare and development.

Capacity and capability

Overall, the inspectors found that the registered provider demonstrated the capacity and capability to support the residents in the designated centre. There were management systems in place to effectively monitor the quality and safety of the care and support delivered to the residents. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs.

There was a defined governance structure in place within the centre with clear lines of accountability identified. The registered provider had recently appointed a new person in charge of this centre and this individual was present on the day of the inspection and spoke with the inspectors about the arrangements they had in place for oversight of the centre, which included a daily presence. The person in charge was found to be competent, with appropriate qualifications and experience to manage the designated centre. This individual also demonstrated good knowledge of the residents of the centre and their support needs. Regular audits had taken place, with actions identified to address concerns identified. There was evidence of regular team meetings and management meetings taking place.

There was an appropriate number and skill mix of staff to meet the residents assessed needs and the provider ensured continuity of care with an established staff team and a small group of regular relief staff. The staff completed training in line with the residents needs. Training was scheduled for a small number of staff (who were on leave) that requiring updated training. Staff received regular formal and informal supervision and ongoing support from the person in charge and the team leader.

Overall the governance of the centre had improved since the previous inspection. However a number of areas were also identified that required further improvements.

Regulation 14: Persons in charge

There was a full time person in charge who was found to be suitably qualified,

experienced and competent to ensure the effective operational management and administration of the centre. The person in charge demonstrated regard for the residents and in depth knowledge of the residents and their assessed needs. The inspectors found that the person in charge also provided effective support and supervision to staff.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff present on duty in this centre. The planned and actual rosters in place matched the staff on duty and the centre was found to be well staffed. There were 14 WTE (Whole Time Equivalents) and 5 regular relief staff working in this centre. Agency staff were not used in this centre and inspectors found a consistent level and standard of staffing was evident in the centre. Inspectors spoke with all staff over the course of the inspection and found the staff team to be caring, professional and knowledgeable about the residents in their care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training and supervision was reviewed as part of this inspection. The new person in charge and team leader had undertaken supervisions with the majority of the staff team and also had a performance management system in place. Supervision records reviewed and discussions with staff highlighted that this was a comprehensive process. A staff training matrix was reviewed and a sample of staff training records and certification were inspected. All mandatory training was in place with only a very small number of staff (who were on leave) requiring updated training. The provider had scheduled dates in place for the completion of same. Staff team meetings were occurring monthly in the centre and were attended by all staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined governance structure within the centre which ensured that the resident received a service which met their assessed needs. There were clear lines

of accountability and responsibilities in place. The registered provider had appointed a full time, suitably qualified and experienced person in charge who had regular presence and oversight of the centre. The person in charge had full time responsibility for this centre and was supported by a full time team leader. Since the previous inspection, new audits systems relating to infection prevention and control were developed and regularly reviewed by the team leader or person in charge. The provider completed the HIQA Self-assessment Tool on preparedness planning and infection prevention and control assurance framework for registered providers. There was evidence of regular management meetings taking place and areas in need of improvement were identified and action plans developed to address same. There was a clear investment in the team with the provision of regular supervision, support and training.

A quarterly review system had also been developed in relation to restrictive practices and a recent review resulted in a reduction of same. An annual review and six monthly provider audits as required by the regulations had been completed and a number of actions identified were being addressed to improve the overall quality and safety of care. While a number of areas identified on the previous inspection that required improvement were implemented as outlined above, a number of actions remained outstanding such as the full implementation of premises and fire safety audits. In addition, oversight and implementation of residents activation levels required improvement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of incidents and practices in the service in accordance with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Inspectors reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting residents and staff, observing care and support and conducting a review of daily care records, risk documentation, fire safety documentation, residents activation schedules and positive behavioural support plans.

Overall, while it was found that the centre was sufficiently resourced to meet the needs of the residents, improvements were required to ensure the service provided

was always safe and person centred. It was evidenced that the management team had regular oversight of the service provided and appropriate risk management procedures were in place. A number of incident reports were reviewed by the inspectors and it was found that these were appropriately documented and responded to, with evidence of oversight from the person in charge. Inspectors found that there were systems in place to assess and mitigate risks. There was a centre risk register in place and individualised risk assessments. Risks relating to the current COVID-19 pandemic had also been carefully considered, with appropriate control measures in place. However, some issues were identified on the day of inspection which required further review in relation to fire safety risk.

Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken with had a good knowledge of safeguarding procedures and told the inspector what they would do in the event a safeguarding concern arose. The staff advised that they felt supported by the management team and received on site support and training when required. Residents presented as safe and well cared for based on inspectors observations.

Further improvements were required to ensure that all residents had meaningful activation and choice and control in their daily lives.

Inspectors acknowledge that some residents presented with challenging and complex behaviours which posed some ongoing risks and constraints.

Regulation 13: General welfare and development

Following review of the resident's activation schedules and daily notes, the inspectors found that activation schedules were in place but required review to promote daily individualised activation and meaningful days for all residents. For instance; going for a walk was identified as an important goal for one of the residents in their personal care plan and upon review of documentation with staff of the previous 10 days, the resident only went walking twice. While each residents' individual rehabilitation plan includes their interests, goals, needs and progress, it was evident that further work was required to ensure that residents are encouraged to engage in a variety of activities of their choice in line with their wishes and assessed needs. In addition, the standard of goal setting with residents required improvement in this centre.

Judgment: Not compliant

Regulation 17: Premises

This centre was a very large house on the outskirts of a rural village. Each resident had their own apartment which included a living room, bathroom and bedroom.

There was a communal kitchen, dining room and sitting room.

While significant work had been completed since the last inspection, notably in the garden, substantive interior and exterior work continues to be required in a premises of this size. The provider has developed a capital maintenance plan for the centre to address the more substantial areas in need of improvement but the inspectors observed areas in the centre that required immediate maintenance, renovation and paintwork. For example, damage to residents rooms, damp in ceilings, hole in a wall of residents room. In addition, a resident with limited mobility was located on a first floor with a stair gate in operation to prevent access to the stairs. Whilst this had been risk assessed by the provider, inspectors found this resident did not have unsupported free access to the majority of their home due to being located on the first floor.

Judgment: Not compliant

Regulation 26: Risk management procedures

Inspectors found that the risk management policy was up to date and contained all the information required in the regulation. The provider had detailed risk assessments and management plans in place for the centre and for the individual residents which promoted resident's safety and were subject to regular review. There was an up-to-date risk register which was reviewed an updated regularly.

There was an effective system in place for recording incidents and accidents which included an incident analysis and reflected learning from the incident and any further action required.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures and practices in the centre which were in line with national guidance for the management of COVID-19 in residential care facilities. Information was available for residents and staff in relation to COVID-19. An up to date COVID-19 preparedness and contingency plan which was in line with the national guidance with centre specific policies and protocols were in place. Each resident had an individualized risk assessment and management plan related to COVID-19. The staff had completed the relevant up-to-date training. Regular COVID-19 checks were completed by staff and there was ample signage, access to PPE and hand washing facilities in place. All areas of the premises was found to be clean during the inspection and there were systems in place to ensure that each area was cleaned on

a regular basis. The provider completed the HIQA Self-assessment Tool on preparedness planning and infection prevention and control assurance framework for registered providers.

Judgment: Compliant

Regulation 28: Fire precautions

A full fire safety assessment of the service was completed by an external fire safety consultant and significant improvements had been made since the last inspection in relation to detection and containment systems and evacuation plans including the completion of drills with minimum staffing available. However, the fire safety assessment identified a number of areas in need of improvement that remained outstanding on the day of the inspection. For example, further fire safety improvements were deemed as required and were yet to be put in place such as fire extinguishers/containment.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Areas identified in need of improvement from the previous inspection were addressed such as, all restrictive practices were reviewed by the multi-disciplinary team, resulting in a reduction of a number of restrictive practices in use in the centre. These practices were notified to HIQA in the quarterly returns as required by the regulations. There were risk assessments in place for the use of restrictive practices which identified the rationale for the use of same.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences. There was a safeguarding policy in place providing clear guidelines for staff should a concern arise.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors acknowledged improvements made since the last inspection. For instance; the provider conducted a multi-disciplinary review of all the restrictive practices in use in the centre and it was communicated by the person in charge that they will be reviewed quarterly with a view to further limit restrictions where appropriate and safe to do so. However this was still determined to be impacting on the rights of some residents. For example, in the areas of free access to their home and the provision of intimate care.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Grancore OSV-0001520

Inspection ID: MON-0033756

Date of inspection: 09/09/2021

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Internal maintenance works outlined in maintenance plan scheduled to commence 08.11.2021 (delay due to availability of contractors to complete the works).
• External maintenance works outlined in maintenance plan scheduled to commence 08.11.2021 (delay due to availability of contractors to complete the works).
• Painting works scheduled to commence 06.11.2021 (delay due to availability of contractors to complete the works)
• Fire: – 2kg CO2 fire extinguisher cover on all corridor areas; completed 20.09.21.
• Fire: - Engineers report received 07.10.21 outlined an additional 15mm fireline plasterboard must be fixed as per manufacturer's spec to the existing ceiling in boiler room. Works scheduled to be commence 08.11.2021
• 3 new fire doors installed July 21 and paperwork pertaining to their installation received 06.10.21. All other doors to be checked and serviced as required by competent person scheduled 08.11.2021.
• Fire register devised for the service and in use.
• All residents daily and weekly schedules reviewed by keyworkers and management and new activities added in accordance with their assessed needs and wishes; completed 17.09.21. This will be reviewed on an ongoing basis, including oversight by ABII clinical team at quarterly reviews which is scheduled.
• Review of two of the client goals completed 30.08.21 however one clients review with clinical team was rescheduled (due to keyworker absence) to 15.09.21; this has since been completed and new goals have been added. Clients' goals will be reviewed at quarterly IRP reviews with clinical team; schedule of reviews outlined for 2021 – 2022.
• Daily review of client daily logs and activation schedules to be completed by Team Leader (with oversight by PIC).
• New system for client daily planning implemented 27.09.21 to ensure a more person-centred approach is used.
• General welfare and development of residents discussed with team 23.09.21 and plans developed to increase client activation levels in accordance with their assessed needs

and wishes. Social activities officer appointed within the team 23.09.21 to support the team in identifying activities and local events which may be of interest to the residents. This will be reviewed on an ongoing basis.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• All residents daily and weekly schedules reviewed by keyworkers and management and new activities added in accordance with their assessed needs and wishes; completed 17.09.21. This will be reviewed on an ongoing basis, including oversight by ABII clinical team at quarterly reviews which is scheduled.
• Review of two of the client goals completed 30.08.21 however one clients review with clinical team was rescheduled (due to keyworker absence) to 15.09.21; this has since been completed and new goals have been added. Clients' goals will be reviewed at quarterly IRP reviews with clinical team; schedule of reviews outlined for 2021 – 2022.
• Daily review of client daily logs and activation schedules to be completed by Team Leader (with oversight by PIC).
• New system for client daily planning implemented 27.09.21 to ensure a more person-centred approach is used.
• General welfare and development of residents discussed with team 23.09.21 and plans developed to increase client activation levels in accordance with their assessed needs and wishes. Social activities officer appointed within the team to support the team in identifying activities and local events.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Internal maintenance works outlined in maintenance plan scheduled to commence (delay due to availability of contractors to complete the works).
• External maintenance works outlined in maintenance plan scheduled to commence (delay due to availability of contractors to complete the works).
• Painting works scheduled to commence 06.11.2021 (delay due to availability of contractors to complete the works).
• Resident located on first floor will be relocated to a ground floor bedroom should a vacancy become available on the ground floor level. Resident spends the majority of her day downstairs, only accessing her private apartment area for rest time. Sensor mat in place to alert staff if resident wishes to leave her apartment area and respond immediately to support her to do so.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• 2kg CO_2 fire extinguisher cover on all corridor areas; installed 20.09.21.
• Engineers report received 07.10.21 outlined an additional 15mm fireline plasterboard must be fixed as per manufacturer's spec to the existing ceiling in boiler room. Works scheduled begin 08.11.21; with expected completion one week after this date.
• 3 new fire doors installed July 21 and paperwork pertaining to their installation received 06.10.21. All other doors to be checked and serviced as required by competent person scheduled 08.11.21; with expected completion one week after this date.
• Fire register devised for service and now in use.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A self-assessment for restraints and restrictive practices completed by the PIC in relation to restraint and restrictive practices 13.10.21. Plans for actions identified currently being implemented.
• Restraint and reactive practice MDT review meeting held 13.10.21. Review of all residents all restraints and restrictive practices. Reduction plans currently being implemented where safe and appropriate to do so.
• Quarterly reviews scheduled for 2021 -2022 with MDT team regarding use restraints and restrictive practices (these reviews will be held quarterly).

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/10/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/10/2021
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.	Not Compliant	Orange	31/12/2021

Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/12/2021
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.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	15/11/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	31/10/2021

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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.	Substantially Compliant	Yellow	31/10/2021