



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

Issued by the Chief Inspector

Name of designated centre:	Galtee View House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	22 August 2023
Centre ID:	OSV-0001826
Fieldwork ID:	MON-0031687

About the designated centre

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

St Joseph's Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre provides a home to 10 residents and is based in a community setting in county Limerick. The centre mainly provides care and support to residents who have high support needs, while some residents also had changing complex health care needs. The centre is a purpose-built bungalow with a variety of communal day spaces including a large sitting room, visitor's sitting room and beauty room. There was separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished. Many of the bedrooms and bathrooms had assistive devices to support residents to transfer more easily. The centre is in a tranquil setting with large garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Tuesday 22 August 2023	10:00hrs to 18:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed within the designated centre Galtee View house. The inspection was completed to assist in the decision to renew the registration of the centre for a further three-year cycle. The inspection of the centre was facilitated by the residents currently residing in the centre, the staff team and members of the management team. Overall, the inspection evidenced an improvement in the level of compliance with the registered provider introducing a number of actions organisationally to improve adherence to the regulations.

The inspector was greeted by the person in charge. Upon entering the centre the inspector met with a number of residents who were going about their day. The person in charge informed the inspector that one resident was in hospital and two were on a breakaway with staff. The inspector chatted with one resident who had transitioned to the centre since the previous inspection. They told the inspector they were happy and liked the centre. They were very comfortable in the company of staff and called to the office many times during the day to say hello and make sure staff checked their blood sugars to manage their diabetes.

The centre has recently been painted and a number of activity rooms were available for residents within the centre. This included a sensory room and a beauty room. Residents' bedrooms were a calm place for them to relax during the day in accordance with multi-disciplinary recommendations. One resident who required bed rest in the afternoon had sensory lights and relaxing music playing. Another individual who was feeling unwell was supported by staff in their room. They had their nails painted and their favourite music played.

A number of residents went to the local town to shop for clothes. They were observed to be excited about their trip and what they would buy. Staff supported these residents by bringing some of their money with them to purchase what they chose. One resident was supported to return to the centre following hospital admission. All residents and staff were happy to see the resident return with many residents calling to their room to say hi and welcome them back.

At the end of the inspection, two residents returned to the centre following their break away. They had spent a night in Knock and had travelled with staff. Both residents were excited to talk about their trip and showed the inspector the memorabilia they had bought. They thanked the staff for bringing them and wanted to know if they could stay two nights the next time, so they could go back to mass and say prayers for everyone.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person-centred services that met their assessed needs. 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

On the day of the inspection in Galtee View it was evidenced that there had been improvements in the governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. The centre was last inspected in February 2023 where a high level of non-compliance had been identified. Following this inspection, the registered provider entered a period of regulatory escalation. The provider had submitted a response to ensure all areas of non-compliance identified had been addressed. The registered provider had introduced several key governance systems to improve compliance with the regulations and standards. This included increased governance oversight through monitoring systems and supervision.

The provider had submitted the paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's insurance and floor plans. This documentation was reviewed by the inspector prior to the inspection and found to be in line with the requirements set out in the regulations.

The person in charge and the persons participating in management were available throughout the inspection if required. All members of the governance team met with on the day of inspection were very informed of the needs of the residents and the requirements of the service to meet those needs. The person in charge had good oversight of the service. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported directly to the area manager. This included regular face-to-face conversations, management meetings and escalation of any concern which required to be followed up on.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management, as required with all required incidents notified in accordance with Regulation 31. Regular team meetings were completed to ensure all staff had the opportunity to raise concerns or for issues to be addressed promptly.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre. However, despite this being completed on the day following the previous inspection, the review did not identify or action any areas of non-compliance identified during the inspection. In addition, the unannounced visit to the centre was not completed

within six months in line with the regulatory requirements.

The person in charge had developed an audit schedule and completed a range of audits in the centre. A checklist was in place to ensure all required audits were completed promptly. These included trending of incidents, medication audits and financial audits. All audits had a required action plan to ensure areas of non-compliance were addressed. These plans included the person responsible for completing the action. Actions in place were evident to drive service improvement within the centre.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. This included nursing care as required. The person in charge maintained a planned and actual staff roster in the centre. A review found that the number and skill mix of staff in the centre was in line with the centre's statement of purpose. The person in charge ensured there was a regular team of staff in the centre to promote continuity of care. While staff vacancies remained the provider took measures to minimise the impact of this on residents and were actively recruiting individuals to join the staff team.

Staff had access to a range of training which had been deemed mandatory to support residents in the centre. The person in charge had a plan in place to ensure the training needs of the staff team were proactively monitored and booked in advance.

Each resident in the centre had been supported to sign a contract of service provision. As required residents obtained support from a family representative or staff member to complete this form. It was evident that this document had been reviewed since the previous inspection to incorporate the breakdown of fees for which residents were required to pay to avail of the services within the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents. An actual and planned rota was in place and maintained by the management team.

While staffing vacancies remained the provider was actively engaging in recruitment of required staff members. .

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents. While staff were supported to attend the required training some gaps were present in such areas as fire safety, manual handling and hand hygiene. The person in charge was actively reviewing the training needs of staff to ensure this reflected the assessed needs of residents. For example, palliative care training and bereavement training. All staff were in the process of completing training in the area of human rights.

The person in charge ensured effective measures were in place for the appropriate supervision of the staff team.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management arrangements evidenced within the

centre were effective in delivering a good quality service to residents. There was evidence of adherence to the compliance plan response from the previous inspection. Some improvements were required to ensure monitoring systems were utilised in accordance with organisational policy. For example, the annual review completed the day following the previous inspection did not highlight or action any areas of non-compliance identified during the inspection. The six monthly unannounced visit had not been completed within the required timeline. Within the centre, an audit schedule had been developed to oversee and monitor the day-to-day operations of the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each resident in the centre had been supported to sign a contract of service provision. It was evidenced that this document had been revised by the provider to incorporate the breakdown of fees for which residents were required to pay to avail of the services within the designated centre.

There were no planned admissions to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations. Some minor amendments were required to ensure all information present was accurate to the current status of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified in line with the requirements of regulation 31.

Judgment: Compliant

Quality and safety

Galtee View was a full-time residential service which provided residential support to nine residents at the time of the inspection. One resident had transitioned to the centre since the previous inspection. This was completed in a manner which incorporated consultation with current residents and ensuring the new individual transitioned in a manner as per their assessed needs. The resident called for tea and activities within the centre to become familiar with staff, residents and their new environment. The resident told the inspector they were enjoying their new home.

Within the centre, while it was evidenced that residents' well-being and welfare was maintained by a good standard of care and support. Residents were not supported to take part in activities that were meaningful to them and in line with their interests. Records of activities reviewed by the inspector partaken in by residents in the centre did not evidence community participation in activities of their choice or in activities as set out in personal goals. For example, one resident's personal goal was to go swimming weekly this was not recorded as occurring.

While residents had been supported to set personal goals for the future some of these did not appear to be reflective of the individual's needs and wishes. For example, within one resident's personal plan, it stated the resident did not like loud and busy places but a goal had been set for them to attend a pop concert. On the day of the inspection, residents were observed partaking in activities of their choice including shopping and returning from a trip away. The person in charge was in the process of reviewing all activations to determine potential barriers such as staffing levels and training needs.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and guidance for staff. Personal plans were holistic in nature and incorporated such areas as health care, communication, skills training and emotional support required. Staff spoken with had an awareness of each resident's personal plan and the supports which were to be implemented. While these plans were comprehensive at times it was difficult to ascertain the information required. Some areas of the plans had not been completed or context was not present when a tick box sheet was completed. For example, in the area of communication if a box was ticked no for verbal communication, the context of how a resident communicated was not present.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated as required. The plans gave clear guidance to staff on how to support residents in managing their health needs. There was evidence of input from a variety of healthcare professionals and specialist medical consultants as necessary. The residents who presented as unwell on the day of inspection were

supported in a respectful manner with their privacy respected.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item for residents' meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Staff were observed adhering to infection control measures.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre-specific risks. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks.

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met. Some residents spoken with on the day of the inspection and discussed the fire evacuation procedure with the inspector.

Regulation 12: Personal possessions

The person in charge ensured that residents had access and control in relation to their personal property in accordance with the organisational policy. Residents had sufficient storage for their personal possessions. They were supported in the centre to ensure their laundry needs were facilitated.

Judgment: Compliant

Regulation 13: General welfare and development

Ongoing improvements were required to ensure all residents had access to facilities for recreation in accordance with their age, interests and likes. Within the documentation reviewed by the inspection, it was not clear if all residents consistently engaged in a variety of activities in line with their interests. These

included activities in the centre and in the wider community.
Residents were supported to maintain links with family as they wished.

Judgment: Not compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensure the development and review of a residents guide. This was present in the centre and available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and individual isolation plans were in place to support residents to self-isolate should the need arise. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated in a multi-disciplinary manner.

Some improvements were required to ensure all areas of documentation were completed correctly and no gaps present in information.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker meetings were taking place and residents were consulted in the running of the centre.

Residents were supported to obtain advocacy services as required. One area of improvement to ensure residents' rights were maintained was the development of a clear rationale and guidance in the use of hourly night checks for all residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Galtee View House OSV-0001826

Inspection ID: MON-0031687

Date of inspection: 22/08/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider wishes to assure the Chief Inspector that going forward all Annual reviews will include action items arising from previous HIQA inspections. Furthermore the Provider will ensure that all unannounced 6 monthly reviews will be concluded within the required timeframe.</p> <p>This will be completed by October 20th 2023.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider will ensure that the Statement of Purpose is reviewed and updated to include amendments required to ensure all information is present and accurate to the current status of the centre.</p> <p>This action will be completed by November 6th 2023.</p>	
Regulation 13: General welfare and	Not Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The Provider wishes to assure the Chief Inspector that the current process for recording and documenting Service User activities will be reviewed by the Person in Charge. A photographic journal/scrap book will be developed by the Person in Charge to accurately document/record resident's activities.</p> <p>This will be completed by December 22nd 2023.</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> <p>The Person in Charge will ensure oversight of all documentation so that all areas of documentation are completed correctly and there are no gaps present in the information. The current care plan template will be reviewed by the Provider to ensure that Resident's care plans are individualised.</p> <p>This action will be completed by December 22nd 2023.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Provider wishes to assure the Chief Inspector that hourly nightly checks for residents will be reviewed by the Person in Charge and the Multidisciplinary team to ensure Residents rights are maintained.</p> <p>This will be completed by December 15th 2023.</p>	

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)(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	22/12/2023
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	20/10/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Not Compliant	Orange	20/10/2023

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered 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.	Substantially Compliant	Yellow	20/10/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	06/11/2023
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	Substantially Compliant	Yellow	22/12/2023

	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.			
Regulation 05(6)(a)	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 multidisciplinary.	Substantially Compliant	Yellow	22/12/2023
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 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	Substantially Compliant	Yellow	22/12/2023

	her disability.			
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.	Substantially Compliant	Yellow	22/12/2023
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, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	22/12/2023
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	22/12/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy	Substantially Compliant	Yellow	15/12/2023

	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.			
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