



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City South 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	10 October 2023
Centre ID:	OSV-0003296
Fieldwork ID:	MON-0040917

## About the designated centre

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

Cork City South 4 provides residential accommodation for adults, with a mild to moderate intellectual disability. The building is a detached two storey house and located on a corner site in a quiet residential estate, adjacent to a green area. Overnight accommodation consists of four single bedrooms. One is located downstairs and three are located upstairs. In addition, upstairs there is a bathroom and downstairs there is a kitchen, separate dining room and sitting room, bathroom and staff bedroom. There is a small patio area at the rear of the building, which is enjoyed by residents for relaxation and leisure when the weather is fine. Staff supports are provided by social care workers in the mornings, evenings and at weekends. Residents usually attend their day services during week days but can also be supported by staff during the day in the designated centre, if required. Staff are also present in the designated centre during the night to support residents if required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 10 October 2023	14:00hrs to 17:30hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This was an unannounced-risk inspection of the designated centre. The provider had been placed on a six month regulatory improvement plan in October 2022. This designated centre was previously inspected on three dates since March 2020, with one of these inspections taking place in March 2023 to inform the renewal of the registration of the designated centre. The provider had submitted a compliance plan response to the Chief Inspector following the March 2023 inspection with time lines provided of when the provider expected to be in compliance with the regulations. The provider had recently completed upgrade works to a downstairs bathroom that had been ongoing since March 2020. There was also evidence of progress being made to support residents to attain access to their personal finances. However, the inspector did not find sufficient evidence that the governance and oversight in the designated centre was consistently maintained since the March 2023 inspection and not all actions had been adequately addressed at the time of this inspection.

On arrival at the designated centre no resident or staff member was present. The person in charge was contacted by the inspector and they came to the designated centre a short time later. The inspector completed a walk around of the designated centre. The upgrade bathroom works had been completed. Aesthetic painting works were planned for a few areas in the weeks after this inspection. New flooring was also scheduled to be installed. The provider had outlined in a compliance plan update in July 2023 that these were scheduled to be completed by 29 September 2023. In addition, bespoke furniture including storage and a bed were to be installed in the bedroom of one resident by 31 August 2023. While these were at an advanced stage they were not completed as outlined in the provider's compliance plan update submitted to the Chief Inspector.

The inspector had met with all of the four residents during the previous Health Information and Quality Authority (HIQA) inspection in March 2023. At that time the residents chose to meet the inspector as a group and enjoyed a relaxed group conversation. During this inspection all of the residents returned to the designated centre in the late afternoon and chose to speak with the inspector individually and this was facilitated.

The inspector met with one resident when they returned from their day service. While enjoying a hot drink the resident chatted about their day and how they were enjoying attending activities such as bowling. The resident spoke of how they were enjoying their independence and looking forward to a short break with their peers. The resident regularly spent time with family and outlined plans to celebrate a milestone birthday before the end of the year. They also enjoyed attending an evening social club on alternate weeks with their peers. A recent achievement, of which they were very proud was that they had completed a mini marathon. However, the resident explained they were still waiting for works to be completed in their bedroom. They told the inspector they didn't know what the furniture was going to look like. While they had been consulted they had not seen any drawings or

designs. This was discussed with the person in charge and the person participating in management during the feedback meeting.

The inspector met with another resident when they returned to the designated centre after spending time with a family member. The resident showed the inspector their tablet device and used this effectively to communicate with the inspector. They were able to show the inspector photographs of staff who supported them in their day service and assisted them with Halloween activities. The resident also informed the inspector that they were very happy to be supported to manage their personal finances. They smiled broadly as they demonstrated how they used their bank card to pay for items. They had also enjoyed attending a concert of a well known music group during the summer which was one of their personal goals.

Another resident requested the person in charge to assist them to explain to the inspector what events had taken place in their life in recent months. The resident was supported to explain they had recently recovered from COVID-19 and outlined how they spent their time while in isolation. The resident was happy to report they had fully recovered and had been selected to participate in the trials for the Special Olympics bowling team. They had completed one computer course in recent weeks and had planned to start another course during October. The resident had a big interest in sports and had enjoyed a visit recently to their day service by the Cork camogie team. However, they had not attained one of their personal goals to attend a rugby match. This will be further discussed in the quality and safety section of this report.

The inspector met with the fourth resident after they had completed their usual routine on return from their place of employment. The resident was excited explaining how they were participating in yoga and singing each week. They enjoyed working in a nearby location which they could walk to. They worked five days a week and had very good support from their manager and colleagues. The resident had enjoyed attending a concert with their peers during the summer and was looking forward to staying in a hotel for a short break. The resident outlined the progress being made to support them to have their own personal bank card. The resident explained how staff were supporting them to get used to completing contactless transactions while they waited to receive their bank card.

In summary, residents were being supported to lead independent lives with minimal staff support. There were increased opportunities for residents to engage in one-to-one activities with staff if they wished to do so. There was evidence of increased involvement in evening activities which included bowling and social clubs. Progress had been made to support residents' who had not had access to their personal finances in March 2023. One resident had the use of their own bank card and the other resident was being actively supported to attain access to their personal finances. However, further improvements were required to ensure consistent governance and oversight was maintained and residents were being supported to attain their personal goals.

The next two sections of this report will 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 provided.

## Capacity and capability

This inspection was a focused inspection to review the provision of safe and effective services to residents and to establish if the provider had adequately addressed all of the actions identified in the March 2023 inspection.

The provider had management systems in place to monitor the service being provided within the designated centre. This included audits and an annual review improvement plan. However, there was no action plan available for the inspector to review following the most recent provider-led internal audit that was completed in May 2023. The provider had implemented an annual review improvement plan as part of their service improvement plan. The specific plan for this designated centre lacked evidence of ongoing review. Not all time lines for completion or progress updates of the actions were documented. These included the completion of a minimal staffing fire drill and a review of the medication policy.

A number of actions from the previous HIQA inspection had been addressed such as the provision of additional staffing resources and the completion of upgrade works to a downstairs bathroom. Other actions were in progress and at an advanced stage of completion at the time of this inspection. These included the replacement of the flooring in a number of rooms, which had been identified on a planned walk about with staff from the maintenance department. Painting was also scheduled to be completed in the weeks after this inspection. The installation of bespoke storage and bedding in a small bedroom was also at an advanced stage and was planned to be completed in a timely manner. However, these actions had been expected to be completed by the provider prior to this inspection taking place. The updated compliance plan response submitted to the Chief Inspector on 31 July 2023 outlined that the premises works would be completed by 29 September 2023 and the bespoke storage and bedding in a resident's bedroom would be completed by 31 August 2023. The issue of actions not being completed as outlined in the compliance plan and the subsequent update submitted to the Chief Inspector was discussed during the feedback meeting with the person in charge and person participating in management.

In addition, the inspector observed damage to an intumescent seal on a fire door. While the inspector acknowledges the seal was repaired during the inspection, the same door had similar damage at the time of the last inspection in March 2023. The seal was repaired during that inspection also. On review by the inspector of documented weekly fire door checks being completed since the last inspection, the inspector found no actions or issues documented by staff. On further review not all fire doors were being checked by staff. Only three doors downstairs were being

checked. This issue was referred to in the March 2023 inspection and report findings. Not all fire doors within the designated centre were being checked for damage and effectiveness. The inspector was not assured the provider had ensured this issue had been addressed. No changes had been made to the fire door checklist since the March 2023 inspection which was found to be inadequate at that time and not all fire doors were being checked within the designated centre when staff were completing the weekly fire door checks since the March 2023 inspection.

## Regulation 15: Staffing

The provider had ensured staffing resources had been reviewed as outlined in the compliance plan following the previous HIQA inspection of March 2023. Flexible staffing arrangements were in place to support residents to avail of individual staff supports and engage in community activities in the evenings and at weekends in line with their expressed wishes. An additional staff resource joined the core staff team in May 2023. Residents were being consistently supported by a consistent core group of staff. This included during periods of unplanned leave. Core staff and regular relief staff were available to ensure residents were being effectively and safely supported in-line with the statement of purpose and assessed needs of the residents. The inspector was informed the planned commencement of a dedicated cleaner had not progressed since the last inspection. While a deep clean of the premises had been completed, the residents and staff team were completing the regular cleaning duties which was evident on the day of the inspection.

The inspector reviewed a selection of actual and planned staff rotas since May 2023. These demonstrated flexible shifts to support residents to attend activities, including in the evening and at weekends. For example, there was a planned short break for all four of the residents for two nights, with an adequate number of staff allocated to support this. Residents were also supported to frequently attend social activities in local communities and sporting activities such as bowling.

However, a number of rotas were found not to be reflective of the actual staffing in the designated centre. This included known periods of unplanned leave for the person in charge who was reflected on the rota as being present and working. This was evident to have occurred over a number of weeks. These actual rotas had been reviewed, dated and signed by the staff member nominated by the provider at the time. The inspector was also informed that the planned rota for the remainder of 2023 had also been completed. The inspector noted the scheduled hours for the person in charge was not correct in the planned rota until the end of December 2023.

Judgment: Substantially compliant



## Regulation 16: Training and staff development

The person in charge had ensured all staff had attended refresher training as required by the provider. Staff had also completed on-line training in Human rights.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had management systems in place to monitor the service being provided within the designated centre. A number of actions from the previous HIQA inspection had been addressed such as the provision of additional staffing resources, progression on supporting residents to have access to their personal finances and the completion of upgrade works to a downstairs bathroom.

Other actions were in progress and at an advanced stage of completion at the time of this inspection. However, not all actions had been addressed and completed within the time lines that were submitted in an updated compliance plan response submitted to the Chief Inspector on 31 July 2023. These included premises maintenance works which were to be completed by 29 September 2023 and the bespoke storage and bedding in a resident's bedroom due to be completed by 31 August 2023.

No action had been taken to address weekly checks being completed on the fire doors within the designated centre. This was a similar finding to the March 2023 inspection. Not all fire doors were subject to weekly checks and no issues identified by staff when completing the checks on the fire doors. There was damage evident to the same fire door as per the findings of March 2023. While the damaged seal was repaired during both inspections neither the person in charge or staff team were aware of the issue until the inspector looked at the door during both inspections.

There was no action plan available for the inspector to review following the most recent provider -led internal audit completed in May 2023.

Not all actions identified in the provider's annual review improvement plan had been completed within the required time lines, or progress to date documented at the time of this inspection.

Judgment: Not compliant

## Quality and safety

Overall, there was evidence of residents being supported to enjoy meaningful activities, engage in community activities regularly and attend day services or employment in line with their expressed wishes. Some of the actions identified in the March 2023 HIQA inspection had been addressed, this included one resident obtaining their travel pass for use on public transport.

The provider had demonstrated actions had been taken following the previous HIQA inspection in March 2023 relating to two residents being supported to access their own personal finances. This included the appointment of a social worker to assist one resident to attain ease of access to their finances as per their expressed wishes. The social worker had completed a review of situation but a completed report was not available for review at the time of this inspection. The provider had expected to have a copy of the report by 16 August 2023. This did not materialise and was outside of the provider's control. The person in charge outlined the ongoing engagement between the resident, the social worker, family representatives and the provider. The resident themselves informed the inspector that they expected to have the matter resolved in the weeks after this inspection.

## Regulation 12: Personal possessions

The provider had taken steps to address the lack of adequate storage in one resident's bedroom. The space had been reviewed and resident was aware of plans to address the situation. However, the works had not commenced at the time of this inspection. The provider had expected to have the planned works completed by 31 August 2023, as per the 31 July 2023 compliance plan update submitted to the Chief Inspector.

Judgment: Substantially compliant

## Regulation 17: Premises

The provider had completed some upgrade works since the previous inspection, this included upgrade works to a downstairs bathroom. However, not all areas of the designated centre were found to be in a good state of repair at the time of this inspection which was not in line with the provider's time lines for the works to be completed by 29 September 2023 submitted on the compliance plan update

response to the Chief Inspector.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The systems in place for the assessment, management and ongoing review of risk ensured that up-to-date information was contained in risks identified for the designated centre and for individual residents. For example, a review had taken place once upgrade works had been completed on the downstairs bathroom.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had not ensured weekly fire checks being completed in this designated centre were up to standard as outlined by the provider in their compliance plan update submitted to the Chief Inspector following the March 2023 inspection. This included the responsibility for the person in charge to ensure weekly fire checks were up to standard and include review of fire doors to ensure that fire seals were intact and closing effectively. On 31 July 2023 the provider advised that weekly checks were taking place.

However, on review by the inspector of the weekly fire checks being completed, there was no evidence of a review having taken place of the checks required to be completed on fire doors within this designated centre since the last inspection. No update was evident, the same three doors were identified to be checked, additional doors within the designated centre were not added to the list of doors to be checked. It was unclear what checks were being completed by staff. For example; were doors closing effectively or damage evident. No issues were documented in the weekly checks that had been completed since the previous HIQA inspection. Issues with intact fire door seals were again evident on the same door as per the previous inspection findings and not reported by staff. As per the previous inspection the person in charge ensured the fire seal was repaired before the inspection ended.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured arrangements were in place to meet the daily needs of each resident in the designated centre. In January 2023 the provider had also introduced a new format to assist residents and staff to identify and document meaningful personal goals. At the time of the last HIQA inspection, this process had begun with the residents in this designated centre. A stepped approach to goal setting was documented and progress was commenced. Some personal goals had been achieved, with either the progress documented or pictures of the residents enjoying different activities such as attending concerts since the last inspection.

However, not all goals had evidence of being subject to regular review. In some instances a goal was not achieved for example, to go to a rugby match during the summer months. No update of why this was not achieved was documented. No alternative goal was identified to support the individual to attend sporting fixtures in line with their expressed wishes.

Another resident had a goal to travel to England to see a show in the West End. This was documented as not being possible to achieve during the summer of 2023 and an alternative goal to attend a show in Ireland was identified. However, no update or progress on supporting the resident to attain this goal was available at the time of this inspection.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The provider had ensured residents were being supported by a core staff team to engage in regular community activities, in particular in the evenings and at weekends. Residents attended their day services or employment during the week. However, they were also supported to plan activities individually during the week with staff support if they wished to remain in the designated centre. For example, the day before this inspection, one resident enjoyed a leisurely morning at home followed by lunch in a social setting and some personal shopping with a staff member.

One resident had improved access to their personal finances since the previous inspection and another resident was being supported to attain access in line with their expressed wishes at the time of this inspection. All residents who used public transport had their own travel pass.

Residents were also supported to attend meetings regularly, including advocacy meetings. There were plans for the residents to meet with a member of the provider's advocacy team regarding the topic of assisted decision making.

However, the resident whose bedroom required upgrading to ensure they had adequate storage space for their personal possessions was not aware of the design or plans of the works to be completed in their bedroom. They informed the inspector they did know that there would be some storage provided to them.

However, they did not know the colour, design or the extent of planned works for their room which included if the flooring was to be replaced. This was discussed during the feedback meeting with the person in charge and the person participating in management.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Cork City South 4 OSV-0003296

Inspection ID: MON-0040917

Date of inspection: 10/10/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge has reviewed all planned rotas for the remainder of 2023, these have been updated to reflect the person in charge's scheduled hours. The actual rotas will be updated a week prior to commencement to maintain accuracy.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered provider has received confirmation from the furniture contractor that bespoke storage and bed in a resident's bedroom will be completed by 22nd December 2023.</p> <p>A weekly fire door checklist has been put in place where fire doors throughout the house are checked for any damage and efficacy as part of staff's weekly fire checks, any issues noted will be reported to person in charge with follow up from facilities staff as soon as possible. Person in charge will have monthly overview of checklist to ensure compliance.</p> <p>An action plan from May 2023 provider-led internal audit is in place, person in charge and PPIM have oversight of this plan, all future audits will follow with an action plan.</p> <p>The person in charge has updated the annual improvement plan to reflect completed and outstanding actions.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Registered provider has received confirmation from the furniture contractor that the</p>	



bespoke storage and bed in a resident's bedroom will be completed by 22nd December 2023.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Registered provider has received confirmation from the flooring contractor that the replacement of flooring works will commence on the 20th November 2023 and will be completed by 30th November 2023.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A weekly fire door checklist has been put in place where fire doors throughout the house are checked for any damage and efficacy as part of staff's weekly fire checks, any issues noted will be reported to person in charge with follow up from facilities staff as soon as possible. Person in charge will have monthly overview of checklist to ensure compliance	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The stepped approach to goal setting continues to be documented with progress recorded as steps achieved, if goals are not completed in the timeframe set out at the beginning of the process this is also documented. The person in charge will have monthly oversight of all goal planning.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered provider has received confirmation from the furniture contractor that the bespoke storage and bed in a resident's bedroom will be completed by 22nd December 2023. Furthermore, a discussion has been held with resident regarding design, colour and all works to be carried out in the resident's bedroom.	

## 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 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	22/12/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	16/11/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	22/12/2023
Regulation	The registered	Not Compliant	Orange	22/12/2023

23(1)(c)	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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	16/11/2023
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	16/11/2023
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,	Substantially Compliant	Yellow	22/12/2023

	relationships, intimate and personal care, professional consultations and personal information.			
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