



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

Issued by the Chief Inspector

Name of designated centre:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	31 January 2024
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0042446

About the designated centre

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

Blossomville is a purpose built single storey bungalow located in a town. The centre comprises of six bedrooms, two sitting rooms, a kitchen-dining room, a utility room, a staff office and bathroom facilities. The centre has a maximum capacity of six residents and can provide full-time residential care to residents with intellectual disabilities and /or autism who present with behaviour that challenges and additional needs. Both male and female residents over the age of eighteen years can reside in the centre. The staff team comprises of an area manager/person in charge, social care workers, nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 January 2024	09:20hrs to 17:50hrs	Conor Dennehy	Lead
Wednesday 31 January 2024	09:20hrs to 17:50hrs	Laura O'Sullivan	Support

What residents told us and what inspectors observed

While some respectful interactions were seen, some interactive and communication issues were noted and observed during this inspection. High levels of resident supervision were seen during this inspection but this appeared to be impacting some residents. Residents did some activities but many of these were repetitive in nature. Based on observations made, further cleaning was needed of the centre.

Six residents were living in the centre with all present at the outset of the inspection. During the early stages of the inspection some residents were in their bedroom and/or receiving personal care while other residents were in communal areas of the centre. While some residents did not communicate verbally, some residents did greet inspectors at this time. While chatting with residents in the centre's larger sitting, it was observed that when one resident entered this room, staff, who were already maintaining close supervision, immediately made efforts to stand between this resident and another. It was communicated verbally by staff present that this was for safeguarding reasons. Throughout the remainder of the inspection it was apparent that staff maintained close supervision of residents.

The residents initially present in communal areas chatted with an inspector. Staff supported some residents to interact with the inspector. Two residents enjoyed tractors and staff turned on their favourite tractor video on the TV. Residents told the inspector they were going for a spin later. One resident smiled at the inspector, said hello and went about their day. Another resident was sitting on the couch listening to their favourite music on their tablet with head phones. They smiled at the inspector and maintained eye contact. The staff present noted that this was the resident's way of saying hello. Later on while inspectors were in the office, a staff member explained one resident's individualised behaviours and how they may interact with inspectors during the day. This was discussed in a very respectful manner and ensured inspectors were aware of the residents' communication methods and could respect these.

During the course of this inspection, some appropriate and respectful interactions were observed between staff and residents. For example, when one resident indicated that they had some pain a staff member sought to check the resident. On another occasion, one resident was encouraged to use the bathroom by a staff member and reminded to wash their hands afterwards. Residents' meetings were also taking place weekly in the centre where matters such as activation, safeguarding and complaints process were discussed with residents. It was identified though that monthly one-to-one meetings between individual residents and their key workers (staff specifically assigned to help support residents) were not taking place for some residents.

While there was some evidence of consultation with residents and respectful staff and resident interactions, there were clear indications that various aspects of the centre's operations needed improvement to ensure that residents were appropriately

supported. As will be discussed further elsewhere in this report, there were a number of regulatory actions evident during this inspection. Based on discussions with staff and management, observations during the inspection day and documentation reviewed, the interactions and communication amongst staff present in the centre could be improved with such matters directly impacting the quality and safety or care and support provided to residents. This matter and the impacts to residents will be considered in later sections of the report.

As the inspection day progressed, three residents left the centre with staff in a bus provided to go for a drive and a walk in the locality. This was preceded by staff having a lengthy discussion about who could go on this outing due to staff's concern around safeguarding. Other residents remained in the centre with some residents spending further time in the communal areas while another resident was observed to follow a particular routine that they had. The three residents who had left the centre returned in the afternoon and shortly after residents were observed having a meal together in the kitchen-dining room. It was seen during this time that some residents had plastic bibs on them while they ate (staff indicated that this was to prevent spillages on the residents' clothing). In the afternoon of the inspection one resident appeared to spend time in the smaller sitting room while other residents spent time in other communal area in the presence of staff.

It had been planned for some residents to go swimming later in the afternoon of the inspection but this was not possible due to an issue with the swimming pool. As result later on during the inspection five residents left the centre to go for a drive with some staff while the sixth resident remained in the centre. As the five residents were getting ready to go on their outing, staff continued to provide extremely close supervision to one resident. This resident could not freely move a the hall-way area and another resident was prevented from leaving the living room during this time. This resulted in increased anxiety for one resident. Staff again stated that this was for safeguarding purposes. An inspector reviewed all safeguarding plans and it was not evident where staff had been provided with the guidance to maintain this high level of supervision.

Residents' activity records were also reviewed where various gaps were observed. When activities had been recorded, such as television and walks, these were repetitive in nature. In addition, it was notable that the planned activities for residents on the day of this inspection were very similar to the activities that took place during a previous inspection in March 2023. While it was acknowledged that residents in this centre did have particular needs, it had been highlighted to inspectors that residents could benefit from more meaningful activities. While some activity-related goals identified for residents through person-centred planning had been completed, such as visiting a beach, others had not. In addition, one resident had a goal around going to the pub but the resident's activity records only recorded the resident as attending a pub or a restaurant so it was unclear if the goal was consistently followed through. Another resident had recently started a course in personal development. While the resident attending such a course was a positive development, the resident, who was an adult, had their attendance at this recorded as "school".

As already referenced, not all residents living in this centre communicated verbally but one resident who did took an interest in the inspectors' presence and also commented on the cars that the inspectors drove. At time during this inspection, this resident engaged regularly with one inspector and during one interaction the resident informed the inspector that their model tractors, which were important to the resident, were locked in a press. The inspector asked the resident to show them this with the resident bringing the inspector into their bedroom and pointed out a locked press there which contained their model tractors. This was queried by the inspector but it was unclear who had locked this press or how long it had been locked for. The locking of this press in the resident's bedroom amounted to a restrictive practice but its use in this way had not been reviewed by the provider

All six residents had their own individual bedrooms which were seen to be reasonably furnished and personalised. Communal areas were also reasonably maintained in places but some areas were observed which were dated. Further cleaning was needed in some areas also. These included a toilet bowl, an oven and a cutlery drawer. In addition, an odour was detected in one bathroom which was highlighted to a member of management. While some cleaning of this bathroom was undertaken after this, an odour remained towards the end of inspection. Similarly in another room that was been used to store linen and dry laundry, a smell of oil was apparent. This was also highlighted but it was indicated that this smell had not been noted previously. While it was not immediately clear where the smell was coming from, it was noted that this room was next to the centre's boiler house.

The centre was equipped with an underfloor heating system and on the day of the inspection the centre was found to be warm. It was highlighted though that there could be times when the operations of the centre's heating system could pose some challenges. This could result in a fire in the larger sitting room being lit and some additional storage heaters being used. Such storage heaters could be used in residents' bedrooms if needed and while these were present in the centre on the day of inspection, none were seen in use. It was indicated that some issues around the heating system had been previously raised. While there were some varied views provided as to whether such issues had been followed up, records provided indicated that a plumber had called to review the system to ensure this was in working order. Given the smell of oil noted in one room it was indicated to inspectors that a plumber would be called out to the centre again as soon as possible.

In summary, all six residents living in this centre were met and during the inspection all residents left the centre at least once. However, records reviewed indicated that activities were repetitive. There was evidence of some resident consultation and respectful interactions with residents but communication and interaction issues were also noted amongst staff which could impact residents in their home. The levels of resident supervision adopted in the centre on the day of inspection was also seen to impact residents.

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

Two urgent actions were issued on this inspection related to provider oversight and medicines management. A high number of regulatory actions were identified during this inspection which raised concerns around the overall quality and safety of care and support provided to residents. These included recurrent actions from previous inspections.

During the previous inspection of this centre in March 2023, there had been evidence of good support to residents in some areas. However, during the course of the inspection process, the provider did not provide some specifically requested documents in keeping with the requirement of the regulations despite requests made. This contributed to part of the provider's compliance plan to the March 2023 inspection being found not to be satisfactory. This resulted in a cautionary meeting being held with the provider in May 2023 with the provider submitting a letter of assurance following this. The provider's response to the cautionary meeting was deemed to be satisfactory. However, in the weeks leading up the current inspection some information of concern was submitted to the Chief Inspector of Social Services which raised concerns in a number of areas. As a result, the current inspection was scheduled specifically to review such matters. The overall findings of this inspection indicated that some of the concerns highlighted to Chief Inspector were founded. This contributed to a high number of regulatory actions being identified.

The regulations required that a person in charge (PIC) be appointed for the centre with the provider also being required to notify the Chief Inspector of absences of a PIC or of changes to the identity of a PIC. The provider had previously notified the Chief Inspector of a change in person in charge in May 2023. The day before this inspection a further notification was received from the provider that indicated that a new PIC would be taking over the centre from 2 February 2024. However, on arrival at the centre staff members spoken with indicated to the inspectors that the incoming PIC had held the position for the centre for between two and five months. It was later clarified that the previously notified PIC had not been fulfilling the PIC role for this centre since November 2024 and that the incoming PIC had been overseeing the centre during this time. However, the Chief Inspector had not been appropriately notified of this despite the provider's regulatory responsibilities in this area. Timely notification of a PIC absence was something that had been raised previously during two inspections of some of the provider's other designated centres in 2023.

Notifications of other required incidents had also been highlighted as an area for improvement on various inspections of the provider's designated centres in recent years. This included the March 2023 inspection of this centre. The submission of notifications of specific events is important as it helps to ensure that the Chief

Inspector is aware of matters which could adversely impact residents. Despite this, during the current inspection it was identified that not all required events had been notified. These included some restrictive practices in use in the centre, a safeguarding incident between two residents and matters of alleged staff misconduct occurring in the centre. While some notifications were submitted retrospectively for this centre in the days after this inspection, taking into account the provider's regulatory history with Regulation 31 Notification of incidents, the Chief Inspector sought further assurance outside of this inspection that all matters of alleged misconduct had been appropriately notified across all of its designated centre within a specific time period.

In the days leading up to the current inspection, it had been noted that some incidents of a safeguarding nature had been notified to the Chief Inspector but these had not been notified within three working days as required. The details provided with these notified incidents raised concerns as they suggested that such incidents had not reported internally within the provider in a complete manner or had been reported late. This was particularly notable given a February 2022 inspection of this centre specifically highlighted concerns around the delayed reporting of safeguarding concerns. The nature of how the more recent incidents had been reported raised concerns around the communication and interactions amongst the staff team, something which was apparent from other evidence gathered during this inspection. Such matters had also been referenced in a provider six monthly unannounced visit that had been conducted in November 2023. The communication and interaction issues highlighted indicated that further support and performance management of staff was needed so that their professional responsibility for the quality and safety of care and support provided was being exercised.

Such communication and interaction issues were specifically highlighted to management of the centre and the provider during the course of this inspection. It was acknowledged that addressing such matters could take time but it was highlighted that measures were being considered by the provider in response. For example, it was indicated to inspectors that internally within the provider a request had been recently been made for this centre to have a dedicated on-site PIC. The incoming PIC who had been overseeing this in recent months also served as an area manager for the provider. Including the current designated centre, they also held PIC responsibilities for two other centres and had a total of eight centres under their remit as an area manager. While they were making efforts to spend as much as possible within the current centre, given their existing remit it was not possible for them to focus solely on this centre. It was seen though that the area manager had identified some relevant issues present in the centre and did engage with inspectors in a forthright manner throughout the inspection. However, despite their best efforts a number for regulatory actions were found during this inspection.

As will be discussed elsewhere in this report, some of these actions covered areas such as staff training, activities for resident and resident goal achievement. Such matters had been identified during a provider unannounced visit to the centre in August 2023. While an action plan was put in place to address such concerns, the same issues were again evident during the November 2023 provider unannounced

visit and the current inspection on behalf of the Chief Inspector. In addition, the current inspection raised concerns in other areas. This included cleaning of the centre which had been specifically highlighted as an area in need of improvement during the February 2022 and March 2023 inspections of the centre. Most notably on the current inspection it was clear that appropriate practices around medicines were not being adhered to with a number of medicine errors and inconsistencies identified. Such was the concern around medicines practices in the centre that the provider was issued with an urgent action under Regulation 29 Medicines and pharmaceutical services. This will be discussed further elsewhere in this report.

The recurrent nature of some matters highlighted, the number of regulatory actions identified and the local governance arrangements for the centre at the time of inspection did not provide assurance that all issues in the centre were being promptly identified and addressed where possible. These also raised concerns around the overall quality and safety of care and support provided to residents. As a result the provider was also issued with a second urgent action relating to oversight of the designated centre at a provider level under Regulation 23 Governance and management. In response, the provider indicated that they would support the existing PIC of this centre and offer more protected time by seeking to reduce their remit as a PIC. However, overall the provider's response to this urgent action was brief. It was particularly notable that even though the urgent action under Regulation 23 Governance and management related to provider-level oversight, the response provided focused on the role of the PIC rather than outlining how the provider was going to maintain oversight of the centre. This was important given the number of regulatory actions identified during this inspection across various areas. As such, the response to this urgent action did not provide assurance.

Regulation 15: Staffing

Staffing arrangements were outlined in the centre's statement of purpose and in general such staff arrangements were provided. However, from reviewing rosters and discussions with staff members, there had been some occasions when staffing levels were lower than those set out in the statement of purpose. In the months leading up to this inspection the centre did have vacancies which resulted in some relief and agency staff working in the centre. However, it was highlighted that three new staff had recently commenced working in the centre to fill most of these vacancies. A sample of staff files were reviewed during this inspection which were found to contain most of the required documents such as written references and evidence of Garda Síochána (police) vetting. It was noted though that one staff member's photo identification had expired.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records provided indicated that a number of staff (particularly relief staff) had not completed training in areas such as fire safety and safeguarding. The findings of this inspection in Regulation 8 Protection and Regulation 29 Medicines and pharmaceutical services indicated that at the time of this inspection taking place, staff needed refresher training in these areas.

Judgment: Not compliant

Regulation 23: Governance and management

A high number of regulatory actions were identified on this inspection with some of these being recurrent actions from the provider's own unannounced visits and previous inspections by the Chief Inspector. This did not provide assurance that the local governance arrangements in place for the centre at the time of inspection and the provider's overall oversight of this centre were promptly identifying and addressing relevant matters. Given the interaction and communication issues amongst staff evident during this inspection, further support and performance management of staff was needed so their professional responsibility for the quality and safety of care and support provided to resident was being exercised. The overall findings of this inspection raised concerns around the quality and safety of care and support provided to residents. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did not provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

While some notifications were submitted retrospectively following this inspection, at the time of this inspection taking place some allegations of misconduct in the centre, a safeguarding incident between two residents and the use of some restrictive practices in the centre had not been notified to the Chief Inspector as required. Some safeguarding incidents submitted before this inspection had not been notified within three working days.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

The previous person who had been notified as PIC for this centre had not worked in the centre since November 2023. Despite this, their absence from this centre which had exceeded 28 days had not been appropriately notified to the Chief Inspector at the time of this inspection.

Judgment: Not compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The Chief Inspector had not been appropriately notified of the management arrangements in place for this centre during a period of absence for the previously appointed PIC.

Judgment: Not compliant

Quality and safety

Particular concerns were identified around medicines management in this centre. Improvement was also required in other areas including safeguarding residents and aspects of the healthcare provided.

During the inspection a number of errors and inconsistencies were identified regarding medicine practices followed in the centre. Examples of these included protocols for PRN medicines (medicines only taken as the need arises) not matching the medicines residents were prescribed for, a PRN protocol for one medicine not being followed and the use of PRN medicine not being recorded on PRN admission records. Such errors and inconsistencies were recent and clearly evident but had not been identified as such prior to the current inspection. Incident records reviewed indicated that a number of other medicines errors had been identified in December 2023 also, but taking into account the findings of this inspection, medicines practice needed ongoing improvement. In addition, some controlled medicines were stored in the centre. Such medicines, given their nature, require stricter checks, record-keeping and additional storage measures compared to other medicines. Despite this, it was evident that appropriate checks on these controlled medicines were not being carried out.

Most notably, the provider's own protocol for controlled medicines highlighted that such medicines were to be checked twice a day but a log of such checks clearly indicated that these checks were only being conducted once a day for some time. This was of particular concern and contributed to the provider being issued with an urgent action in relation to medicines management in the centre. In response, the provider outlined that they had changed some of their practices related to controlled

medicines and that their medicines policy was to be updated. An audit on medicines was conducted in the centre the day following this inspection with the provider indicating that such audits would be completed on a monthly basis going forward until such time as the provider could be satisfied that medicine practices had improved in the centre. Refresher training for some staff and the establishment of a provider committee to monitor, analyse and review medicine incidents and audits was also referenced in the urgent action response. Taking such information into account, the provider's response to the urgent action under Regulation 29 Medicines and pharmaceutical services did provide some assurances.

Aside from matters related to medicines management, aspects of the healthcare support to residents was also reviewed during this inspection. When reviewing records relating to residents' health needs, it was observed that some staff had varied ways of recording information which could lead to possible issues in the handover of key information about the residents' health. Other relevant documents provided contained only limited recording of residents being supported with personal care such as getting their teeth brushed. There was also evidence that some health needs of residents had not been appropriately responded to. For example, one resident had not been referred to a dermatologist despite some ongoing skin issues. Another resident was to be reviewed by a general practitioner (GP) following any fall they sustained with the resident last having a fall in November 2023. Despite this, there was no record of the resident having been reviewed by a GP since then. While residents did have support plans in place related to their health needs, it was observed that one resident's support plans needed updating.

In addition to residents' health support plans, it was also seen that some residents' positive behaviour support plans were overdue for review since October 2023. Such plans are important in providing guidance for staff on how to encourage residents to engage in positive behaviour. While it was indicated that the process of reviewing these plans had commenced, it was also highlighted that some current positive behaviour support plans did not reflect all the behaviours of some residents. One such behaviour relating to a resident tearing clothes or linen. There were indications that this was a regular behaviour for the resident although it appeared that this had only commenced being recorded in the centre's incident recording system in recent weeks following direction from the area manager. While it was indicated that anything that this resident tore was replaced, given the suggested frequency of the resident tearing their clothes and bed linen, it was queried if the items of other residents were used as replacements. In response it was indicated that there had been one occasion late at night where the bed linen belonging to a peer was used as such when the resident had torn their own bed linen.

The positive behaviour support plan of another resident also referenced particular arrangements that were to be followed regarding the resident accessing the centre's kitchen-dining room. Such arrangements had been recognised as a rights restriction in the centre and had been recently reviewed along with other restrictive practices in use in the centre by the provider's multidisciplinary team. While most of these restrictive practices had been recently notified to the Chief Inspector as required, as referenced under Regulation 31 Notification of incidents some of them had not. In addition, as mentioned earlier in this report during this inspection one resident

showed an inspector that their model tractors were locked in a press in the resident's bedroom. While it was unclear how long this press had been locked for, its use in this way amounted to a restrictive practice. Based on documentation reviewed, this restrictive practice had not been approved for use.

It was observed that staff supervision of residents caused one resident some anxiety and was also seen to limit residents' movement within their own home. While it was indicated that this was done for safeguarding reasons, no safeguarding plan in the centre made any reference to the level of supervision between residents that was observed during the inspection. There were active safeguarding plans in place in the centre with some of these having been put in place in response to two incidents that had occurred earlier in January 2023. When reviewing records related to these and discussing them with the area manager, it was apparent that these incidents had not been reported internally within the provider in a complete manner or had been reported late. For example, one of these incidents had involved a resident slapping a peer up to six times. While no injuries were sustained and staff intervened at the time, safeguarding procedures for this were not enacted until nearly two weeks later despite multiple staff being aware of the incident. This raised concerns around safeguarding practices and knowledge within the centre. It was indicated to inspectors that the provider's designated officer (person who reviews safeguarding concerns) was due to meet with the staff team.

Regulation 13: General welfare and development

It was highlighted to inspectors that residents could benefit from more meaningful activities away from the centre. Various gaps were evident in activity records while the activities that were recorded, such as television and walks, were repetitive in nature. Some person-centred planning goals were not progressed while it was unclear if one goal identified for a particular resident was consistently followed through.

Judgment: Not compliant

Regulation 26: Risk management procedures

This regulation was not reviewed in full but during the inspection it observed that a resident's risk assessment related to falls had not been updated to reflect the most recent fall by the resident.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Based on observations during the inspection, such as the appearance of a toilet bowl and a cutlery drawer, and the odour detected in one bathroom, improvement was needed regarding cleaning in the centre. In addition, cleaning schedules provided did not include all rooms in the centre while there were some gaps in cleaning records also noted. An audit schedule for the centre indicated that a cleaning audit was to be done twice a year and that four infection prevention and control (IPC) audits were to be done yearly. Audits provided indicated that only one cleaning audit had been done in 2023, while only three IPC audits had been completed, most recently in July 2023. Some resident laundry and linen was seen to be present in a room where there was a smell of oil present.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

During the inspection a number of errors and inconsistencies were identified regarding medicines practices followed in the centre. These included:

- Protocols for PRN medicines not matching the medicines residents were prescribed for
- A PRN protocol for one medicine not being followed regarding the recording of the effect of the medicine administered
- The use of PRN medicine not being recorded on PRN admission records
- The recording of PRN medicines being difficult to follow in places
- Short-term medicines being recorded in PRN records which could lead to confusion
- Errors being identified in recent weeks in the register for controlled medicines such as a second staff signature not being present on some occasions
- Controlled medicines not being checked twice a day contrary to the provider's own protocol in this area

Taking the above examples into account, the findings of the inspection raised concerns around the medicine practices being followed in the centre. Under this regulation, the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Some of the contents of residents' personal plans required updating such as the healthcare support plans for one resident.

Judgment: Substantially compliant

Regulation 6: Health care

There had been limited recording of residents being supported with personal care such as getting their teeth brushed or being showered. There was evidence that some health needs of residents had not been appropriately responded to. These included a resident with skin issues not being referred to a dermatologist and another resident not being referred to a GP following a fall.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some residents' positive behaviour support plans did not reflect all behaviours of the residents and were also overdue for review. While systems were in place to review restrictive practices, during this inspection it was observed that a locked press in a resident's bedroom was being as such used without approval.

Judgment: Not compliant

Regulation 8: Protection

It was apparent that some recent incidents of a safeguarding nature had not been reported internally within the provider in a complete manner or had been reported late. This raised concerns around safeguarding practices and knowledge within the centre. One resident had specific supports in the area of personal care. This was not highlighted within the resident's intimate care plan which did not provide clear guidance should additional support be required.

Judgment: Not compliant

Regulation 9: Residents' rights

Some improvement was required to ensure that the rights of residents were fully respected and promoted. These included:

- An adult resident who was attending an education course being recorded as attending "school"
- Residents wearing plastic bibs during meals
- Staff supervision/interjections limiting residents' movement in their home
- One-to-one meetings between individual residents and their key workers were not taking place for some residents.

In addition, the interaction and communication issues evidenced during this inspection could adversely impact residents' living environment.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Blossomville OSV-0001822

Inspection ID: MON-0042446

Date of inspection: 31/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider wishes to assure the Chief Inspector that to come into compliance with regulation 15 regarding the centre’s staffing arrangements, it will review the staff ratio at nighttime. If staffing change is indicated, then this will be reflected in the Statement of Purpose. This will be completed by March 15th 2024. In addition the Provider can confirm that the staff member whose drivers license had expired has since had it renewed and a copy of same is held on file by the provider.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: To come into compliance with Regulation 16, the Provider will ensure that any gaps in staff training will be identified and brought up to date. The Provider can confirm that 2 social care workers have completed their SAMs training on 6th & 7th February 2024 with a further 2 more scheduled for 19th & 20th March 2024. Safeguarding training is scheduled for the designated centres staff on both March 5th and 11th 2024. One staff member who has been out sick will complete their refresher training on March 21st in Fire safety and Manual handling.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As an interim measure to ensure greater local governance, the Provider has given the Person in Charge more on site administrative time to ensure oversight of the centre’s service, including staff supervisions and performance management. Furthermore the Provider can confirm that it will recruit for a Person in Charge to fill the post at the designated centre. The Provider can confirm that it advertised the post on March 2nd 2024.</p> <p>Regarding the oversight of the centre, the Provider can confirm there is a clear line management structure in place as follows:</p> <p>Provider Representative</p> <p>CEO</p> <p>Head of Client services (PPIM)</p> <p>Area Manager</p> <p>Person in Charge</p> <p>There are daily, weekly and monthly communication meetings within the above management structure which also includes the Providers Quality & Risk Manager. There is a 24hr/7 support structure in place for the designated centre which is communicated daily to the centre and all staff have access to same.</p> <p>The management representatives above have access to all records, which include daily notes for residents, incidents, accidents, near miss, safeguarding and notifications to the Chief Inspector.</p> <p>Weekly the CEO and Provider representative meet to discuss all issues pertaining to the Foundation including matters of regulatory framework. To maintain oversight of the centre the Provider has implemented an increased auditing frequency to include cleaning, medication safety and safeguarding which will be completed by auditors external to the centre. These audits are in addition to the audits already in place at the</p>	

centre.

Code of conduct training will be scheduled by the Provider for all staff in the designated centre and will be completed by May 1st 2024. As part of this training, staff interactions and communication will be addressed. In addition, through performance management of staff by the Person in Charge, staff interactions and communication will be reviewed as part of that process. Where deficits remain the Provider will ensure that staff receive the educational supports.

The Provider can confirm that the centre's staff roster has been reviewed and amended to increase better communication and co-operation amongst the teams. Furthermore the Provider can confirm the process of staff rotations has commenced. Members of the senior management team will meet with staff individually to reaffirm their roles and responsibilities and the code of conduct principles.

An action plan is in place by the Person in charge to monitor completion of outstanding actions from the Providers own unannounced 6 monthly reviews. This will be completed by March 30th 2024.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

As per Providers Assurance report submitted on February 16th 2024, a full 3 year look back review of any allegations of misconduct was carried out. Where instances of non compliance were identified, retrospective notifications were submitted to the Chief Inspector on February 20th 2024.

At a PIC meeting held on February 20th 2024, the Provider discussed and clarified the requirements of notifying the Chief Inspector of incidents as per the monitoring notifications handbook. Reporting of incidents and notifications to the Chief Inspector will remain an agenda item for this meeting for the foreseeable future.

Furthermore to ensure all incidents of misconduct which fall within the disciplinary process, the Provider will implement a monthly meeting with all stakeholders to receive updates on any pending investigations.

The Person in Charge will ensure that any incidents requiring notification to the Chief Inspector will be done so in the required timeframe.

Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent: To come into compliance with regulation 32, the Provider will ensure going forward that it will notify the Chief Inspector within the required time frame when the person in charge is absent.</p> <p>The outstanding documents pertaining to the person in charge have since being submitted by the Provider on February 2nd 2024.</p>	
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent: The Provider wishes to assure the Chief Inspector that it will going forward, notify the Chief Inspector of management arrangements when the Person in Charge is absent.</p> <p>The Provider wishes to assure the Chief Inspector that the designated centre did have management oversight present through the role of the Area Manager.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: To support the residents to engage in more meaningful and varied activities, the Provider can confirm that the person in charge has commenced person centered planning meetings where individualized goals for the residents are identified. These goals along with the residents individual interests and wishes will identify activities for all the residents and will be scheduled on a daily, weekly and monthly basis. The Person in Charge will ensure these activities are scheduled and staff support the residents to engage in the identified activities. These activities will be recorded in a format accessible</p>	

to residents. The Person in Charge wishes to assure the Chief Inspector that this has commenced and will be completed by April 1st 2024.
 Furthermore the Person in charge has liaised with the Local Community in regards to facilities available, Adult Education and Voluntary organizations to enhance community participation for residents.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The Provider can confirm that the resident in question has had their fall risk assessment updated. The Person in Charge will ensure that all risk assessments are reviewed and updated where required.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 The Provider wishes to confirm that following this inspection, a deep clean of the designated centre was carried out and completed by February 2nd 2024. Furthermore, both day and night cleaning schedules have been updated to reflect all rooms in the designated centre. The Person in Charge will update the schedule of audits to ensure high standard of cleanliness is maintained. The Person in charge will also ensure 4 IPC audits are carried out in 2024.
 The Provider can confirm that its maintenance manager & plumber have reviewed the Hot press in relation to the odour and the issue is now resolved. The Provider can confirm that the clothes and towels were removed from the Hot press and will remain so until such time as the odour has totally exited the hot press.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Provider wishes to confirm that the appropriate recording of the administration of PRN meds will be addressed as part of the SAMs training. In addition education will be provided for HCA's who support SAMs trained staff in the counting, recording and co-signing of controlled drugs.

While the Provider acknowledges the Inspectors concern regarding the short term medications being recorded in PRN records, the Provider wishes to confirm that short term medications are recorded on the Episodic/PRN drug record. This system was introduced in excess of 10 years by the Foundation under the guidance of its Medical Director to separate long and short term medications for clarity of use and to prevent errors and omissions from occurring. Training on the use of both Kardex is included in the SAMs program.

Following consultation with Pharmacist on February 1st 2024, Controlled drugs will be provided to the designated centre in individual blister packs and thus separated from regular daily medications.

As and from February 1st 2024, controlled drugs will be securely collected separately from the Pharmacy by a SAMs trained staff member. The relevant documentation to record the controlled drugs will be co-signed by both the Pharmacist and the SAMs trained staff member prior to leaving the Pharmacy. In addition, on arrival to the designated centre the controlled drugs will be checked and recorded by 2 staff members one of which will be the staff member who originally collected the drugs.

The Provider can confirm that its Medication Policy has been reviewed and updated to allow for local protocol in relation to counting & signing of controlled drugs to be put in place. The Person in Charge wishes to assure the Chief Inspector that the Social care workers in the designated centre have been made aware of the policy update.

As and from February 6th 2024, weekly medication checks will be conducted by the PIC and/or appropriately qualified staff member i.e. SAMs Instructor

All PRN protocols will be reviewed and updated by February 9th 2024.

Two Social Care Workers will be attending mandatory 2 day SAMs training course on February 6th & 7th and a further 2 Social Care Workers on March 19th & 20th or earlier if possible.

Regarding the repeated errors identified in the previous weeks in the register for controlled drugs, the Provider can confirm to the Chief Inspector that the HR dept. are currently undertaking an investigation in relation to the practice of one Social Care Worker which is still pending. The provider will update the Chief Inspector on the outcome of the investigation. An NF07 regarding same was submitted on February 2th 2024.

The Provider will implement a working group to monitor, analyse and review medication incidents and audits. This working group will report to the Providers Quality & Risk Committee. This working group will be implemented by March 8th 2024.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge will ensure that all the residents personal plans will be reviewed and updated including the personal plan of the resident referred to in this inspection report.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge will ensure that all Residents personal care needs will be recorded appropriately. This requirement will be reiterated to staff as part of Team meeting and will be monitored for completeness by the Person in Charge. The Provider can confirm that the resident presenting with a skin condition was seen by their GP on a number of occasions. The GP was following a treatment plan and a dermatology review was deemed not appropriate at the time by the GP. The Provider can confirm that the resident is responding well to the current treatment plan. Regarding the resident who sustained a fall, the Person in Charge has reviewed the incident in question and can confirm that a falls assessment was not completed at the time. The Person in Charge can confirm however that the resident was assessed by the social care on duty and did not appear to sustain any injury at the time of the fall and has not had a fall since. As a learning, the Person in Charge will re-educate the centres staff on the Providers Falls Risk Reduction policy.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC will ensure that residents positive behaviour support plans will be reviewed and updated accordingly to reflect all behaviours of concern. The Person in Charge can confirm that the restrictive practice of the locking of a press in one of the residents bedrooms has now been removed. To assure that similar unauthorized restrictive practice issues will not reoccur the Person in Charge will discuss Restrictive Practice with staff in a team meeting forum. The Providers restrictive practice policy will be shared with all staff in the centre. In addition the Provider can confirm that training on restrictive practice was carried out on March 12th 2024. This training was attended by Persons in Charge and members of the</p>	

Multidisciplinary team. Further restrictive practice training has been scheduled for both Social Care and Healthcare Assistant staff, these scheduled dates are; March 27th, April 24th, May 15th and June 5th 2024.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 The provider can confirm that a safeguarding audit has been completed by the Principal Social Worker. Following this audit retrospective notifications have been submitted to the Chief Inspector. In addition, a 3 year look back review was carried out as previously outlined in a recent Provider Assurance Report and outstanding notifications were submitted. To address safeguarding practices and staff knowledge of same, the Provider can confirm that it has scheduled mandatory additional safeguarding training on March 5th and 11th 2024.
 The Person in Charge will ensure that a full review of all Personalised care plans (including support plans) will be carried out and completed by March 16th 2024.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 As outlined in response under regulation 23 and to come into compliance with regulation 9, Code of Conduct training will be scheduled by the Provider for all staff in the designated centre and will be completed by May 31st 2024. As part of this training, staff interactions and communication will be addressed. In addition, through performance management of staff by the Person in Charge, staff interactions and communication will be reviewed as part of that process. Where deficits remain the Provider will ensure that staff receive the necessary educational supports.
 The Provider wishes to assure the Chief Inspector that the role and function of the keyworker has been communicated and clarified to the keyworker staff by the Person in Charge. Part of the keyworker role is to ensure that weekly 1-1 meetings with individual residents take place. The recording of these meetings will be documented on the residents notes on the Epic system and will be overseen by the Person in Charge. Furthermore the Provider wishes to assure the Chief Inspector that the staff member who referenced the word "school" has had it reiterated to them to use the term Adult Education going forward. The Provider can confirm that the Person in Charge has ordered suitable attire to support residents during their meal times. Additional safeguarding training was scheduled and completed on March 5th & 11th, this training also addressed staff supervision/interjections to improve practice of same.

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	01/04/2024
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and	Not Compliant	Orange	01/04/2024

	maintain personal relationships and links with the wider community in accordance with their wishes.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	15/03/2024
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	15/03/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	11/03/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	01/05/2024

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	01/05/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/04/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Not Compliant	Orange	06/03/2024

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	20/03/2024
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and	Not Compliant	Orange	20/03/2024

	disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/03/2024
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	06/03/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each	Not Compliant	Orange	06/03/2024

	calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 32(1)	Where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the chief inspector of the proposed absence.	Not Compliant	Orange	02/02/2024
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, he or she shall give notice in writing to the chief inspector of the procedures and arrangements that will be in place for the management of the designated centre during the said absence.	Not Compliant	Orange	06/03/2024
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements	Not Compliant	Orange	06/03/2024

	which have been or were made for the running of the designated centre during the absence of the person in charge.			
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been. are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.	Not Compliant	Orange	06/03/2024
Regulation 33(2)(c)	The notice referred to in paragraph (1) shall specify the name, contact details and qualifications of the person who was or will be responsible for the designated centre during the absence.	Not Compliant	Orange	06/03/2024
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	Substantially Compliant	Yellow	16/03/2024

	effectiveness of the plan.			
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	16/03/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	16/03/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	16/03/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to	Substantially Compliant	Yellow	05/06/2024

	behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	05/06/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	16/03/2024
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	16/03/2024
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that	Substantially Compliant	Yellow	31/05/2024

	respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/05/2024
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/05/2024
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,	Not Compliant	Orange	01/04/2024

	intimate and personal care, professional consultations and personal information.			
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