



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

Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	25 October 2022
Centre ID:	OSV-0005091
Fieldwork ID:	MON-0029035

About the designated centre

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

Nova Residential Services consists of two residential units, one dormer bungalow located in a rural location and a two-storey house located in an urban area. The centre provides residential care for a maximum of eight adult residents, with intellectual disabilities. As part of the application to renew the registration of the centre, the provider was planning to reduce the capacity to six residents. All units of the centre are open overnight 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the centre include kitchen/dining areas, sitting rooms and bathroom facilities. Staff support is provided by social care workers with care assistants providing relief cover.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 25 October 2022	08:45hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with all five residents who lived in the designated centre. The centre comprises two houses located approximately 20 kilometres apart. One of the houses was located in a rural location, a short drive from a seaside town. The second house was located on the outskirts of Waterford city.

On the morning of the inspection, the inspector met with four residents who lived in one of the designated centre's two houses, before they went to day services. The inspector introduced themselves to the residents, using an accessible document which explained the reasons for the inspectors visit. Residents were aware that the inspector was going to visit them in their home, as staff members had explained this to them. A notice announcing the day the inspection would take place was observed on the notice board in the residents' home.

The resident living in the second house had moved to the designated centre following an emergency transition. At the time of this inspection, the resident was receiving an individualised service in their home. Staff supporting this resident had access to transport to access the local community and engage in activities with the resident. The resident had played golf earlier that day, and went on a walk before the inspector finished the inspection. The resident told the inspector that they liked their house. The house was decorated with photographs, action figures and movie memorabilia that the resident enjoyed.

Residents spoke with the inspector about their lives in the centre as they showed the inspector around their home. Overall residents were very happy with the supports provided to them by staff members. One resident referenced the complaints process in the centre, and told the inspector that they could make a complaint if they were unhappy. It was evident that residents had been supported to raise a complaint, if they wished.

The residents' home was not fully accessible to one resident who used a wheelchair to mobilise. The inspector observed the resident interact with, and access their environment. While some improvements had been made, including the installation of an accessible kitchen counter, further action was required to improve accessibility. For example, the resident was observed using their hands to pull themselves through the doorway between the kitchen and hallway. It also took a number of attempts to navigate doorways including the entrance into their bedroom. When the resident was showing the inspector their bedroom, the resident was unable to access all areas of their bedroom as equipment was being stored there, which blocked their access to the bedside locker. The garden area was also not fully accessible to the resident due to the stones on the driveway.

Residents living in this house had expressed a wish to move to a more urban location. For some time, the registered provider had been trying to find appropriate

housing for residents to meet their desire to live in a particular urban area, and to meet the accessibility needs of all residents. While the search for a suitable home had been challenging, the provider continued to seek a suitable home in the residents' preferred location, where all four residents could continue to live together. Residents were happy in their current home until a preferable and suitable house was found. Residents told the inspector that they discussed the progress at their weekly house meetings, and were kept well informed of the progress by staff members and management.

Overall, residents were happy with the activities they participated in, and their level of involvement in the local community. Residents spoke about plans to watch Halloween movies at the weekend, while other residents had plans to attend Halloween parties. It was clear that residents were excited about these, with one resident showing the inspector the costume they planned to wear to a party. Additional staffing could be sourced if residents wished to attend specific events. Residents were aware that they could ask staff to organise this for them, with residents discussing how this had been done recently to facilitate them seeing a tribute band.

The inspector was provided with one resident's questionnaire about the quality of care and support provided in their home. A staff member supported the resident to complete the questionnaire. It was evident that this resident was happy with the support they received in their home. The resident enjoyed activities such as bowling, bocce and swimming. They also they enjoyed playing pool on the pool table in their home, and sampling different restaurants at the weekend.

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 completed following an application to renew the registration of the designated centre. It was evident that the registered provider had ensured there was a good level of oversight in the designated centre.

All staff reported directly to the person in charge. In line with organisational policy, supervision was provided to staff annually. There was also evidence that new staff members had completed a formal induction in the centre. Staff spoken with felt well supported by management and the person in charge.

Management systems in place ensured effective oversight of the supports provided to residents in their home. This included audits of incidents, accidents and medicines errors which were completed by the person in charge each quarter to identify any trends/areas for improvement. Records of residents' weekly house meetings and

care notes were reviewed by the person in charge each week. The person in charge also visited the houses that comprise this designated centre a number of times each week. It was evident that residents knew the person in charge well, and were comfortable in their presence.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made a full application to renew the designated centre's registration. This included the submission of documents and the payment of a fee. This had been completed in the correct format, in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre had a person in charge. The person in charge carried out the role for a total of two designated centres. It was evident that they held the necessary skills, experience and qualifications to fulfil the role.

The person in charge was aware of their role and responsibilities, as outlined in the regulations. It was evident that they maintained a good level of oversight in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a staff team that consisted of social care workers and care assistants. One staffing vacancy was filled by a consistent relief staff member.

In line with the compliance plan response submitted to HIQA after the inspection in November 2021, a comprehensive assessment of the support needs of each resident had been carried out. This assessment outlined that the staffing requirements for the designated centre were appropriate to meet the needs of residents. However, it did identify that an additional staff was required if all residents wanted to access the community. As a result, there was now a system in place whereby additional staffing could be sourced if required to support community access. This could be requested by both residents and staff members. Residents spoken with were happy with this arrangement, and the frequency of community access they had.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files. For the most part, these files contained key information about staff working in the centre, as specified in Schedule 2 of the regulations. However, information for one staff member including updated evidence of their identity and evidence of relevant qualifications was not in their staff file.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. This included a contract of insurance against injury to residents. This was submitted prior to this inspection, as part of the designated centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the services provided to residents in their home had been completed. This review included consultation with residents and their representatives, as required by the regulations. Overall, feedback on service provision was positive. However, it was noted that the action plan did not include clear actions, persons responsible or a timeline for action/completion.

Six monthly unannounced visit reports were completed. The most recent report was comprehensive in nature, and identified clear actions and areas for improvement. It also reviewed actions from the previous HIQA inspection report to ensure actions were followed through. Issues with regards to accessibility of the residents' home was clearly noted in these reviews/audits.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

One resident who lived in the centre, had been admitted to their home as an emergency. Despite this, an admission plan had been developed to support their admission.

A contract outlining the care and support that the resident would receive in their home had been agreed. The resident had now been living in their home for almost a year. This resident told the inspector that they liked their home.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents in their home. This document sets out the specific care and support provided to residents. This document was reviewed as part of the application to renew the designated centre's registration. It was noted that it contained all of the required information outlined in Schedule 1 of the regulations.

Judgment: Compliant

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

The chief inspector had been informed of an unplanned absence of the person in charge. This had been notified following the submission of the relevant notification. When the person in charge returned, this was also notified to the chief inspector.

Judgment: Compliant

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

The registered provider had ensured appropriate arrangements were put in place during an unplanned absence of the person in charge. These arrangements were notified to the chief inspector in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy had been devised to outline the complaints process in the centre. An accessible complaints process was also available to residents. It was evident that residents were aware of the complaints process, and that they had been supported to make complaints in the past.

There was one open complaint in the designated centre at the time of the inspection. There was evidence that staff members had attempted to deal with the complaint, however they had been unsuccessful in seeking a resolution. Therefore, this complaint had been referred to the social worker for review, in line with the complaints process. There was also evidence of staff members supporting a resident to seek an alternative day service through the complaints process. It was evident from speaking with the resident that they were happy with the resolution, and that they enjoyed attending their new day service.

Judgment: Compliant

Quality and safety

Residents were happy with the supports provided to them in their home, including their access to the local community, activities and the staff members supporting them. Residents were kept informed of matters involving them, including the progress and actions taken to source a new home for four of them. In the interim, residents were happy to continue living in their current home. However, fire safety systems in the designated centre did require review.

The inspector was not assured that all residents could be safely evacuated from the designated centre when minimum, night-time staffing levels were in place. Assurances that the evacuation time in one of the centre's houses was appropriate could not be provided by a fire competent person. However, the registered provider, in consultation with the fire competent person, committed to reviewing the measures in place and completing a further drill to ensure a satisfactory evacuation time.

In the second house, it was identified that there was not effective containment of the stairs. The registered provider committed to completing this work as a matter of urgency. Despite the quarterly health and safety audits in the centre, these areas for improvement had not been identified as requiring action until this inspection had taken place.

Regulation 10: Communication

All residents could verbally express their needs and wants to staff members. Access

to health and social care professionals to support communication were available if required.

Residents had access to television, Internet and appropriate media. Many residents had their own mobile telephones and could contact their family and friends as they wished.

Judgment: Compliant

Regulation 11: Visits

Residents spoke about receiving visitors in their homes. Residents were also supported to spend time with family and friends outside of the centre. It was evident that residents received visitors without restrictions. Residents had a suitable area to receive visitors in their home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents told the inspector that they engaged in a wide variety of activities both at home and in their local community. Residents were happy with the choice and frequency of activities available to them.

Residents were supported to attend work and/or day services each day.

Judgment: Compliant

Regulation 17: Premises

Each of the two houses were decorated in a homely manner, with residents' personal items including photographs, memorabilia and artwork on display throughout their home. One of the houses had been decorated with Halloween decorations, which residents proudly showed the inspector.

Some minor premises works were required due to general wear and tear. This included review of an area of dampness on the ceiling and painting.

One of the designated centres houses did not promote the accessibility needs of one resident. It was evident however, that the registered provider was actively seeking an alternative home for residents, and had sought residents' choice on the location

of this house. Management discussed a number of houses they had viewed, and it was evident that they had been liaising with a number of local estate agents. This was a challenge given the current housing crisis and lack of suitable housing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A visual menu was used to display the chosen meals for the week. These meals were chosen by residents at their weekly residents' meeting. There was fresh food available to residents in their home.

One resident had specific dietary requirements. Food items which contained specific allergens were stored securely in line with this resident's dietary needs. Separate cooking equipment was also provided to prevent cross contamination of allergens.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide had been developed by the registered provider, in line with the regulations. The guide contained information about the services residents would receive in their home. This included information about the arrangements for visits, the complaints process and the terms relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was available to staff members. This outlined the information required by the regulations. A risk register had been developed which outlined risks specific to the designated centre. There were no high risk issues or concerns in the centre at the time of the inspection. Management in the centre told the inspector that staff members raised risk issues to the person in charge as required.

Judgment: Compliant

Regulation 27: Protection against infection

A contingency plan had been developed to guide staff on the actions to be taken in the event of an outbreak of suspected/confirmed COVID-19. This included details on waste management, the escalation procedure and how to seek COVID-19 testing. An emergency 'isolation box' was available in the residents' home, in the event there was a suspected/confirmed case of COVID-19.

It was noted that the contingency plan for the house where only one resident lived required updating to reflect the measures in place in relation to zoning/self-isolation. The contingency plan stated that the resident would self-isolate in their bedroom. However, staff members believed that the resident would not self-isolate in their bedroom. It was also noted that the resident could access more areas of their home, given the reduced risk of transmission of potential infection as they resided in the centre alone.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems in the centre required review to ensure that all residents could be safely evacuated from the designated centre in the event of an emergency. On the day of the inspection, the inspector requested the assurances from a fire competent person that the evacuation times in one of the houses was appropriate, when minimal staffing were present. This could not be provided. It was also noted that there was no ramp to ensure a resident who used a wheelchair could safely evacuate from one of the designated centre's three exits. Although they could exit from other areas of the house, this would mean they would need to go through the kitchen, which is a high risk area. It was noted that the stairs in one of the designated centre's houses did not have effective containment in the event of a fire.

After the inspection took place, the person in charge provided assurances that immediate actions would be taken to ensure the effective evacuation and containment in the designated centre.

Judgment: Not compliant

Regulation 8: Protection

A policy on the safeguarding of vulnerable adults was provided. This provided clear guidance to staff members, in line with statutory requirements. Residents were

aware that they could raise any issues of a safeguarding nature to staff members.

There was one open safeguarding plan in place at the time of the inspection. Upon review, it was noted that the safeguarding plan advised that staff must remain in the room when two particular residents were present together. However, this was not possible given the staffing resources in the centre. It was acknowledged that there had been no such incidents in the previous 12 months. The safeguarding plan required review to identify if this measure was appropriate, or if additional resources were required in line with the safeguarding plan.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were involved in decisions relating to their care and support. For example, it was evident that residents were consulted with, to determine the location of their future home, and what this home would look like. Residents were kept informed of the progress in seeking a new property, including the delays in finding a suitable location.

The inspector observed a sign in a bathroom used by staff and residents. The sign stated that if a particular resident made a 'mess', they would have to clean it up. This was not appropriate, and it was noted that this resident required support to meet their personal hygiene needs.

Two doors to a hot press and a storage room were locked in the centre. Staff on duty identified that there was no reason that these doors should be locked, and that residents should be able to access these areas.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Nova Residential Services OSV-0005091

Inspection ID: MON-0029035

Date of inspection: 25/10/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> Records of the information and documents in relation to staff specified in Schedule 2 are now available on the relevant staff file. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> The action plan from the annual review for 2021 has been amended to include clear actions, persons responsible and timelines for completion. Going forward this will be incorporated into future Annual Reviews of the service. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> A review of the maintenance required to keep the house in a good state of repair has been undertaken - any identified actions are scheduled to be addressed with some repairs currently underway. 	

<ul style="list-style-type: none"> • A review of accessibility has taken place, identifying further actions to facilitate greater independence for one resident around their house. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Contingency plan for the relevant house has been updated to reflect the control measures in place. This includes a zoned area for the resident; enabling more access to areas of their home given they reside in the centre alone, notwithstanding the risks associated with transmission of potential infection</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The staircase in one of the houses has been fitted with a fire panel manufactured to intentionally reduce the spread of flames and delay ignition in the event of a fire. • A ramp will be sourced, thus creating a third, accessible evacuation point within the kitchen/dining area. • A review of the processes and procedures during a deep sleep fire drill has been completed. There are a number of new actions identified which will be trialed in an effort to reduce the evacuation time. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The Designated Officer has reviewed the relevant safeguarding plan following the inspection and determined that this safeguarding plan can now be closed. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• The issues noted on the day of the inspection have since been addressed. The signage in the bathroom has been removed. <p>The doors to the hot press and storage room are no longer locked. Residents can access same if necessary.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/01/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	31/01/2023

	accessible to all.			
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	26/10/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	11/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/11/2022
Regulation	The registered	Substantially	Yellow	01/11/2022

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/01/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	09/11/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	26/10/2022