



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

Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	30 April 2021
Centre ID:	OSV-0005116
Fieldwork ID:	MON-0031464

About the designated centre

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

The service is described as offering long-term residential care to six male adults, with low to medium support needs and intellectual disability. There are various workshops and therapeutic services available within the organisation which the residents attend. Access to therapeutic and allied services is provided from within the service. The premises comprises of one two story and one bungalow located within a short distance of each other. The centre is located within community housing estates with good access to all amenities and services. The houses have ample space, personal bedrooms and are very well maintained and filled with the resident's personal possessions. There are suitable pathways and gardens which are used by the residents. There is very good access to the local community and neighbours. Residents in one house are supported by staff members on a 24/7 basis, while the resident in the second house is supported by staff members for a number of hours each day.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 30 April 2021	10:00hrs to 17:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

It was clear that the lived experiences of residents living in the designated centre were different. Although staff members were observed providing person-centred supports to residents in a respectful manner, it was clear that the limited staffing resources impacted on the rights of residents. It was also identified that residents and their representatives were not always involved in decisions relating to the care of residents, and that independent advocacy was not provided to ensure that residents' voices were heard.

On the day of the inspection, the inspector met with four of the five residents that lived in the designated centre. The designated centre comprised of two houses, both located in housing estates within the city. Due to the COVID-19 restrictions, the inspector was based in a day service building where they completed a review of the documentation. The inspector visited one house and completed a walk-around. It was here that the inspector met three residents that lived there. The inspector then completed a window-visit in the second house, where they met one resident.

On arrival to the designated centre, the inspector was welcomed by one resident who appeared curious to the inspector's visit. The resident was a non-verbal communicator, and used gestures and visual signing to communicate their needs and wishes. After looking at the inspector's identification, the resident showed the inspector their bedroom. The resident's bedroom was decorated with photographs and personal items. Some of the resident's belongings were noted to be stacked in storage boxes on the floor of their bedroom. It was also noted that the resident's bedroom was an inner room; this will be discussed further in the report under regulation 28.

A second resident was sitting in the living room watching television. This resident communicated their wants using gestures, and the person in charge supported communication between the resident and the inspector. The resident appeared relaxed and comfortable in their surroundings. As the inspector spent some time in the designated centre, they observed interactions between residents and staff members. These interactions were noted to be respectful in nature.

One resident was observed melting butter on the stove to make banana bread. A staff member had supported the resident to prepare all of the ingredients needed for the recipe. There was a folder of recipes that the residents enjoyed making, to ensure they had lots of inspiration when deciding what to cook or bake. The person in charge told the inspector that they facilitated activities online with residents in other designated centres, and that a smart television had been purchased to support residents to engage in these activities. This was awaiting installation on the day of the inspection.

Day service provision to residents had ceased due to the current COVID-19 pandemic. In one of the designated centre's houses, there was one staff member on

duty at all times. Two days each week, there was a second staff member on duty in this house for three hours. The additional staff had been put in place to ensure that the residents that lived there had better access to activities in their local community. The inspection was carried out on a Friday, therefore there were two staff members on duty on the day of the inspection. One of the staff members told the inspector that they tried to provide individual activities to residents when two staff were on duty. During the inspector's visit to this house, one resident returned from a walk and a picnic at a local beach. The resident was observed smiling and laughing on their return. The resident appeared happy as they relaxed with a drink and a treat, while watching a musical themed movie that they enjoyed.

When one staff member was on duty, all residents living in this house would have to agree to go on an outing or the outing could not take place. It was noted that one resident regularly declined to engage in these activities. This impacted on the residents' right to exercise control and choice over their daily lives. It was evident the additional staffing was not sufficient to ensure residents' rights were respected and community involvement was promoted. A staff member told the inspector that the designated centre was busy when there was one staff member on duty. When one staff member was on duty, they had sole responsibility for the support and care delivered, administration of medicines, the preparation and supervision of meals and cleaning of the designated centre. The staff member was also responsible for providing residents with activities, including community activities. Although the focus of staff was very much person centred, the level of support provided was not appropriate to the number and assessed needs of the residents.

The premises of the designated centre was bright and warm. Flooring in one resident's bedroom required replacement while the paint on the ceiling in one bathroom was observed to be peeling. There was limited storage space with one resident's belongings being stored in boxes on their bedroom floor, while recreational items were stored behind seating in a communal room. The designated centre had a large back garden with lots of space for residents to enjoy. There were apple trees and flowers that had been sowed by the residents. The person in charge told the inspector that they regularly had BBQ's in the garden during the summer.

After visiting the first house, the inspector window visited the resident who lived in the second house. The resident was supported by staff members at various times throughout the day. The resident told the inspector that they enjoyed playing basketball, and that they had a basketball net in their back garden. The resident was part of a basketball team and was looking forward to being able to participate in this activity when restrictions allowed. The resident appeared happy, smiling and laughing as they chatted with the inspector. The resident told the inspector about their job and how they were looking forward to getting back to work. The resident also told the inspector that they had a loan of transport from another service that day, as their transport was being serviced.

It was evident that a number of factors impacted on the rights of residents living in the designated centre. 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

The registered provider had not ensured that the designated centre was effectively resourced. Improvements were required to ensure that effective management systems were put in place, and that the service provided to residents was safe and effectively monitored.

The designated centre had a consistent staff team of social care workers, who reported directly to the person in charge. A nurse educator was also available to provide nursing supports to residents as required. In each of the two houses, staff members worked as lone workers in the designated centre. In one of the houses, a second staff was rostered on duty for three hours on two evenings each week. As evidenced previously in this report, the staffing allocations in one of the houses in the centre impacted on residents' rights to access community activities in line with their choices and wishes.

An annual review of the quality and safety of care and support provided in the designated centre had been completed in April 2021 by the person in charge. It was noted that the annual review did not include consultation with the residents that lived there. It was also noted that a number of issues that the person in charge highlighted to the inspector were not referenced in the annual review. For example, there was no reference to the staffing issues in the designated centre and the impact of this on the residents' rights and their access to social activities. This is despite the issue being escalated to management and additional staffing being put in place.

The annual review included actions taken following the previous inspection of the designated centre by the Health Information and Quality Authority (HIQA) in March 2019. It was not evident if the actions outlined in the annual review were sufficient to ensure that the designated centre had come into compliance with the regulations. For example, it was identified that two residents' bedrooms were inner rooms, and that there was no effective plan to ensure that residents could safely evacuate the designated centre, in the event that they could not access the exit route. In response to the findings in March 2019, a fire-rated corridor had been put in place to ensure the safe evacuation for one resident from their bedroom. However, one resident's bedroom was still an inner room, and it was noted that there was no effective plan in place to ensure that the resident could safely evacuate in the event of a fire. Staff members told the inspector that the resident could evacuate via the window, however it was identified in the resident's evacuation plan that they required support and prompting to evacuate. The second inner room was now a communal room which was regularly used by residents. It was evident that appropriate actions had not been taken in a timely manner, to ensure residents could be evacuated from these areas and brought to a safe location. Therefore, it

was not evident that there were effective management systems in place to ensure that the service provided to residents was safe.

The registered provider had ensured that on admission to the designated centre, an agreement outlining the terms on which the resident would reside in the designated centre had been agreed with the resident or their representative. All residents had an individual service agreement. There was evidence that residents' contracts had been discussed with residents, with the support of a social worker who advocated for the residents with regard to their contract of care.

Regulation 15: Staffing

The registered provider had not ensured that the number of staff was appropriate to meet the number and assessed needs of residents.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was effectively resourced and that effective management systems were in place to ensure that the service provided to residents was safe and effectively monitored.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that on admission to the designated centre, an agreement outlining the terms on which the resident would reside in the designated centre had been agreed with the resident or their representative.

Judgment: Compliant

Quality and safety

On arrival to the designated centre, the inspector was asked to check their temperature. Staff members were observed wearing surgical face masks. A COVID-

19 information folder was available to staff members, which included guidance on the management of COVID-19. It was noted in the organisation's guidance that clinical judgement with a high level of suspicion should be used when assessing residents' symptoms for suspected COVID-19. In one resident's daily notes it was documented that they had previously displayed symptoms consistent with COVID-19, including a cough. There was no evidence in the resident's notes to identify if they had been reviewed by a medical professional at that time to ascertain if they required a COVID-19 test.

Residents were subject to an assessment of their health, with evidence of regular multi-disciplinary meetings being held. One resident had declined to engage in an assessment of their personal and social care needs. Evidence was provided to the inspector after the inspection in relation to this. It was evident on this review that the resident's choice had been respected in this matter. However, it was noted that the resident did not have a plan of care to guide staff on how best to support their independence in the management of their diabetes on a day-to-day basis.

One resident's assessment had not been updated to reflect their proposed transition from the designated centre, as it had been identified that the designated centre could no longer meet their assessed needs. The resident's transition plan was not readily available in their personal file despite the transition having already begun. The plan did not include clear timelines for the resident's transition, or the persons responsible to complete actions to support the resident to transition to their proposed new home.

The rationale for the resident's transition was that their current home centre could no longer meet their assessed needs due to their dementia, and that they required nursing care. It was noted in email correspondence that the resident and their representative had not been informed that the resident was due to transition until after they had been offered a placement in another designated centre. The resident's representative was reported to have been 'shocked' at the news and stated that this had not been mentioned to them before they had received the phonecall from a staff member. Therefore, it was not evident that the resident's transition had included consultation with the resident or their representative.

The resident had an individual service agreement which stated that they would be consulted about any move from their home, in the event that their needs could not be met there. Therefore, it was not evident that the proposed transition of the resident was in accordance with their service agreement.

The organisation had a policy on the transfer and withdrawal of services and supports to residents. The policy stated that every effort would be made to adapt and deliver supports to residents to meet their changing needs. In the resident's transition plan dated 20 April 2021, it was identified that the resident required nursing support due to their dementia. It was not evident that every effort had been made to provide nursing support to the resident in line with their assessed needs, in their current home. Therefore it was not evident that every effort had been made to adapt the supports provided in line with the resident's changing needs, or that the proposed transition was determined on the basis of transparent criteria. There was

no evidence that the resident had been provided with the support of an advocate to ensure that the transition was in line with their will and preference.

Residents' medicines were stored in a locked press in the designated centre's office. All medicines were clearly labelled. The inspector reviewed a sample of residents' medicines prescription charts which include details of any allergies, and the route and does of medicines to be administered.

Regulation 17: Premises

The registered provider had not ensured that the premises of the designated centre was kept in a good state of repair. There was limited storage space with one resident's belongings being stored in boxes on their bedroom floor, while recreational items were stored behind the seating in a communal room.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had not ensured that the proposed discharge of a resident from the designated centre was taking place in a planned manner, or that it was discussed, planned for and agreed with the resident and their representative. It was not evident that all available supports had been provided to ensure that the resident could continue to live in their home, in line with the organisation's policy.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had not ensured that residents were protected from potential sources of infection. When one resident was observed to be displaying symptoms consistent with COVID-19, there was no evidence that medical advice had been sought to determine if they required testing for COVID-19.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not ensured that adequate arrangements were in place to evacuate all residents in the event of a fire. One resident's bedroom and a communal room used regularly by residents were inner rooms. There was no effective plan to evacuate residents from these areas, in the event of a fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were appropriate practices relating to the storage, administration and prescribing of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, with evidence of regular multi-disciplinary meetings being held. However, it was noted that one resident did not have a plan of care to guide staff on how best to support their independence in the management of their diabetes on a day-to-day basis.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had not ensured that residents participated in decisions relating to their care and support, and that they were provided with appropriate opportunities to participate in activities in accordance to their wishes. Residents were not provided with advocacy services to ensure that their rights were promoted and respected.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Tory Residential Services OSV-0005116

Inspection ID: MON-0031464

Date of inspection: 30/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Comprehensive assessments and review of personal plans will be completed to identify the support needs of all individuals both by day and night. • A risk assessment will be completed which will inform the staffing levels required to ensure that the assessed needs can be met. • Due to residents not attending day service currently additional hours have been allocated to the house and how these are timetabled will be aligned to meet the needs of the individuals. • In the event of there being a shortfall in staff support hours required additional hours will be redeployed from day services on a temporary basis. • A further review will be carried out once residents have returned to day services and revised activity schedules developed identifying staffing levels required to accommodate these schedules. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Comprehensive assessments and review of personal plans will be completed to identify the support needs of all individuals. • A risk assessment will be completed which will inform the staffing levels required to ensure that the assessed needs can be met. • Due to residents not attending day service currently additional hours have been allocated to the house and how these are timetabled will be aligned to meet the needs of 	

the individuals.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The resident is transitioning to a more appropriate placement and this matter will be resolved • The recreational items have been moved from the communal recreation/music room to resident's individual bedrooms where their items will now be stored. • The existing window in the communal recreation/music room will be replaced with double French doors and side screen• The Health and Safety Officer will be consulted as to the best and safest way to exit from the downstairs bedroom and remedial works will be carried out accordingly. The ceiling in the bathroom will be painted and bedroom floor will be fitted with new flooring.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: • A transition template will be reviewed to ensure a record of consultation with all stakeholders is evidenced. The registered provider will ensure in line with regulations that the proposed transition takes place in a safe and planned manner, in accordance's with the residents assessed needs and personal plans, and that it is discussed, planned for and agreed with the resident and were appropriate their representative.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Infection Prevention Control guidelines will be adhered to in respect of Covid-19 testing</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 existing window in the communal recreation/music room will be replaced with double French doors and side screen • The Health and Safety Officer will be consulted as to the best and safest way to exit from the downstairs bedroom and remedial works will be carried out accordingly. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The diabetes care plan in place will be updated to guide staff on how best to support the individual's independence in the management of their diabetes on a day to day basis. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • A transition plan template will be created to ensure a clear pathway when residents are moving from a residence to another more suited to their needs and will include a record of consultations with all stakeholders. • There is information available to residents about the Independent Advocacy Service • There is active involvement by residents in house meetings and one resident is actively involved in the local, regional and national advocacy structure. The registered provider will ensure in line with regulations that the proposed transition takes place in a safe and planned manner, in accordance's with the residents assessed needs and personal plans, and that it is discussed, planned for and agreed with the resident and were appropriate their representative. 	

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 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.	Not Compliant	Orange	01/07/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	21/04/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/04/2021
Regulation	The registered	Not Compliant		01/07/2021

23(1)(a)	provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.		Orange	
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.	Not Compliant	Orange	01/06/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	01/06/2021
Regulation 25(4)(a)	The person in charge shall ensure that the discharge of a resident from the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	27/05/2021
Regulation 25(4)(b)	The person in charge shall	Not Compliant	Orange	27/05/2021

	ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.			
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.	Not Compliant	Orange	27/05/2021
Regulation 25(4)(e)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the terms and conditions of the agreement referred to in Regulation 24(3).	Not Compliant	Orange	27/05/2021
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	Not Compliant	Orange	25/04/2021

	infections published by the Authority.			
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	06/07/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	27/05/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	27/05/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Not Compliant	Orange	27/05/2021

	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.			
Regulation 09(2)(d)	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 access to advocacy services and information about his or her rights.	Not Compliant	Orange	27/05/2021