



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

Issued by the Chief Inspector

Name of designated centre:	Abbey View
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	19 October 2021
Centre ID:	OSV-0008050
Fieldwork ID:	MON-0034566

About the designated centre

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

Abbey View is operated by St John of God services and provides 24-hour support to four male adults. It comprises of a large detached bungalow which is located in a rural setting in County Meath. Each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen cum dining room a sitting/sun room, a second sitting room, a utility room and a large of bathroom. Private transport is also available to the residents as required. The staff team consists of nurses, healthcare assistants, a person in charge and a clinic nurse manager. There are three staff on duty during the day and one waking night staff. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Tuesday 19 October 2021	9:00 am to 2:10 pm	Anna Doyle	Lead
Tuesday 19 October 2021	9:00 am to 2:10 pm	Sarah Barry	Support

What residents told us and what inspectors observed

At the time of this inspection, residents living in this centre had recently transitioned from another designated centre operated by this provider and were living in this centre on a short-term basis while their own home was being renovated. Once this was complete, the residents would be moving back to their own home.

Over the course of the inspection, inspectors met with all of the residents living in the centre. One of the residents spoke to an inspector about what it was like to live here. They said that they liked living here, liked the staff and liked the people they shared their home with. The resident was aware that they were only living here for a short time while their own home was being renovated.

From a review of the residents' plans, the inspectors found that residents had been supported to visit the centre prior to moving. Residents had their own bedrooms, two of which had en-suite bathrooms. There was a garden to the back and front of the property. At the back of the property, there was a wooden sheltered smoking hut which was observed to be tidy. This meant that cigarette butts were extinguished properly. However, this structure was observed to be in close proximity to the house and there was no risk assessment in place regarding this. This is discussed under the quality and safety section of this report.

One of the residents showed an inspector their room which had an en-suite bathroom. The inspector noted that some maintenance work needed to be carried out in this bedroom. When this was followed up with the staff, the inspector found that this work was being completed on the day of the inspection. One resident was observed supervising the maintenance people work when they arrived in the centre to ensure that they were hanging pictures correctly and in the right place. This informed the inspectors that residents were included in decisions around the centre.

The house was clean and spacious and inspectors observed that staff had increased the cleaning schedules to maintain the centre's cleanliness.

The inspectors observed that the care outlined in the residents' plans was implemented into practice. For example; a resident who was going out on the bus for a drive had a portable music player with them and this was outlined as being very important in the residents personal plan.

The inspectors observed that residents were being supported in a relaxed manner and staff took the time to support the residents. Staff were observed treating residents with dignity and respect at all times and residents appeared relaxed in their company. Both the staff and the management team had a good knowledge of the residents' needs in the centre.

Over the course of the inspection, inspectors observed residents' activities and noted one resident went for a drive, another enjoyed a long lie in, one was observed

overseeing the maintenance issues and another was using an electronic tablet. One resident had an appointment in the afternoon and when asked by an inspector about this, they knew the time the appointment was booked for and why they were attending. This informed the inspectors that residents could make choices about their daily lives and were informed about their care in the centre.

Residents were observed out enjoying walks in the large garden. They had schedules for activities they liked to do on a daily basis and a review of a sample of these found that residents for the most part were getting out everyday for a drive or for a community activity. However, improvements were required going forward to ensure that residents were more active on a daily basis in the centre.

There were a number of examples of where residents' rights were respected in the centre. Residents had easy-to-read personal plans in place where pictures were displayed of the allied health professionals who supported them. Some of the residents had access to support of an external advocate in relation to some of their rights.

There were no complaints logged in the centre.

Overall, residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with them. Notwithstanding this, some improvements were required to a number of the regulations inspected against which are discussed in the next two sections of this report.

Capacity and capability

Overall, while the governance and management arrangements in the centre were for the most part ensuring that residents received a safe service, improvements were required in a number of the regulations reviewed. This included the auditing practices in the centre, the records stored, general welfare and development, risk management, premises and residents' rights. The provider had also not notified the Chief Inspector of changes to the lay out of the centre in a timely manner.

As stated previously, the residents living in this centre had recently moved from another centre. Prior to their move, their home had been inspected by the Health Information and Quality Authority (HIQA) where significant improvements had been required to the care and support provided to the residents. Some of which included the staffing arrangements, residents' access to activities and compatibility issues between some residents which was impacting on the residents' rights in the centre. In order to assess if the quality of life for this cohort of residents had improved, inspectors followed up on a number of the actions from that inspection.

Inspectors found that the provider had employed three new staff and had increased staffing levels from two to three staff every day. A number of reviews had been conducted to inform whether the compatibility of residents was impacting on the rights of residents in the centre. Some of those reviews and the recommendations from them were contributing to positive outcomes for the residents.

For example; the number of safeguarding issues resulting from behaviours of concern had reduced in the centre. Staff reported that the residents who had lived together for many years were now getting along well. One resident who the provider had particular concerns about had been referred to the human rights committee in the organisation and had received support from an independent advocate. This resident was reported to be happier living with the people they shared their home with. This review was still ongoing at the time of the inspection.

The inspectors also found that some changes had occurred to the layout of the centre since it was registered. This included changing a room to an en-suite bathroom. Inspectors found that this had enhanced the lived experience of one of the residents and had not impacted negatively on the remaining residents living in the centre. Nonetheless, the provider had not made an application to vary the conditions of registration of the centre as required under the regulations in a timely manner.

The centre had a defined management structure in place which consisted of a person in charge who had been appointed since the centre was registered. The person in charge is a qualified nurse who provided good leadership and support to their team. They were very responsive to the regulatory process and had a very good understanding of the residents' needs in the centre. They are employed on a full-time basis in the organisation and have responsibility for a number of other designated centres under this provider. In order to assure effective oversight of the care and support needs of the residents, a clinical nurse manager was also employed.

The person in charge reported to the director of nursing who is also a person participating in the management (PPIM) of the centre.

A number of staff had recently been recruited and there was now a full team of staff employed in the centre which ensured consistency of care to the residents. The staff team consisted of nurses and healthcare assistants and at the time of the inspection there were sufficient staff on duty to meet the needs of the residents.

Staff who spoke to the inspector said that they felt very supported in their role and were able to raise concerns, if needed, to a manager. They had a good knowledge of the residents' needs and reported to the inspectors that the residents were really happy since moving here. Staff said that they had completed induction and supervision. A supervision schedule was also in place for the year.

A sample of staff personnel files were reviewed and contained the requirements of the regulations, for example; An Garda Síochána (police) vetting was in place for all staff. Some improvements were required in one of the files reviewed as there was a

gap in their employment history. This is discussed further under records.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. At the time of the inspection the inspectors found that staff were attending training and refresher training in positive behaviour support, basic life support and fire safety. Staff had also undertaken a number of in-service training sessions which included; safeguarding adults, manual handling, supporting residents with dysphagia, infection prevention and control and the safe administration of medication.

As the centre had only recently been registered, a six-monthly audit of the quality and safety of care had not been conducted. Some audits had been conducted on areas of service provision and actions had been identified to improve services. While the inspectors found that one action had not been completed this had not impacted on the quality of life of the resident, nonetheless it required improvements. The inspectors also found that the transport available in the centre was not clean inside and the driver's seat was torn. The person in charge outlined a plan to address this prior to the end of the inspection. However, the auditing practice in relation to the maintenance of the bus required review in terms of its cleanliness.

The provider had a statement of purpose for the centre that had been updated to reflect the recent management changes in the centre. This document also included the requirements of the regulations.

No incidents had occurred in the centre since residents had moved here.

Regulation 14: Persons in charge

The person in charge is a qualified nurse with a number of years experience working in the disability sector. They demonstrated a good knowledge of the residents' needs in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels in the centre were sufficient to meet the needs of the residents at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training to ensure that they had the skills necessary to support the residents in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all of the requirements of the regulations.

Judgment: Compliant

Regulation 21: Records

Some of the records stored in the centre required improvements. This included an employment gap in one of the staff personnel files. The risk register had not been updated to include the designated centre's name. One risk assessment outlined control measures that were in reference to the residents' previous home.

Judgment: Substantially compliant

Regulation 23: Governance and management

The auditing practices in the centre needed to be improved as it did not include auditing transport arrangements in the centre to ensure that they were clean.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose for the centre that had been updated to reflect the recent management changes in the centre. This document also included the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge and the provider were aware of their responsibilities under the regulations to notify HIQA when an adverse incident occurred in the centre.

Judgment: Compliant

Registration Regulation 8 (1)

Some changes had occurred to the layout of the centre since it was registered. This included changing a room to an en-suite bathroom. While the inspectors found that this had not impacted on the residents living in the centre, the provider had not made an application to vary the conditions of registration of the centre as required under the regulations in a timely manner.

Judgment: Substantially compliant

Quality and safety

Overall, for the most part the residents enjoyed a safe quality service in this centre. All of the residents looked well cared for and staff knew the residents well. However, there were a number of areas where improvements were required including the premises, residents access to meaningful activities, risk management and residents' rights.

As stated, the property was finished to a good standard and provided adequate communal space which allowed for residents to meet family and friends privately should they wish. However, the flooring in some of the bedrooms and communal areas required an update. The person in charge and the provider also did not have a system in place to ensure that equipment used in the centre was visually inspected

to assure that they were clean and did not require repairs.

Personal plans were in place for all residents. An assessment of need had been conducted which included an outline of the residents' healthcare needs. Support plans were in place to guide practice and outlined the care and support residents required. These plans were being reviewed to ensure that the care provided was effective. Residents had ongoing support from a number allied healthcare professionals such as a general practitioner (GP), physiotherapy, clinic nurse specialists and dietitian.

Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behavioural support plans in place which were being reviewed. Staff outlined the improvements these supports and reviews had brought about for one resident. The inspectors found from review of this residents daily records that this was evident also. A specialist in positive behaviour support had also been sourced for one resident to ensure that their needs were being met in the centre. These actions were also improving the ongoing safeguarding issues between residents that related to behaviours of concern.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. No incidents had occurred in the centre. There was a risk register for overall risks and individual risk assessments for each resident. However, there was no risk assessment conducted in relation to the proximity of the smoking shelter to the actual centre. This was discussed with the provider.

The transport in the centre had an up-to-date roadworthy certificate in place and was insured. However, inside the bus was not clean and the driver's seat was torn. The staff had also not been conducting weekly checks of the bus as required under the providers own policies and procedures.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. There had been a number of issues relating to the compatibility of residents living in the centre. Safeguarding plans were in place to keep people safe. Staff were aware of these plans which were reviewed regularly. A review of the records over the last two weeks showed that no incidents had occurred. The person in charge and provider were still in the process of reviewing and establishing the compatibility of residents in the centre at the time of the inspection.

As stated earlier, while residents had activity schedules in place outlining their chosen activities every day, the inspectors found that improvements were still required to ensure that when the transport was being used by some residents that all residents had access to meaningful activities.

Fire safety systems in place were reviewed. Staff had been provided with training in fire safety. Fire fighting equipment was available and had been serviced recently. Staff were knowledgeable about how to support residents in evacuating the centre. Fire drills had been conducted to demonstrate that residents and staff could safely

evacuate the centre in a timely manner.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19. There were measures in place to ensure that both staff and residents were monitored for possible symptoms. In addition, as already discussed under risk management, the transport maintained in the centre was not clean, which could pose an infection control issue in the centre. This is actioned under regulation 17.

As already stated earlier in this report there were a number of examples of where residents' rights were respected in the centre. Some residents were being supported by an independent advocate regarding aspects of their care. The person in charge had also made a referral to the organisation's human rights committee to review if aspects of the care provided were affecting residents' rights in the centre.

Regulation 13: General welfare and development

Improvements were required to residents access to meaningful activities some days. The provider also needed to review the arrangements in the evening times for residents to access community activities.

Judgment: Substantially compliant

Regulation 17: Premises

Some of the floors in the centre required an update as they were worn.

There were no formal arrangements to review equipment used in the centre to ensure that it was in good working order.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide, which was available in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had no risk assessment in place in relation to a potential fire hazard in the centre.

The transport provided was not very clean and the drivers seat was torn. The staff had also not been conducting daily checks of the bus as required under the providers own policies and procedures.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and person in charge had systems in place to prevent or manage an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety measures in place to ensure that residents and staff could be safely evacuated from the centre in the event of a fire.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain good physical and mental health. They also had timely access to a range of allied health professionals to support their needs.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff met with during the inspection were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. There had been a number of issues relating to the compatibility of residents living in the centre. Safeguarding plans were in place to keep people safe. Staff were aware of these plans which were reviewed regularly. A review of the records over the last two weeks showed that no incidents had occurred. The person in charge and provider were still in the process of reviewing and establishing the compatibility of residents in the centre at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

At the time of the inspection, the provider was still in the process of reviewing residents' rights in the centre regarding the compatibility of residents living together. As such this had not reached a conclusion at the time of this inspection, it therefore warrants ongoing review.

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Registration Regulation 8 (1)	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Abbey View OSV-0008050

Inspection ID: MON-0034566

Date of inspection: 19/10/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The employment gap in 1 staff personal file has been addressed. The risk register is updated to include the designated center name.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Vehicle checklist now in place on house transport including cleaning checklist. Monthly audit of transport will be carried out by PIC.	
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): The application to vary was sent to HIQA on 18/10/21.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development:	

<p>Meaningful day for residents have been reviewed and activities have been put in place on a daily basis.</p> <p>Audit completed on person centered planning and meaningful activities available, feedback given to keyworkers and timeframe for completion 13/12/21 all staff will attend a refresher on PCP and Goal Setting 8/12/21.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Flooring will be addressed by end of Q1 2022.</p> <p>Wheelchair checks have been incorporated into the weekly cleaning schedule.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Fire Risk assessment now in place for close proximity of smoking shed to the house.</p> <p>Daily vehicle checks now being completed as per policy.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Referral made to the Rights committee on behalf of 1 resident. Response received from Rights committee 15/11/21. Follow up actions to be put in place.</p> <p>MDT held 26/11/21 residents compatibility discussed and decision made that one resident will remain living in Abbey View due to the interpersonal dynamic and the opportunities that are available to one resident in the DC.</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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	18/10/2021
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.	Substantially Compliant	Yellow	13/12/2021

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	31/03/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	08/11/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	13/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/11/2021

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 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	08/11/2021
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.	Substantially Compliant	Yellow	30/11/2021
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	26/11/2021

	of his or her disability has access to advocacy services and information about his or her rights.			
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