



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

## Issued by the Chief Inspector

Name of designated centre:	Acorn House
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	09 May 2023
Centre ID:	OSV-0008285
Fieldwork ID:	MON-0040106

## About the designated centre

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

This is a service providing 24 hour care and support to three residents with disabilities. It comprises of a detached bungalow in close proximity to a large town in Co. Westmeath. A service vehicle is provided to the centre to accommodate residents' access to community facilities and other social outings. Each resident has their own bedroom in the centre which are decorated to their individual styles and preferences. The house comprises 4 bedrooms with 2 bathrooms, a utility room and separate toilet area. There is one large sitting room, one living room, a visitor's room, a kitchen and small dining area and a large garden to the rear of the house with a shed utilised for storage. The house is surrounded by well-maintained gardens and, ample on street parking is available to the front of the property. One nurse and one health care assistant are on duty during the day and a nurse and health care assistant is on waking duty each night. Social and community based activities such as bowling, cinema, bingo, hotel breaks, boat trips, trips to the shops and local pubs, concerts, and swimming are offered to the residents.

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

Number of residents on the date of inspection:	4
--	---

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 9 May 2023	10:20hrs to 17:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This was an unannounced risk-based inspection in response to a number of notifications submitted to The Health Information and Quality Authority (HIQA) over the last four weeks. The inspection was completed over one day and the inspector met and spoke with all four residents living in the centre.

This service provided 24 hour nursing care and support to four residents with disabilities. It comprised of a detached bungalow in close proximity to a large town in Co. Westmeath. Two service vehicles were provided to accommodate residents' access to community facilities and other social outings. Each resident had their own bedroom and they were decorated to their individual styles and preferences. There was also one sitting room, one living room, a kitchen and a small dining area.

A new resident had been admitted to the service in March 2023 and in order to safely meet their needs, the resident was provided with a 2:1 staffing arrangement on a 24/7 basis. On arrival to the centre the inspector observed that the environment was busy and noted that during the day, there could be five staff and four residents present in the house. This arrangement was impacting negatively on how some residents were enjoying the peace and comfort of their home.

For example, one resident spoken with said that there was now too much noise in the house. Staff informed the inspector that prior to the new admission, this resident liked to relax in the sitting room watching TV and listening to the radio however, they were now spending a lot of time in their bedroom by themselves. Staff also said that, because of some of the behaviours exhibited, this resident was fearful they might get knocked over in the hallway or bedroom corridor. On the day of this inspection, the inspector observed that this resident had spent much of the day in their room.

The inspector observed that, in order to meet the assessed needs of the resident who was recently admitted, there were also now three live waking night staff on duty in this small house. This arrangement was also impacting on the quality of life for residents. For example, another resident spoken with said that while they were generally happy in their home, there was too much noise at night time on the bedroom corridor and this could keep them awake or disturb them when watching television.

The inspector reviewed the complaints process and noted that a number of complaints had been received from all residents over the last eight weeks and remained open at the time of this inspection. For example, one resident reported that they were at times afraid in their home and, needed a lot of reassurance from staff. Another resident had complained about the behaviours exhibited (to include invading personal space and verbal/physical aggression towards staff members).

The inspector also spoke with the resident who was admitted to the centre in March

2023. They told the inspector that they were not happy in the house, they didn't like their bedroom and wanted to leave. They also said that they did not like the restrictions placed on them such as, not being allowed to leave the house on their own. The inspector asked the resident if they got on well with staff and they said that they did, specifically mentioning two staff members that they liked. However, they again reiterated that they did not like it when staff would not let them leave the house unaccompanied.

The inspector spoke with four staff members over the course of this inspection. All were found to be aware of the on-going issues in the house and how best to support the residents in line with their behavioral support and care plans. Staff also spoke about all residents from a person-centred and rights based perspective.

For example, the two staff supporting the resident recently admitted said that, where possible and safe to do so, it was important to respect their individual choice and preference. They had a number of recreational and social activities organised for the resident on the day of this inspection however, the resident chose not to avail of these activities and both staff said it was important to respect the resident's choice. The inspector also observed that their interactions with the resident were professional, kind and caring. Later in the day, the staff again asked the resident would they like to go for a drive or participate in an activity of their choosing and the resident opted to go for a drive.

Another staff member also said that a referral to an independent advocacy service for all the residents had been made so as to further support them to express their needs and reassure them that their concerns were being listened to. The staff member also said that it was important to advocate on behalf of all residents, including the resident who had recently been admitted and, all staff spoken with over the course of this inspection spoke positively about all residents.

Management and staff were aware of the issues on-going in this centre and, had taken a number of steps to ensure the safety and welfare of all residents living in this service. However, at the time of this inspection, some of these issues had not been resolved and some residents privacy and dignity was not being adequately protected in relation to their living space and rights to exercise freedom and control over their daily lives.

Overall, this inspection found issues with the governance and management arrangements in place for this centre, the admissions and discharge process and residents rights. Additionally, issues were also found with the safeguarding process. The above is discussed in more detail in the next two sections of this report.

## Capacity and capability

The governance and management arrangements and admissions and discharge process required review so as to ensure the service delivered to the residents was at

all time safe, appropriate to their needs and effectively monitored.

There were clear lines of authority and accountability in the service, to include a qualified person in charge who was supported in their role by a director of nursing, an assistant director of nursing, a team of staff nurses and a team of healthcare assistants.

However, the governance and management arrangements were not effective in ensuring the service was at all times safe or appropriate in meeting the needs of the residents. For example, a resident transitioned into the service on March 07, 2023 as an emergency admission. Due to a number of behavioural issues and risks the residents presented with, it was identified on March 21, 2023 that their placement was no longer sustainable and, an alternative placement was required. The provider had given HIQA written assurances that the resident would transition to a new, more appropriate service setting no later than April 26 2023 however, this new placement did not materialise and, at the time of this inspection the resident in question remained in this service.

Additionally, the Admissions, Transition and Discharge processes and policy required review as they were not effective in identifying the compatibility issues that occurred (and remained on-going) between the residents living in the centre. These issues had resulted in the person in charge and staff team having to manage (and continue to manage) a number of risks and safeguarding concerns identified due to incompatibility issues arising. Some residents had also made complaints about this issue and those complaints remained open at the time of this inspection.

The assistant director of nursing informed the inspector that, prior to the emergency admission, all staff had undergone bespoke training in the management of behaviour of concern (to include implementing proactive and reactive strategies). From speaking with four staff members over the course of this inspection the inspector noted that they were all knowledgeable on the assessed needs of the residents and with the strategies required to manage behaviours of concern. However, it was also observed that some staff required refresher training in positive behavioural support and the management of behaviours of concern. The assistant director of nursing informed the inspector that this refresher training was already scheduled and would be provided to all staff in May 2023. From viewing a small sample of files the inspector also saw that staff had training in safeguarding of vulnerable adults.

The staffing arrangements were as described by the assistant director of nursing and from viewing a sample of rosters, there were four staff working each day in the centre and three live waking night staff. However, it was observed that the upkeep of the actual rosters required review and attention.

The statement of purpose was reviewed by the inspector and found to generally meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. However, it needed a minor update with regard to the process of the intake and management of emergency admissions to the centre.

The issues with the staff rosters and statement of purpose were addressed under Regulation 23: Governance and Management.

## Regulation 15: Staffing

The staffing arrangements were as described by the assistant director of nursing and from viewing a sample of rosters, there were four staff working each day in the centre and three live waking night staff. Additionally, the person in charge was supernumerary and worked from Monday to Friday each week. The inspector observed and spoke with four staff members over the course of this inspection and found that despite the challenging environment they were working in, they supported all four residents in a caring manner.

For example:

- at all times staff were person-centred and respectful in their interactions with all four of the residents
- staff spoke about the residents positively and in a dignified manner
- staff were good advocates for the residents
- staff were attentive to their needs and requests
- staff acknowledged that it was important to respect the individual choice and preferences of all the residents.

Staff were also observed regularly chatting with the residents, having tea or a coffee with them, engaging in table top activities with them and supporting them to go for drives and to the local shops.

Additionally, the inspector observed one resident asking a staff member to support them to buy a new radio and the staff member made plans with the resident to go shopping later in the day. On their return to the house the resident showed the inspector their new radio and they appeared very happy and content with it.

An issue identified regarding the upkeep and maintenance of the actual rosters was identified and addressed under Regulation 23: Governance and Management.

Judgment: Compliant

## Regulation 16: Training and staff development

The assistant director of nursing informed the inspector that, prior to the emergency admission, all staff had undergone bespoke training in the management of behaviour of concern (to include implementing proactive and reactive strategies).

From speaking with four staff members over the course of this inspection the



inspector noted that, they were all knowledgeable on the assessed needs of the residents and with the strategies required to manage behaviours of concern.

However, it was observed that some staff required refresher training in positive behavioural support and the management of behaviors of concern. The assistant director of services informed the inspector that this refresher training was already scheduled and would be provided to all staff in May 2023.

From viewing a small sample of files the inspector also saw that staff had training in safeguarding of vulnerable adults.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in the service to include a qualified person in charge who was supported in their role by a director of nursing, an assistant director of nursing, a team of staff nurses and a team of healthcare assistants.

However, the governance and management arrangements were not effective in ensuring the service was at all times safe or appropriate in meeting the needs of the residents.

For example

- a resident transitioned into the service on March 07, 2023 as an emergency admission. Due to a number of behavioural issues and risks the residents presented with, it was identified on March 21, 2023 that their placement was no longer sustainable and, an alternative placement was required. The provider had given HIQA written assurances that the resident would transition to a new, more appropriate service setting no later than April 26, 2023 however, this new placement did not materialise and, at the time of this inspection the resident in question remained in this service
- this issue had resulted in the centre having to manage (and continue to manage) a number of risks and safeguarding concerns identified due to compatibility issues arising between residents living in the centre
- some residents had made complaints about this issue and those complaints remained open at the time of this inspection
- one resident chose to spend a lot of time in their bedroom because of this issue. Staff reported that the resident liked to spend time in the sitting room watching television and listening to the radio however, they were now opting to spend more time by themselves in their bedroom.

Additionally, aspects of the monitoring and auditing process required review.

For example:

- on review of a sample of rosters it was observed that the actual rosters showing which staff were on duty during the day and night was not being adequately maintained
- the statement of purpose required updating so as to reflect the process and steps involved in emergency admissions to the centre
- the Admissions, Transition and Discharge policy reviewed by the inspector on the day of this inspection required updating so as to ensure adequate information was available on the process and steps involved regarding the discharge of a resident from the centre.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The Admissions, Transition and Discharge processes and policy required review as they were not effective in identifying the compatibility issues that occurred (and remained on-going) between the resident who was admitted to the centre in March 2023 and the other residents living there.

These issues were highlighted in:

- Section 1 of this report *'What residents told us and what inspectors observed'* and
- Under Regulation 23: Governance and Management.

Judgment: Not compliant

### Quality and safety

Over the last eight weeks residents rights to exercise choice and control over their daily lives had been impacted due to an emergency admission to the service. Additionally, their right to privacy and dignity with regard to their living environment had also been compromised.

Shortly after the recent admission, the service acknowledged that due to behaviours the resident was presenting with, their placement was not sustainable and alternative accommodation would have to be sourced. Compatibility issues between the residents occurred and a number of safeguarding plans and risk assessments had been developed and implemented.

The inspector observed that safeguarding plans and risk assessments contained a

number of control measures to mitigate risk in the centre and to ensure the welfare and safety of all residents. For example, in order to keep all residents safe, the staffing levels had increased from two staff members during the day to four staff members. There was also an additional waking night staff member on duty each night. One resident was also provided with 2:1 staffing support throughout the day

From a small sample of files viewed, staff had training in safeguarding of vulnerable adults and informed the inspector that they would have no hesitation in reporting any concern they had to the person in charge and/or assistant director of nursing. Additionally, they also informed the inspector that the support of an external advocate had recently been made available to the residents.

The provider had also ensured that significant multi-disciplinary and mental health support was available to the new resident and, a positive behavioural support plan was also in place. Staff spoken with were also aware of the assessments, plans and strategies to implement in order to manage behavioural incidents occurring in the centre.

While these assessment and plans were effective in promoting the safety of the residents at the time of this inspection, this situation and on-going compatibility issues between residents was adversely impacting on how residents experienced their rights with regard to the peaceful enjoyment of their home.

Additionally, residents were being exposed to and witnessing incidents of challenging behaviour in their home to include physical and verbal aggression directed towards staff members and some expressed via the complaints process, that there were not happy with this situation. Another resident complained about the noise levels in the house at night time.

While the provider had successfully put a number of strategies and plans in place to lessen the impact of the above issues on the quality of service delivered to the residents, some remained on-going at the time of this inspection. As a result at times, these issues were adversely impacting on residents rights to exercise control over their daily lives and residents rights with regard to the dignity of their personal living environment (their home) was not being adequately respected or protected.

## Regulation 26: Risk management procedures

Systems were in place to identify, record and mitigate risk in the centre. Each resident had a number of individual risk assessments on their file which detailed the control measures in place to manage risk. For example, where 2:1 staffing support was required, it was being provided for. In order to keep residents safe at night, an additional waking night staff was deployed to the centre. The staff team and residents also had support from behavioural specialists and other allied healthcare professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Positive behavioural support was available to the centre and where required, positive behavioural support plans were in place.

Staff spoken with were able to talk the inspector through the reactive and proactive strategies in place to support residents in managing behaviours of concern.

All staff had received bespoke induction training in the management of challenging behaviour (to include proactive and reactive strategies) and, the assistant director of services informed the inspector that refresher training in positive behavioural support was scheduled and would be provided to all staff in May 2023.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to respond to a safeguarding concern and where required, safeguarding plans was being developed and implemented.

From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults.

Staff spoke with also reported that they would have no concerns whatsoever in reporting any issue they may have to the person in charge and/or assistant director of nursing.

However, taking into account the issues as highlighted in this report and the number of incidents occurring in this centre, the systems in place to protect residents from all forms of abuse require review. This issue was also discussed and actioned under Regulation 23: Governance and Management.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The ongoing compatibility issues between residents in this service were adversely impacting on some residents rights to exercise control over their daily lives. A number of examples of this were provided in Section 1 of this report *'What residents*

*told us and what inspectors observed'.*

Additionally, residents rights with regard to the dignity of their personal living environment (their home) was not being adequately respected or protected. This was because at times, residents were being exposed to and witnessing incidents of challenging behaviour in their home to include physical and verbal aggression directed towards staff members.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Acorn House OSV-0008285

Inspection ID: MON-0040106

Date of inspection: 09/05/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All required staff have completed refresher training in positive behavioral support and the management of behaviors of concern</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The management team is working on a plan to secure an alternative residential placement for the resident who has transitioned into the service due to an emergency situation. The resident continues to receive high support healthcare interventions from the multidisciplinary team to include the GP, consultant psychiatrist and behavior support specialist and psychologist.</p> <p>A number of agencies have been consulted with and an assessment of needs completed to ensure any move to a new placement can fully and holistically meet all the needs of the resident. A number of tenders were circulated on the 8th May to alternative providers to progress in securing an alternative suitable placement. Since this 8th May further provider have been contacted and assessments of needs are progressing with these providers to explore options for a residential placement which best meets the needs of the resident.</p> <p>The resident is supported to go on visits to the family home and the frequency of these</p>	



is increasing.

While a transition plan is being progressed to obtain a new residential placement for the resident all resources are being allocated to ensure a safe caring environment for all residents currently accommodated.

A program of meaningful activities is in place to ensure the residents rights and social and psychosocial needs are met. Full interdisciplinary support from a team of allied health professionals is ensured. The behavioral support specialist is involved in regular reviews of the behavioral support plan in conjunction with the psychologist and medical team.

Continuity of staff is ensured and additional staff remained rostered to ensure a safe environment for all resident living in the centre.

Any risk or incident is reviewed to establish learning and ensure precautions are in place to mitigate any future repeat events.

All complaints are fully investigated and each resident is provided with an opportunity through the weekly house meeting to raise any issues or concerns. The PIC is available to meet with all residents on an individual basis.

The Statement Of Purpose has been reviewed to reflect updated procedure in the The Admissions, Transition and Discharge Policy

A planned and actual staff roster is maintained for all work shifts. The staff rosters are reviewed by the PIC to ensure they accurately reflect the staff who have worked each shift and to ensure there is adequate staff resources to meet the needs of each resident

Regulation 24: Admissions and contract for the provision of services	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The Admissions, Transition and Discharge processes and policy has been review and updated to ensure it is effective in identifying compatibly issues amongst a prospective new admission and those residents currently living in the centre.

A review of the policy is being undertaken to ensure arrangements are developed in conjunction with the case manager in the event a residential placement is unsuccessful and the desired outcome is not ascertained.

Two new assessmet tools have been sourced to support the management team determining the compatability of a prospective new admission to the centre.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff have completed refresher training in positive behavioral support and the management of behaviors of concern.</p> <p>Each staff member has completed training in Safeguarding Vulnerable Adults in line with the HSE Policy on Safeguarding.</p> <p>The management team is working on a plan to secure an alternative residential placement for the resident who has transitioned into the service due to an emergency situation.</p> <p>The Admissions, Transition and Discharge processes and policy is being reviewed and updated to ensure it is effective in identifying compatibly issues and in the event a residential placement is unsuccessful and the desired outcome is not ascertained.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The management team is working on a plan to secure an alternative residential placement for the resident who has transitioned into the service due to an emergency situation. Since this 8th May further provider have been contacted and assessments of needs are progressing with these providers to explore options for a residential placement which best meets the needs of the resident.</p> <p>Additional staff resources have been allocated to support all resident to ensure they feel safe and protected in their home.</p> <p>Each resident had a person centre plan with goals identified and staff are supporting each resident to achieve their goals.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/04/2023
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	20/06/2023
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the	Not Compliant	Orange	08/06/2023

	need to protect residents from abuse by their peers.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	02/06/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	01/09/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	01/09/2023