



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

Issued by the Chief Inspector

Name of designated centre:	Rivendell
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	18 March 2021
Centre ID:	OSV-0002634
Fieldwork ID:	MON-0031726

About the designated centre

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

The designated centre Rivendell provides full-time long-term care to eight adult residents, currently female with high levels of intellectual and physical disabilities who require full-time nursing care. The centre comprises a two-storey house on its own grounds, located in a rural location in Co. Wexford. Resident's accommodation is provided on the ground floor. It is accessible by transport to all services and all amenities. The premises has its own safe gardens and all areas and facilities are easily accessible to the residents. Day services are attached to the organisation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 18 March 2021	10:00hrs to 16:30hrs	Sinead Whitely	Lead
Thursday 18 March 2021	10:00hrs to 16:30hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

Inspectors met with seven residents on the day of inspection. Residents used mostly non-verbal methods to communicate and inspectors took time throughout the day to observe non-verbal communication cues and to observe the resident's daily routine and activities.

Measures were in place throughout the centre for the management of COVID-19. Staff were all observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities. The centre was visibly clean and staff were observed adhering to cleaning schedules during the day and symptom checks were completed on arrival to the centre. Inspectors ensured that face masks were worn at all times and that a two-metre distance was maintained from staff and residents. Interactions with staff and residents were kept to fifteen minutes throughout the day.

Inspectors observed some residents in the centre's sensory room in the morning enjoying some sensory activities. A staff member was present with the residents and was reading out a story. The residents appeared to be happy during this experience. Two residents smiled and one resident made hand gestures to the inspectors. One resident was also observed getting a hand massage with a staff member in the morning and they appeared to be enjoying this activity. Another resident was observed walking around the centre, listening to music and watching television at various times during the day. Six residents went out for a walk with support from staff during the day. The afternoon appeared to be a quiet time of the day with most residents returning to bed for a rest at this time before getting up again for supper. One resident chose to rest in an armchair during this time.

The centre comprised of a two-storey house located rurally in Co. Wexford. Staff offices and storage were located upstairs in the centre and resident's accommodation was provided on the ground floor of the premises, along with a kitchen, dining room, utility, sensory room, and large hallway that was also used as a sun room and seating area. The centre also had a living room downstairs, however, this did not seem to be used regularly. The room had many couches in it and could not facilitate all wheelchair users to sit in there at one time. The room also had a treadmill which the person in charge communicated was only used by staff. Two residents continued to share a bedroom in the centre. On the day of inspection, one of these residents had chosen to stay at home due to COVID-19 restrictions. The use of shared bedrooms had been highlighted during the previous inspection as not suitable for long-term use. This was an issue that the registered provider had failed to address to date. Following a walk around the centre, inspectors found residents' bedrooms to be bright, clean and tastefully decorated. The residents had access to a large garden to the rear of the premises.

The provision of food and nutrition in the centre required improvements to ensure residents were involved with buying and preparing their own food. The inspectors

observed two mealtimes in the centre during the inspection day. Lunch and supper were provided from a central kitchen off site and modified in the centre according to resident's dietary needs. Breakfasts were prepared in the centre, however, staff communicated that residents never entered the kitchen and were not part of serving or preparing breakfast, snacks or any meals that came from the communal kitchen. The majority of residents were wheelchair users and an ability table had been purchased by the centre to facilitate residents to sit together at mealtimes around the table.

Residents presented with high support and healthcare needs and inspectors found that there were sufficient staffing levels in place throughout the day to support residents, this included full time nursing care. The inspectors observed many positive and kind interactions between staff and residents during the inspection day. A number of the staff and management had worked with the residents for many years and appeared very familiar with the residents individual needs and presentations. A staff member was allocated to work in the kitchen during lunchtime, and when spoken with regarding resident dietary recommendations and preferences was very knowledgeable and knew residents different needs.

Residents had access to one service vehicle to attend their preferred daily activities. One resident living in the centre could reportedly not travel via a vehicle due to their physical disabilities and safety risks. This was well evidenced in the residents documentation through several reviews with multi-disciplinary specialists. However, the residents current living arrangement meant that the resident had not left the centre for a long period of time or accessed their community and this was found to be very restrictive to them.

Residents and their family members were invited to submit feedback annually regarding the service provided and in general, feedback and comments were positive. The person in charge had submitted a complaint on behalf of the residents to get a second service vehicle for the residents.

Inspectors found that residents' rights were not upheld at all times in this designated centre. This included a resident's right to privacy, choice and control at all times. This was seen in the use of a shared bedroom for two residents and through the continued use of a central kitchen, whereby residents were not provided with the ability to cook in their own home.

The inspectors found that improvements were needed in several areas to ensure overall higher levels of compliance with the regulations. Areas of non-compliance are detailed in other sections of the report.

Capacity and capability

The purpose of this inspection was to monitor the centre's ongoing levels of compliance with the regulations. Overall, findings indicated that improvements were

required to promote higher levels of care and support to residents. The registered provider had failed to ensure that all actions from the most previous inspection had been appropriately addressed. This included two residents continuing to share a bedroom in the centre. Other areas in need of improvement included staff training, residents personal possessions, premises, residents rights, food and nutrition, and infection prevention and control.

One resident living in the centre could reportedly not travel via a vehicle due to physical disabilities and safety risks. Their current living arrangement in the centre meant that they could not access their local community without travelling via a vehicle. This had been identified during the centres previous inspection and the provider had outlined a plan for the resident to move to a centre closer to a town, where they could access local amenities using their wheelchair and enjoy a better quality of life. This plan had not been adhered to since the centres previous inspection. The provider identified COVID-19 as a contributing factor to the delays in these plans.

Regular auditing and review of the service provided was taking place with an annual review and unannounced six monthly audit recently completed. However, the deficits in care provision were apparent on this inspection and had not improved. The provider had self-identified many of the issues identified on inspection and had self identified 31 December 2021 as the date to reduce the double bedroom to a single bedroom.

There was a person in charge in place who shared their role with one other designated centre. This individual divided their time evenly between the two centres. The person in charge demonstrated sufficient knowledge regarding all of the residents and their individual needs. The service was nurse led and a nursing management structure was in place. The person in charge was a Clinical Nurse Manager 2 and was supported by an Regional HSE Director of Nursing and Assistant Director of Nursing. Persons in charge in the service had regular senior management meetings where ongoing issues within the service was discussed and findings from HIQA inspections were used for shared learning.

Inspectors found that there were appropriate levels of staffing levels and skill mixes in place to meet the assessed needs of the residents. Nursing care was provided appropriately and a clear staff rota was maintained by the person in charge. Some refresher training was identified as overdue following a review of staff training records.

Regulation 15: Staffing

The staff team comprised of nursing staff and care support workers. Staff numbers in place were appropriate to meet the assessed needs of the residents. A clear staff rota was maintained by the person in charge and and line managers were completing regular one to one supervisions. The centre had access to additional relief staff when required to fill any sick leave or staff holidays. Inspectors did not

review staff files as part of the inspection day.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider was providing training to staff working in the centre. However following a review of staff training records, it was identified that some refresher training was out of date. Three staff members needed refresher safeguarding training and two staff members needed initial behaviour management training.

One to one formal staff supervision took place with line managers six-monthly and this was used to review staff performance.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure and lines of accountability identified, however overall inspection findings indicated that the provider had not adhered to the previous action plan submitted to the Chief inspector and improvements were required in a number of areas to ensure higher levels of compliance with the regulations.

The provider had achieved compliance in a number of areas reviewed by inspectors however many of the areas of non-compliance outlined in this report were previously identified and the provider had not yet implemented the improvements required for residents.

Judgment: Not compliant

Quality and safety

Inspection findings identified that positive aspects of care and support were observed with regards to risk management, fire safety, medication management, health care and personal plans. However, some improvements were required to ensure that safe service was provided which was in compliance with the Health Act 2007. For example, residents' rights were not always upheld in the centre. The use of a double bedroom, a centralised approach to resident finances, a communal off-

site kitchen and the inappropriate placement of one resident in the centre, continued to impact residents choice and control in their daily lives.

Inspectors found that residents presented with high healthcare and support needs and had appropriate access to full-time nursing care. Inspectors found residents were well supported to manage their healthcare needs. Residents plans were subject to regular reviews and clearly identified residents most current needs and plans of care. Furthermore, appropriate and safe systems were in place for medication management.

While the premises was well maintained, two residents continued to share a bedroom. The provider identified COVID-19 as a factor in the delay to reduce this to a single bedroom. Residents continued to access the majority of their meals through daily deliveries from a central kitchen located some distance away from the centre. This did not support residents to buy, prepare and cook all of their own meals.

Risk management measures were in place throughout the centre including fire safety measures. Staff were completing regular evacuation drills and safety checks and the centre had consulted with a fire specialist regarding evacuation procedures from the centre in the event of a fire. Management of COVID-19 risks had been a priority in the centre in recent times and measures had been implemented for infection prevention and control in line with national guidance for residential care facilities. Staff had appropriate access to personal protective equipment (PPE). Staff and residents were completing regular symptom checks and plans were in place for in the event of an outbreak of COVID-19 in the centre.

Regulation 17: Premises

The centre comprised of a two-storey house located in a rurality in Co.Wexford. Staff offices and storage were located upstairs in the centre and resident's accommodation was provided on the ground floor of the premises, along with a kitchen, dining room, utility, sensory room, and large hallway that was also used as a sun-room and seating area. The centre also had a living area downstairs which residents did not appear to access often. The centre was visibly clean and tastefully decorated.

Two residents continued to share a bedroom in the centre. This was an issue that had been highlighted on the centres previously inspection and had not yet been addressed appropriately by the provider.

Judgment: Not compliant

Regulation 18: Food and nutrition

All of the residents had significant support needs relating to mealtimes. Swallow care plans and dietary recommendations were in place and accessible to staff in the kitchen area.

Lunch and supper were provided from a central kitchen off-site and modified in the centre according to resident's dietary needs. This meant that residents were not supported to buy, prepare or cook their lunch or suppers. Breakfasts were prepared in the centre, however, staff communicated that residents never entered the kitchen and were not part of serving or preparing breakfast, snacks or any meals.

A choice was available for each meal and staff were knowledgeable in relation to individual preferences. However one of the choices available for a resident was not suitable for their recommendations and staff did not know the associated risks of providing this food to the resident. Snacks appeared to be limited to sweet treats for residents.

In the dining room, there was an ability table which allowed residents in wheelchairs to sit around the table together. The inspector observed two residents eating a meal. Interactions between staff and residents was observed to be positive and respectful. There was a protected mealtime policy in place.

Judgment: Not compliant

Regulation 26: Risk management procedures

Inspectors found appropriate systems in place in the designated centre for risk management. Residents all had individualised risk assessments in place and there was a centre risk register which identified general risks in the designated centre and measures and protocols in place to reduce risks. Emergency plans were in place in the event of adverse incidents in the designated centre.

Skin integrity and risk of pressure sores were fully assessed for all residents by nursing staff. Mitigating measures including pressure relieving mattresses were in place for some residents, due to tissue viability risks.

Judgment: Compliant

Regulation 27: Protection against infection

Measures had been implemented for infection prevention and control and for the management of COVID-19 in the residential care facility. Staff had appropriate access to personal protective equipment (PPE). Staff and residents were completing regular symptom checks and plans were in place for in the event of an outbreak of

COVID-19 in the centre.

A single basin was observed on a trolley in both bathrooms of the centre. The person in charge communicated that this was used for personal care by staff when supporting some residents. This appeared to be communal and did not have a clear deep cleaning or sterilising schedule in place for infection prevention and control. Furthermore separate basins did not appear to be in use for both facial cleansing and personal care.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place including fire fighting equipment, emergency lighting and adequate means of escape.

Fire drills were taking place every one to two months and management had consulted with a local fire officer regarding evacuation routes and containment measures in the centre. Evacuation procedures were clear and residents all had personal emergency evacuation plans in place that were subject to regular review.

Staff were completing regular audits and checks on fire safety measures in place. Any issues identified were highlighted to management and specialist reviews were sought when required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that safe practices were in place for the ordering, prescribing, storage and administration of medicines in the designated centre. A sample of residents' medication prescriptions were reviewed and the inspector found that medications were being administered as prescribed. Daily checking systems of medicines were in place with staff nurses checking all medications on every shift change. Medicines were stored safely and securely and all medicines appeared in date and clearly labelled.

Protocols and care plans were in place for the administration of medication administered as required (PRN) and the management of healthcare needs such as epilepsy, pain and bowel care. These corresponded with residents' prescriptions which were reviewed and signed by the residents general practitioner (GP).

A staff nurse spoken with appeared knowledgeable regarding residents medication

and safe administration procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that all residents had an assessment of need and personal plan in place that was subject to regular review. Assessments of need, clearly identified levels of support required. All residents had communication passports and dietary care plans in place.

Residents had social goals in place that were realistic and individualised. Some residents were hoping to listen to new audiobooks and take part in some meditation sessions. Another resident aimed to take part in aromatherapy sessions and get the local paper. Goals in place had action plans to support residents to achieve them.

Each resident had an annual personal planning meeting, where their plan of care and goals were reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to manage their health. Residents presented with high healthcare needs and had access to full-time nursing care and support 24/7. Residents with epilepsy had clear plans of care in place and protocols for in the event of a seizure.

All residents had full health screening checks completed annually and relevant referrals were made to multi-disciplinary supports when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Residents all had access to behavioural specialist within the service, who devised residents positive behavioural support plans and reviewed them when required. Risk of peer-to-peer safeguarding incidents was very low with no incidents happening in a number of years.

Some restrictive practices were in use in the centre including the use of bed rails

and monitors. Restrictive practices were in place secondary to clear rationale and identified risks, with corresponding individualised risk assessments in place for any restriction use. Any restrictive practices in place were reviewed and approved with the service restrictive practice committee.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were not upheld at all times in this designated centre. This included the residents right to privacy, choice and control at all times. This was seen in the use of shared bedrooms and the use of communal central kitchen.

One resident living in the centre could not travel via a vehicle due to physical disabilities and safety risks. This was well evidenced in the residents documentation through several reviews with multi-disciplinary specialists. However, the residents current living arrangement meant that they had not left the centre for a long period of time or accessed their community and this living arrangement was subsequently very restrictive to them in their daily life.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Rivendell OSV-0002634

Inspection ID: MON-0031726

Date of inspection: 18/03/2021

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 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>The person in charge has assured that all staff training deficits have been identified and all mandatory training is now complete.</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>One of the rooms in the centre that is rarely used will be converted to an additional bedroom as a short term measure to eliminate the use of the shared bedroom allowing each resident their own individual bedroom. One of the residents is currently being reviewed for suitable relocation to an additional property owned by the HSE, this property is having minor works completed and the service will be applying to have it registered.</p> <p>Additional house owned by HSE has been sourced, this requires minor works to be compliant with standards and we will apply to have it registered.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Currently there is one resident in Rivendell who it has been identified that all her social needs are not being met in Rivendell. The Provider and PIC continue to work closely with Wexford County Council to source suitable living accommodation that meet all her needs, Occupational Therapist Assessment has been completed identifying her requirements. In the interim we are reviewing a transition to another centre within WRIDS that will meet all her needs.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The person in charge has met with the registered provider and the following measures have been developed to ensure compliance with regulation 18. Recruitment of staff to be employed in the centre for the sole purpose of preparation of fresh food daily. This will ensure that the residents will be included in purchasing and preparing their own food.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The person in charge has reviewed the Infection Control practice in the centre and developed the following measures to ensure compliance with regulation 27: All residents have been provided with individual colour coded basins for facial cleansing and personal care that are cleaned as part of a cleaning schedule in line with HSE National Cleaning Standards Manual Appendices 2006.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Shared room: One of the rooms in the centre that is rarely used will be converted to an</p>	

additional bedroom as a short term measure to eliminate the use of the shared bedroom allowing each resident their own individual bedroom. One of the residents is currently being reviewed for suitable relocation to an additional property owned by the HSE, this property is having minor works completed and the service will be applying to have it registered.

Central kitchen: The Head of Service has approved recruitment of additional staff to facilitate all meals being prepared and cooked on site. A recruitment campaign has been launched to source additional staffing requirement.

Currently there is one resident in Rivendell who it has been identified that all her social needs are not being met in Rivendell. The Provider and PIC continue to work closely with Wexford County Council to source suitable living accommodation that meet all her needs, Occupational Therapist Assessment has been completed identifying her requirements. In the interim we are reviewing a transition to another centre within WRIDS that will meet all her needs.

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	14/05/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/09/2021
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if	Not Compliant	Orange	31/08/2021

	they so wish.			
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	30/09/2021
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 infections published by the Authority.	Substantially Compliant	Yellow	25/03/2021
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	30/09/2021
Regulation 09(3)	The registered	Not Compliant	Orange	30/09/2021

	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.			
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