Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Whitehills
Name of provider:	RehabCare
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0002683
Fieldwork ID:	MON-0032210

About the designated centre

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

Whitehills is a designated centre which comprised two houses and is registered to provide a residential service to six adults. This service is designed to provide a service to residents with a diagnosis of autism or Asperger syndrome and residents may also attend the services of the mental health team. Each resident had their own bedroom and are supported to attend their local community in line with their expressed wishes. Each resident also had the option to attend individual day services and some residents were also assisted to attend paid employment. Residents were supported by care assistants and team leaders and a sleep-in arrangement was in place to support residents during night-time hours. The centre was located in a suburban area of a large city. Transport was provided by the centre and public transport links were also readily available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
Wednesday 21 April 2021	09:00hrs to 15:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that there was mixed experiences of what it was like for residents living in the centre. In general the health, wellbeing and social care needs of residents were promoted and responded to. However, some residents enjoyment of their home and their freedom to move around their home was impacted at times due to the behaviours of another resident. This will be discussed further in the report.

The designated centre comprised two houses within close proximity to each other and were based in the outskirts of a city. There were six residents who received full-time care between the two houses. Each house accommodated three residents, and on the day of inspection one resident was reported to be staying with family since the start of the COVID-19 pandemic. During this time of the COVID-19 pandemic, the inspector spent time reviewing documentation and meeting with the person in charge and staff members in a room in one of the houses. The inspector did not visit the second house at this time. The inspector offered to speak on the telephone or call to do an outdoor visit with the three residents who lived in that house; however all residents declined this offer and this was respected.

The house that the inspector visited was noted to be clean, homely and nicely decorated and the room that the inspector was based in contained exercise equipment for residents to use if they so wished. One resident was reported to have chosen to purchase an exercise bike to add to the gym equipment. There was a small garden out the back which had a designated smoking area, where residents could sit out and have a smoke independently and this was observed on the day. The centre had their own transport which facilitated residents to go for drives in the community if this was something they chose.

Throughout the inspection, the inspector observed one resident freely moving around their home and garden and spoke briefly with the resident at the end of the inspection, while adhering to the public health guidelines of the wearing of face masks and social distancing. The resident did not engage for long with the inspector other than to talk briefly about the weather and suggest the inspector visit a local amenity as the weather was so nice. This resident appeared relaxed in their home and with staff and was freely going in and out of the garden during the day. The other resident who lived in this location was reported to be having a late lie in, which the inspector was informed was something that they chose to do. They were later reported to have gone out with their staff support, therefore the inspector did not get the chance to meet or speak with this resident.

The inspector got the opportunity to speak with staff who supported residents in both locations and discussed with them what residents' experiences of living in the centre were. In addition, the inspector reviewed documentation, including information submitted to the Chief Inspector of Social Services as part of the monitoring notifications, resident meeting notes, staff team meetings, resident care

plans and daily records, all of which provided further information about what residents' experiences were living in the centre.

Overall residents appeared to be well involved in the running of the centre, and this was evident during the review of monthly house meetings that took place. At these meetings a range of topics were discussed with residents including; COVID-19 measures, house maintenance, household bills, staffing changes, healthy diet, fire drills and respecting others. Residents were also informed about advocacy services available to them during these meetings. Other documentation reviewed demonstrated that residents were consulted with, and involved in developing their care plans and personal goal setting through regular meetings with a staff member that was assigned to be their key-worker.

The inspector was informed, and it was also noted in documentation, that residents' lives had been hugely affected since the COVID-19 pandemic and public health restrictions. Residents who had previously enjoyed a range of community- based activities, regular home visits, work experience and independently attending shops, had been adversely affected by the pandemic and the Level 5 restrictions. It was reported that one resident was struggling with motivation to get up in the morning lately and that their sleep pattern was also affected, and the inspector was informed that multidisciplinary supports had been sought for the resident and an additional staff support had recently been put in place to offer more 1:1 support to the resident. The resident was reported to have been gone out with their staff support during the afternoon of the inspection.

One resident was reported to be working on the day of inspection, and was reported to have resumed their part time work last September. All other residents were at home and additional staff support hours for three days a week had been introduced to one house to support residents with individual activities, which the inspector was informed was working well. The inspector was informed that residents were engaging in activities such as art, baking, listening to music, using technology, doing meditation, going for walks and using exercise equipment in line with their individual choices and wishes. Some residents were reported to be independent in the community and were going for walks around their community at times.

However, the inspector was informed that two residents living in one location were impacted at times by the behaviours of another resident. Notifications to the Chief Inspector on the week of inspection indicated that two residents' freedom to move around their home due to the behaviours of another resident were affected, and that these residents often chose to spend their time in the shed, garden or their bedrooms. It was further reported that one resident only went into the sitting-room after another resident goes to bed. Staff spoken with said that there could be tensions in the house at times and that one resident would engage in self injurious behaviours and screaming when another resident's behaviours of concern escalated. It was noted in the behaviour support plan of a resident who displays behaviours of concern that when the resident engages in verbal or physical aggression that the other residents are to be supported to go to their bedrooms and remain there, leave the house with staff or go into the staff office with staff where the door would be locked for safety. This affected residents' right to freely move around their home

and impacted on the safe and quiet enjoyment of their own home.

In summary, residents' experiences of what it was like to live in the centre were mixed depending on where they lived. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

In general, there was a good governance and management structure in place in the centre, with a new person in charge and person participating in management (PPIM) appointed in the last year. While oversight systems were in place by the management team, improvements were required in the monitoring of the systems to ensure that actions identified through the provider audits were completed as required. Furthermore, improvements were required in the management of risk, positive behaviour support, safeguarding, residents' rights and protection against infection.

The person in charge was recently appointed to the role. She worked full-time and had responsibility for one other designated centre. She was supported in the operational management of the centre by two team leaders who carried out some administrative tasks. A new person participating in management had been appointed in the past year also, and provided ongoing support to the person in charge in the management of the centre. The front line staff team consisted of team leaders, care workers and community support workers. There was sleepover cover provided in each location at night to support residents. A review of the staff roster indicated that there was a consistent staff team in place to ensure that residents were supported by staff who were familiar to them. The provider also ensured that there was an out-of-hours on-call system in place for staff, should this be required.

Staff received training as part of their continuous professional development and a review of the training matrix in place demonstrated that staff were provided with mandatory and refresher training in areas such as; fire safety, behaviour management, safeguarding, infection prevention and control and hand hygiene. In addition, where required additional training was provided to further support staff in their role. For example, additional behaviour management training had been provided and risk management training had recently been identified as a requirement. Staff with whom the inspector spoke said that they felt well supported in their role by members of the management team.

The person in charge carried out regular reviews of incidents that occurred in the centre, and the inspector reviewed a sample of incident reports. There was evidence in staff meeting notes that discussions took place at meetings about findings of audits and incident trends. The notes from team meetings also demonstrated good participation by the staff team and included agenda items such as COVID-19,

safeguarding and maintenance.

The provider carried out unannounced audits and an annual review of the quality and safety of care and support of residents as required by the regulation. The latest annual review was completed in December and covered a period of sixteen months from August 2019. The PPIM acknowledged that this review was late being fully completed. The annual review of the service was found to provide for consultation with residents and families, and actions were identified to improved the centre. However, from a sample of actions reviewed on the organisation's tracker system, the inspector found that the time frames and persons responsible for actions were not identified which resulted in actions not being completed within a reasonable time frame. For example; a compatibility assessment in one house had been identified as being required as part of the 2020 annual review but had not yet been completed. The inspector was informed that this was scheduled to be completed post inspection. However, due to the level of incidents occurring and the information submitted through notifications to the Chief Inspector which stated that residents were restricted in their home due to behaviours of a peer, it was not evident that this action was identified as a priority to ensure and promote a safe service for residents. Subsequent to the inspection, the PPIM informed the inspector that a service improvement plan had been developed this year, and that fortnightly meetings were occurring between the PIC and PPIM in order to ensure going forward that actions are progressed in a more realistic and time bound manner.

In addition, the inspector found that improvements were required in the oversight and management of safeguarding concerns, positive behaviour support and risk management, which would enhance the quality of the service and ensure residents' safety at all times. This will be discussed further in the quality and safety section of the report.

In summary, the inspector found that the oversight and monitoring systems by the management team required strengthening to ensure that actions identified through audits were carried out in a timely manner and that all actions to ensure full compliance with the regulations were identified.

Regulation 14: Persons in charge

The person in charge was recently appointed, worked full-time and was found to have the appropriate qualifications, management experience and knowledge to effectively manage the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, it was found that the centre was resourced to meet the assessed needs of residents at this time. A planned and actual rota was in place. The documentation required some improvements, as it was not clear what some abbreviations used meant and the hours worked were recorded in both 24 hour and 12 hour clock. The person in charge addressed this by the end of the inspection. Staff files were not fully reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with ongoing training opportunities as part of their continuous professional development.

Judgment: Compliant

Regulation 23: Governance and management

Systems for the oversight and monitoring by the management team required strengthening to ensure that actions identified through audits were carried out in a timely manner to ensure the safety and rights of residents at all times. In addition improvements to oversight systems were required to ensure that all actions to achieve full compliance with the regulations were identified. This included improved monitoring of support plans, reporting of safeguarding concerns and the identification and management of risks.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents' individuality was respected, and that residents were supported to achieve the best possible health through access and referrals to a range of multidisciplinary supports and allied healthcare professionals. However, in one location of the centre residents' freedom to move around their home was impacted due to the behaviours of concern that were occurring. This impacted on residents' rights and affected the safe enjoyment of their home.

The inspector reviewed a sample of resident files, and found that residents were supported to achieve good health and were facilitated to attend a range of medical and healthcare services where this need had been identified, and in line with

residents' wishes. This included facilitating appointments with a range of allied healthcare professionals and providing information about vaccines and making this service available to residents. In addition, there was evidence that residents had access to multidisciplinary supports such as psychiatry, behaviour therapist and psychology services.

Behaviour support plans were in place for residents who required supports with behaviours of concern. One plan that the inspector reviewed was noted to have been recently reviewed with members of the multidisciplinary team. However, there were gaps found in the support plan as it did not include all the behaviours of concern that the resident engaged in, and did not clearly identify all the triggers to behaviours that were evident in incident reports. A more comprehensive plan was required due to the level of incidents arising, the risks posed during incidents and the fact that 12 different staff worked with the resident and worked alone at night time. This would also ensure that a consistent response from staff would be followed, which would enhance the support to the resident who was displaying the behaviours of concern, and which would help to safeguard staff and other residents.

In addition, the inspector found that improvements were needed in safeguarding to ensure that the procedure in place was followed when concerns were raised. Staff received training in safeguarding and discussion occurred at staff meetings about safeguarding. However, one concern that had been raised in relation to a resident receiving threatening text messages had not been screened in line with the safeguarding procedure to establish if there were grounds for concern or not. While the person in charge discussed measures that were in place to support the resident, the safeguarding procedure had not been followed in this instance.

There were systems in place for the identification, assessment and management of risk. Risk assessments were completed for service and individual residents' risks where risks had been identified. However, the inspector found that risk management required improvements to ensure that all risks were appropriately identified, that risk ratings applied were accurate and reflective of the risks occurring and that the control measures in place were reviewed to assess their effectiveness. For example; from a review of incidents occurring, it was noted that an increase in medication errors occurred recently. While a risk assessment was in place, the ratings applied were not reflective of the frequency of errors occurring, nor were the control measures in place effective at reducing the risks as an increase in incidents had occurred following this risk assessment review. In addition, the assessments of risk associated with COVID-19 transmission required review to ensure that the risks to residents as a result of staff moving between locations were identified. For example; the inspector was informed that two staff teams had been identified at the start of the pandemic as a control measure to ensure that there would be no crossover of staff and to reduce the risk of transmission between staff teams. However, the risk assessment failed to identify the risks posed to residents in both locations, as the staffing plan involved the two teams of staff alternating each week between locations and coming into contact with all residents in both locations over a two week period.

In addition, the documentation for the plan of care for two residents should they

need to self-isolate involved them moving to a location in another county for the duration of the isolation period. While the inspector was informed that a management team would review the situation as situations arose, it was not clear from the plan that was in place that all considerations were given prior to identifying that the risks were so great that residents would be required to move from their home and current supports, such as general practitioners, to another county to self-isolate. While it was evident that there were good systems in place for the prevention and control of infection, including staff and resident symptom monitoring, staff training in infection control, education of residents about COVID-19 and a supply of hand gels and personal protective equipment (PPE), some risks that may impact on residents required review to ensure that control measures were appropriate to the level of risk involved.

In summary, while it was evident that residents were treated with dignity and respect and were facilitated to access a range of allied health care professionals, improvements were needed to ensure that residents' safety and rights were upheld at all times and that appropriate support plans were in place.

Regulation 26: Risk management procedures

The management of risk required improvements to ensure that all risks were appropriately identified, that control measures were reviewed in light of recent incidents, and that appropriate risk ratings were applied in line with the organisation's risk rating and procedure.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection, and had completed the Health, Information and Quality Authority's (HIQA) self assessment contingency planning document. However, isolation plans for residents at times of suspected or confirmed COVID-19 infection required review to ensure that a pragmatic, rights-based and practical approach was considered in the context of specific risks, and balancing the management of these risks with the autonomy and rights of residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health by being facilitated to attend a range of health related appointments where this was identified and required. Residents were supported to have the knowledge and awareness to promote their health during the COVID-19 pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were gaps in the documentation of one support plan for a resident with behaviours of concern which could impact on the approach taken by the various staff working with them. For example, not all behaviours of concern were included in the plan of support and not all triggers to behaviours that was evident in incident reports were included, and there was no reference made to an agreed plan that the resident had requested. For example; reference to a specific support plan agreed with the resident around the management of finances, which could be a trigger, was omitted from the behaviour support plan.

Judgment: Substantially compliant

Regulation 8: Protection

The provider promoted residents' safety by regular review of incidents, staff training, discussion about safeguarding at resident and staff meetings and the implementation of safeguarding policies and procedures. However, the safeguarding procedure with regard to the completion of a preliminary screening, had not been followed in relation to a safeguarding concern that had been identified for one resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While the inspector found that residents were consulted with the running of the centre and had easy-to-read documents available for a range of topics to help support their understanding of issues, some residents' rights were impacted due to the behaviours occurring in the centre, which meant that they could not freely move around their home at all times.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Whitehills OSV-0002683

Inspection ID: MON-0032210

Date of inspection: 21/04/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC to review all actions identified through audits on a monthly basis PIC to review Sharepoint Action tracker monthly and PPIM also to review monthly PIC and PPIM to continue to review the local service improvement plan fortnightly Improvements to oversight of safeguarding concerns, positive behavior support and risk management will be achieved by regular Team Leader and PIC audit on a monthly basis	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC to complete a full review of all risk management procedures including identification of risks, control measures in place and risk ratings by 30/06/21 PIC and Team Leaders to regularly review risk management at monthly meetings commencing 19/05/21 Risk management is included as standing agenda item at team meetings Risk assessments will continue to be reviewed at team meetings with full staff team	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Isolation plans for both houses will be reviewed and amended by 31/05/21 with consideration for Covid risk management with respect to resident rights

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Behaviour support plan for resident with behaviours of concern is a draft document. Initial meeting with BT was on 16/12/20 to review the service needs and specific resident needs. PIC and BT met on 09/03/21 to review and a compatibility assessment was scheduled for 22/04/21.

The draft BSP will be finalised by 30/06/21 and includes all behaviours of concern and triggers for this resident and a money management plan is also in place.

Staff completed additional training on implementation of the BSP with Behaviour Therapist in three small groups on 11/05/21 13/05/21 and 14/05/21.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In addition to safeguarding trainings completed by the staff team, additional training for staff team will be completed by 30/06/21.
PIC and Team Leader completed additional safeguarding training on 26/03/21.
Safeguarding remains a standing agenda item at all staff meetings.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A compatibility assessment was completed on 22/04/21 with the Behaviour Therapist. An Occupational Therapist assessment was completed on 14/05/21.

There is an agreed BSP and protocols in place which is followed by all staff to minimise the impact of behaviours of concern to other residents. Advocacy supports have been requested for residents

Staff support and encourage residents to use the common areas of the home

Staffing levels reflect extra staffing since June 2020 regarding the active safeguarding concern in the service to support residents since June 2020. Additional supports to residents include regular support and encouragement to engage with staff, discussion at keyworker meetings and meetings with PIC

HSE have been informed of the compatibility concerns and related supports for residents. An accommodation proposal for one resident is to be reviewed with HSE by 30/06/21

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2021
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	30/06/2021
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	31/05/2021

	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.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/06/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/06/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	30/06/2021

	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			