



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	24 September 2021
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0034308

About the designated centre

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

Ashley Lodge is a single-storey purpose-built centre situated on the outskirts of Kildare town. The centre can accommodate 55 residents, both male and female, for long-term and short-term stays. Care can be provided for adults over the age of 18 years but primarily for adults over the age of 65 years. 24-hour nursing care is provided. Residents' accommodation is arranged over three wings which meet at the reception and communal rooms. Residents' bedroom accommodation comprises 41 single and seven twin bedrooms, the majority of which en-suite facilities. Communal accommodation includes a sitting room, a dining room, a sun room and a visitors' room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 24 September 2021	09:25hrs to 14:00hrs	Helena Budzicz	Lead
Friday 24 September 2021	09:25hrs to 14:00hrs	Nuala Rafferty	Support

What residents told us and what inspectors observed

This was an unannounced risk inspection conducted during an extensive outbreak of COVID-19 in the designated centre. The inspectors saw that there was COVID-19 advisory signage on the entrance to the centre. The entrance to the centre was locked to facilitate COVID-19 precautionary measures on entering the building to ensure the safety of residents and staff. The person in charge guided inspectors through the infection prevention and control measures necessary on entering the designated centre.

At the time of the inspection, the centre had a significant outbreak of COVID-19. The outbreak had been reported on 18 September 2021. A total of 57 confirmed cases had been identified (38 residents and 19 staff members) to the inspection date. As a result of the outbreak, most of the residents were isolated in their rooms; therefore, this report does not reflect the living experience for residents of how they enjoy spending their day. Inspectors spoke with two residents, and they reported that the staff were kind and helpful. Inspectors observed that the call bells were answered in a timely manner.

Despite the challenges of managing an outbreak, the person in charge and the management team on duty on the day of inspection had a good knowledge of residents' needs and could identify improvements needed. Records requested were made available in a timely manner.

Visiting was restricted as a result of the outbreak, as per public health advice. Visiting on compassionate grounds were accommodated; however, immediate improvements were required in organising and assisting residents with telephone and video calls to maintain contact with their loved ones. The regional manager submitted assurances to the chief inspector post inspection that the centre introduced four electronic tablets to assist with communication, and staffing arrangements were in place to support residents maintain contact with their families. Inspectors observed staff facilitating choices and assisting residents to go outside for a cigarette.

A schedule of activities was in place; however, a review of activities available to residents on a one-to-one basis was required after the outbreak was over. The person in charge informed inspectors that spiritual care was very important to residents. A local priest administered the sacrament of sick to residents and was available for compassionate visits on residents' and families' requests.

Staff who spoke with the inspectors demonstrated empathy with residents during the current restrictions. Staff and management worked hard to ensure that care was evidence-based and to ensure all residents' needs were met. Staff voiced their disappointment of having the outbreak as they had been able to keep the COVID-19 out of the centre since the start of the pandemic. Their conversations with the inspectors conveyed how difficult and exhausting it was working in the centre during

an outbreak and how they were worried about each resident as if they were their own family. At the same time, they were fearful of bringing COVID into their homes and infecting their loved ones. However, staff proudly voiced that they were committed to pulling through this together and were looking forward to the other side when life would go back to normal again.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The designated centre is a residential care setting operated by the Ashley Lodge Nursing Home Limited. It is registered to accommodate 55 residents. The centre contained a good variety of communal and quiet sitting rooms and spaces where residents could spend time alone or with family and friends. However, due to the outbreak of COVID-19, these facilities were not available to residents at the time of the inspection.

Overall there was an effective governance structure in place, and accountability for the delivery of the service was clearly defined. Inspectors found that the provider had responded appropriately and in a timely manner to ensure that the service was adequately resourced and had sufficient contingency arrangements to manage the COVID-19 outbreak in the centre. The staffing resource at the time of this inspection included three nurse-led teams over 24 hours. Due to the outbreak, many of the centre's core staffing team were on sick leave, and the provider and person in charge had filled the staff shortages with a mix of agency and staff from other centres within the group of homes. As a result, the full roster of planned shifts was not being filled, and inspectors found that some staff shifts were not replaced.

Although there were good governance arrangements in place, further improvements were found to be required to ensure adequate oversight of staff. During the day, the person in charge was supported by two assistant directors of nursing and a training manager. A regional manager with sufficient authority to provide additional resources was also present during the inspection and was responsive to the findings of inspectors. Nevertheless, improved supervision of staff to ensure full adherence to all infection prevention and control practices was found to be required, particularly at night. This is further discussed under Regulation 16: Training and development.

There was an audit schedule in place. Audits had been completed in a number of key areas including, infection control aspects. For example, laundry and hygiene audit, infection control and hand hygiene and housekeeping and hygiene audit. These systems identified quality improvement plans and included learning opportunities of learning to staff.

The complaints procedure was on display in the centre and available to inform visitors and families on complaints management. The procedure reflected the legislative requirements.

Regulation 15: Staffing

The number and skill mix of staff was not fully appropriate to the size and layout of the centre and the assessed needs of residents as assessed in accordance with Regulation 5. Unexpected staff absences were not fully replaced for the household staff on the day of inspection, which was found to negatively impact on the implementation of infection control and prevention practices in the centre. It was found that due to the shortage of staff, cleaning had not commenced in two areas designated as 'red zones' by midday on the day of the inspection, and clinical waste had not been removed since the night shift had finished.

There were no staff rostered to work in the laundry area on the day of inspection or the following day.

There were no staff rostered to facilitate the implementation of an activities programme or to spend time with residents on a one-to-one basis to meet social, emotional or psychological needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors observed a number of instances where staff did not adhere to best practices in the use of personal protective equipment (PPE). For example, a staff member was observed walking through a designated 'red zone' (an area where the bedrooms of all residents confirmed to have COVID-19 were located) without wearing any PPE. It was also found that some agency staff had not completed training in putting on and taking off PPE.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems require improvement in some areas to ensure that the services provided are consistently safe and effectively monitored. For example:

- The majority of staff rostered for night duty were agency staff. Due to the

findings of the inspection, inspectors were not assured that there was sufficient oversight on night shifts to ensure staff were fully adhering to the principles of best practice in infection prevention and control.

- There was no monitoring system to ensure the implementation of every cleaning schedule, in particular, to ensure the cleaning of communal equipment after each use.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An up-to-date complaints policy was in place, which identified the key roles of those involved with implementing the policy. A review of the complaints log found that complaints and concerns were managed in line with the centre's new policy. The satisfaction of the complainant was also documented.

Judgment: Compliant

Quality and safety

Inspectors found that the provider and the management team were cognisant of and adhering to most of the current national guidance on the management of COVID-19 outbreaks in residential care facilities. Practical measures and clear processes were in place to minimise the risk of harm to residents and staff.

Examples included;

- The contingency plans had been put into place by the provider before the outbreak.
- Cohorting of residents into three distinct zones: two red zones had been created for those who had confirmed positive test results and one green zone for those residents with confirmed negative test results.
- A fourth zone was in the process of being arranged on the day of inspection. This was to be an orange zone for residents who were suspected of having the virus but whose tests results had not yet been confirmed.
- The centre had on-site infection prevention and control (IPC) link practitioner who provided ongoing training, guidance and advice to staff on standard infection control precautions.
- The provider had notified the medical officer at the department of public health and the Chief Inspector of the outbreak and had set up an Outbreak control team in association with the health service executive IPC community specialists, general practitioners and public health doctors.

There were sufficient PPE resources and alcohol-based rubs with stations set up immediately outside each zone and at regular points within the zone.

Movement within and between the zones was minimised with staff allocated to specific zone areas without crossover.

Residents were informed of the situation and the reasons for the limitations placed on them and the staff.

Although inspectors observed many instances of good practice in respect of infection prevention and control, some improvement was required in this area, the specifics of which are described under Regulation 27: Infection Control.

The premises consisted of 42 single and six twin bedrooms, of which 35 single rooms have full en-suite and the remaining seven with wash hand basin only. Only two of the six twin bedrooms contained a full en-suite. The bedrooms are grouped in three corridors. A communal bathroom or toilet was also available in each corridor.

Overall the premises were maintained to a good standard, but some aspects required to be reviewed to ensure they were suitable to meet the needs of residents. This is discussed under Regulation 17: Premises.

Records seen indicated that when residents required access to medical intervention, this was sought in a timely manner.

Regulation 11: Visits

Due to the outbreak, the provider had revised the visiting policy to restrict visiting for safety reasons. Essential visiting was defined for compassionate grounds, such as residents receiving end-of-life care or needing additional psychological support. There were procedures and checks in effect for all people entering the services to minimise the risk of potential infection. Window visits were also facilitated, although inspectors learned that these were very brief and generally lasted for only a few minutes.

Judgment: Compliant

Regulation 13: End of life

From a sample of end-of-life care plans reviewed, inspectors saw evidence that residents' preferences, if they became unwell with COVID-19, were documented in their care plans. Staff documented the phone calls made and contact with the relatives involved in the sample of care plans reviewed. The centre had established

links with palliative care services.

Judgment: Compliant

Regulation 17: Premises

The care environment and facilities available did not fully meet residents assessed needs in line with the centre's statement of purpose or conform to all of the matters as laid out in Schedule 6 of the regulations, in that:

- Although there was a dirty utility (sluice) room on each corridor, only one contained a bed-pan washer to ensure the effective decontamination and sterilisation of toileting equipment.
- Equipment for the safe transport of waste, including clinical waste, was not available. An inspector observed a staff member physically carrying a number of full clinical waste bags around the perimeter of the building to dispose of them in the designated area.
- A review of ventilation throughout the centre was required to ensure the provision of adequate and appropriate ventilation to achieve gentle air circulation, which does not compromise the resident's comfort, particularly in colder weather.
- There was not sufficient space in the laundry to support the laundry system for adequate separation of clean and dirty laundry.

Judgment: Substantially compliant

Regulation 27: Infection control

Areas where infection prevention and control practice was not consistent or posed a risk of spreading infection was found, and improvements were required. Some of these included;

- Cleaning schedules to ensure all areas of the centre were cleaned thoroughly and regularly were in place but were not fully implemented on the day of inspection. Inspectors found that cleaning had not commenced in two corridors where residents with confirmed cases of COVID-19 were cohorted.
- Cleaning schedules to ensure all communal equipment, such as hoists, were cleaned in between each use were not in place.
- A system to ensure the regular laundering of frequently used items such as hoist slings and slide sheets was not in place.
- A system to clean frequently touched areas twice daily was in place, but inspectors were not assured that this was being adhered to due to the non-replacement of household staff on day shifts and staff numbers on night

shifts.

- Inspectors observed the storage of a cleaning trolley in a dirty utility area.
- Although there were frequent sanitisers around, the absence of a clinical wash hand basins in the identified zones/ corridors for cohorting residents did not effectively support staff to implement appropriate infection prevention and control practices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed before admission and at regular intervals once a resident in the centre. Regular risk assessments using validated screening tools were carried out every four months or sooner if the resident's condition changed. Interventions were person centred and based on validated risk assessments which were routinely updated.

Judgment: Compliant

Regulation 6: Health care

Records seen indicated that when residents required access to medical intervention, this was sought in a timely manner. However, inspectors were informed that only remote and telephone reviews were available to residents during the recent COVID-19 outbreak. Only three residents were reviewed in person by a general practitioner (GP). As a result, not all residents with confirmed COVID-19 diagnose had been reviewed by their GP in person.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Alternative arrangements to enable residents and relatives to maintain contact through 'virtual' visits via video calls were not in place. Inspectors found that there were not sufficient numbers of laptops/tablets, and staff did not have the time to facilitate these arrangements. This meant that many residents had not had been able to spend any meaningful length of time with their loved ones in recent days.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0034308

Date of inspection: 24/09/2021

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>S: Taking into account inspection feedback and findings, staff were rostered in sufficient numbers and skill mix to meet the assessed care needs of all residents at all times. As necessary, agency and contract staff were utilised in all departments to complement the centre's own staff team which included nursing, care, housekeeping and catering. During the outbreak, members of the management team were on duty over the 24-hour period. This included the Regional Director, the Director of Nursing/Person in Charge (PIC), the Assistant Director of Nursing and the Training Manager, who provided oversight of all care delivered including the IPC measures in place. Robust recruitment is ongoing and staff are being recruited in sufficient numbers and skill mix as per the Deputy Chief Inspector and Statement of Purpose. Recruitment of staff is supported by the Human Resources (HR) Department. Staffing is kept under review by the Registered Provider Representative and can be revised to reflect any change in the needs and/or dependencies of the residents. This is monitored on a daily basis by the PIC and can be adjusted as required. The duty roster accurately reflects those staff working within the centre on any given day. Staffing levels were increased for the duration of the outbreak to meet the needs of residents and ensure safe zoning in place.</p> <p>M: Through continuous review and audit thereby ensuring that staffing within the centre is fully reflective of the layout, the dependency and assessed care needs of residents and is in accordance with the Statement of Purpose.</p> <p>A: By the PIC and management team</p> <p>R: Overview by the regional team in conjunction with the Chief Operating Officer.</p> <p>T: 30th September 2021</p>	
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>S: A review has been completed of the training records of staff within the centre. All agency staff have completed refresher training on donning and doffing and the IPC measures to be in place within the centre. Refresher training on infection control, breaking the chain of infection and hand hygiene has also been completed. All training is provided by an appropriately qualified person and through HSEland. The updated training schedule includes details of each staff member and when the training was last provided. Training is also validated at regular safety pause meetings held by the management team within the centre.</p> <p>M: Through audit and observation of staff to determine they are able to adhere to best practices in the use of personal protective equipment.</p> <p>A: By the PIC, management, and training team.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: 30th September 2021</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S: Systems in place to monitor the quality and safety of the service provided in the centre have been reviewed and all learning from past events now informs future best practice. All communal equipment is cleaned after each use and a green "I am clean" sticker has been implemented prior to returning the equipment to the store. Individual slings are used for each resident and an enhanced cleaning schedule is now in place that includes records of deep cleaning in addition to the cleaning of frequently touched surfaces.</p> <p>M: Through audit and review.</p> <p>A: By the PIC and inhouse team</p> <p>R: Overseen by the COO and Senior Management Team</p> <p>T: 25th September 2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S. The issues identified on the inspection in relation to the safe transport of waste and the separation of laundry were immediately addressed following the inspection.</p>	

Ventilation within the centre is being reviewed. Handwashing sinks have been ordered for every corridor to support IPC guidelines and the installation of an additional bed pan washer is planned for Q1 2022.

M. Issues requiring action will be rectified through enhanced monitoring.

A. Approved and in budget 2022

R. Overview by the regional team in conjunction with the COO.

T. 31st March 2022

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

S1: Cleaning schedules to ensure all areas of the centre are cleaned thoroughly and regularly are in place and implemented on a daily basis.

S2: Cleaning schedules are now in place to ensure all communal equipment, such as hoists, are cleaned between each use and have a green sticker on them stating that they have been cleaned after use prior to return to the equipment store.

S3: A system is now in place to ensure the regular laundering of frequently used items such as hoist slings and slide sheets.

S4: A system to clean frequently touched surfaces twice daily is in place and signed by the staff member completing the cleaning and by the nurse on duty to ensure adherence.

S5: Additional trollies have been introduced to transport clinical waste to the bin area.

S6: Laundry has been outsourced to a local company for the duration of the outbreak.

M: Issues requiring action will be rectified through enhanced monitoring.

A: Through the PIC and inhouse management team with audit, reflection, and learnings.

R: Overview by the regional team in conjunction with the COO.

T: 30th September 2021

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

S: Following discussion with the G.P, arrangements are now in place to ensure that all residents are reviewed by their G.P as and when required. The GP is updated on a daily basis and reviews all residents on site as and when required.

M: Through audit and review.

A: By the PIC and inhouse team.

R: Overview by the regional team in conjunction with the COO.

T: 24th September 2021

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>S: Alternative arrangements are now in place to enable residents and relatives to maintain contact through 'virtual' visits via video calls. The centre has six dedicated tablets to facilitate such calls and staff are available in sufficient numbers to ensure that residents and families are enabled to spend as much time as they wish on the calls. WIFI in the centre was also reviewed to ensure effective coverage and bandwidth.</p> <p>M: Through continuous review.</p> <p>A: Achieved by the PIC and in house team.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: 25th September 2021</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	02/11/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/03/2022

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus	Substantially Compliant	Yellow	24/09/2021

	Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	25/09/2021