

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

Issued by the Chief Inspector

Name of designated centre:	Breakfree Lodge
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	08 February 2023
Centre ID:	OSV-0002031
Fieldwork ID:	MON-0030123

About the designated centre

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

Breakfree Lodge provides a full-time and respite service to a maximum of three adults with a physical disability. In its stated objectives, the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction. Residents have access to day services each day and transport is available to facilitate day service activities. Residents present with a broad range of needs in the context of their disability and the service aims to have the arrangements in place to meet these needs. The premises is a bungalow style property located in a rural but populated area and is a short commute from a broad range of services and amenities. Each resident has their own bedroom. One bedroom has universally accessible ensuite facilities. Residents share communal, kitchen, dining and bathroom facilities. The model of care is social but given residents' assessed needs the staff team is comprised of social care and nursing staff under the guidance and direction of the person in charge. Ordinarily, there are two staff on duty during the day and during the night. Staffing arrangements are altered, depending on the mix of residents in the centre at any one time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 (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 8 February 2023	10:15hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

Overall, based on these inspection findings residents received the care and support that they needed and enjoyed a good quality of life. Residents were consulted with and were active participants in decisions about their daily routines and the general operation of the service. The provider demonstrated a good level of compliance with the regulations. However, while residents provided much positive feedback on what life was like for them in the centre, they also spoke of matters that they did not like and which in their view impacted negatively on them and on the quality and safety of the service provided to them. It was evident that residents were aware of their rights, understood the role of the Health Information and Quality Authority (HIQA) and of the inspector. The provider was also experiencing challenges to maintaining the required staffing levels.

On arrival at the centre the inspector complied with the measures in place to reduce the risk of accidentally introducing infection to the centre. These measures were focused on symptoms of illness as recommended in national guidance. There were no other restrictions on visits to the centre. All areas of the house were noted to be visibly clean and the provider had completed the reconfiguration of some rooms as committed to at the time of the last HIQA inspection. Space for general storage was however limited and other minor improvements were needed.

Both residents were at home preparing for the day ahead. The inspector noted that the bathroom door was closed with a sign on the door advising others including the inspector that the room was occupied as personal care was in progress. The other resident who was having breakfast was eager to chat with the inspector and was content to have their breakfast and chat. The resident demonstrated for the inspector the working of the device they had been provided with so that they could open their bedroom door (which was a fire resistant door) independently. The resident had plans for new built in storage in their bedroom and was well informed of the arrangements for the completion of this work. The resident confirmed that they had received a new bed and that they were very happy with this particular model. A staff member spoken with was well informed of the arrangements in place for ensuring residents had access to services and equipment and their entitlements in this regard.

Both residents had plans for the day and left the centre at various times throughout the day supported by staff. Adequate and suitable transport was available. One resident went to attend equine therapy and spoke of how much they enjoyed and benefited from this and dog therapy. The resident also attended the launch of a book written by a peer. The inspector concluded from what residents and staff said that residents chose what they wanted to do each day based on what was of interest to them and enjoyed by them. For example, both residents had the option of attending the off-site day service operated by the provider and attended programmes of their choosing. Both residents were consistently out and about in the local community attending a range of events such as concerts, shopping or enjoying

having meals out. Residents had contact with family as they wished. One resident spoke of how they could no longer physically access a family grave (both residents were wheelchair users) and described they had contacted the relevant authorities seeking a solution to this but had no success in this regard.

The staffing levels on the day of inspection were as needed to support the assessed needs and the individualised routines of the residents. The support and routines observed were respectful and attentive to the needs of the residents and there was a comfortable rapport between the residents and the staff members on duty.

In summary, there was much evidence that this was a service that was operated within the requirements of the regulations and was person centred. However, there was also evidence that this focus on residents, quality and safety was potentially not consistent. The provider at verbal feedback of these inspection findings was requested to review as a matter of priority the concerns raised by residents and provide assurances to HIQA by close of business the following day. The provider took responsive action and provided the requested safeguarding assurances.

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

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The provider sought to comply with the regulations and was collecting and using data to assure and improve the service provided to residents. However, based on these inspection findings improvements were required in the area of safeguarding residents from the risk of all types of abuse and in the staffing arrangements for the service.

The day-to-day management of the centre was delegated to the person in charge supported by a staff nurse. They both had additional responsibilities in the day service but worked collaboratively together so that one of them was on duty in this centre each day from Monday to Friday. They had shared systems in place for the management and oversight of the service. For example, the person in charge managed the staff rota, monitored the completion of training by staff, completed formal supervisions with the staff team and convened regular staff meetings. Matters such as infection prevention and control, training needs, manual handling risks and plans were discussed at these meetings. The person in charge also attended forums convened by the provider that were specifically focused on regulation and the sharing of learning from inspection findings.

The staff nurse maintained oversight of areas such as the management of medicines, the review of residents' personal plans and infection prevention and

control. The provider was completing the annual review and the six-monthly reviews of the quality and safety of the service as required by the regulations.

On balance, oversight and review was identifying deficits and possible failings in the service. For example, the provider was aware of and was actively seeking to address staff vacancies. The provider was also aware that residents had some concerns about the appropriateness, quality and safety of the service provided to them at times. However, action further than that planned by the provider was needed to address these concerns and this is discussed again in the next section of this report.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and valid application to HIQA seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications required for the role. The person in charge had systems in place to ensure that the centre was effectively managed and overseen. The person in charge was visible and accessible and well known to both residents.

Judgment: Compliant

Regulation 15: Staffing

The provider was managing to maintain the staffing levels and arrangements that were needed to meet the number and assessed needs of residents. However, there were staff vacancies to be filled and suitable contingencies for responding to unexpected staff absence were not in place. Maintaining the required staffing levels was achieved by existing staff members regularly working additional shifts. This was evident from the staff rota and confirmed by the person in charge. Residents had also voiced their dissatisfaction with changes that were made to the planned staff rota.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and saw that all staff currently working in the centre had up-to-date training completed in mandatory and required training such as in safeguarding, fire safety and infection prevention and control. The due date of refresher training was monitored so that it could be booked. The person in charge completed formal supervisions with the staff team and was present in the centre a minimum of three days each week.

Judgment: Compliant

Regulation 21: Records

Any of the records requested by the inspector to inform and validate these inspection findings were in place and available to the inspector. For example, there were records of clinical referrals and follow-up appointments, of complaints received and of each fire drill completed.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted documentary evidence with its application seeking renewal of registration that the provider had insurance in place against injury to residents and other risks such as property damage. The residents guide and the contract for the provision of services advised residents that this insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

While improvement was needed, overall a good level of compliance with the regulations was found and there were established systems in place for monitoring the quality and safety of the service. The provider had improved these quality assurance systems to clearly demonstrate how residents and their representatives contributed to reviews such as the annual review. Feedback received from residents and staff was included in both the findings and the quality improvement plans that issued from reviews. The management structure of the centre was clearly defined as were individual roles, responsibilities and reporting relationships. There was clarity

on recent changes made to the governance structure. There was evidence that residents had access as requested to management including senior management. The provider had completed the actions it said it would take to improve the appropriateness and quality of the service. The provider had with their application seeking renewal of registration reduced the maximum number of residents that could be accommodated in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents were provided with a contract for the provision of services. The contract provided information on the facilities and services to be provided to the resident and any applicable fees or contributions to be made. The contract was signed as agreed with the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the specified information such as the number of residents to be accommodated in the centre and the specific care and support needs that could be met. The statement of purpose had been updated to reflect changes made such as changes to the primary functions of some rooms.

Judgment: Compliant

Regulation 34: Complaints procedure

From the records of complaints made it was evident that residents did raise concerns or dissatisfaction that they had about their service. Residents had direct access to the person in charge in person, via phone and email. Each complaint record detailed the nature of the complaint, for example a resident had expressed dissatisfaction about changes to the planned staff rota, and the action that was taken in response to their concerns. There was one complaint in process on the day of inspection. Based on the findings of this HIQA inspection, this complaint and its management was transferred to the providers safeguarding procedures.

Judgment: Compliant

Regulation 4: Written policies and procedures

While the inspector did not review the full range of policies required by Schedule 5 of the regulations any of the policies seen had all been reviewed by the provider within the past three years and were readily available to staff. These included for example policies on the management of complaints, medicines, risk, fire safety and safeguarding.

Judgment: Compliant

Quality and safety

There was much evidence that residents were active participants in decisions that were made about their care and support and life in general in this service. Residents described leading full and meaningful lives informed by their choices and decisions. However, robust action was needed by the provider in response to resident feedback that was not positive and that impacted on them and the quality of their service.

Both residents participated in the process of personal planning and the review of their personal plan. A staff member spoken with described how residents inputted into and had control over aspects of their care and support but were supported by staff to make informed decisions. Residents had access to the clinicians and services that they needed to enjoy the best possible health. The provider had in place the arrangements needed following these referrals and reviews.

The provider had safeguarding policies and procedures that were in date and referenced to national safeguarding policy. All staff had completed safeguarding training. However, there was a requirement for the provider to implement these safeguarding procedures based on some of the findings of this HIQA inspection.

The provider had completed an extensive refurbishment of the premises in 2021. In addition, the provider had reduced the number of residents that could be accommodated so as to maximise the facilities that were available. Residents were seen to be provided with the equipment that they needed for their wellbeing and comfort and this equipment such as hoists was appropriately inspected and maintained. However, some further improvement was needed. For example, the availability of additional storage was limited.

The provider had the necessary fire safety arrangements and good oversight was maintained of these including the procedures for evacuating the centre if necessary.

Regulation 10: Communication

Residents were effective verbal communicators. Residents had access to and used on a daily basis a broad range of media, personal tablets and the internet. Residents were well-informed of local, national and international news and developments and discussed a broad and interesting range of topics with the inspector.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in line with their wishes. Other than controls to reduce the risk of accidentally introducing preventable infection to the centre there were no restrictions on visits.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to an off-site day service operated by the provider and could choose when they wanted to attend this service and what programmes they wished to avail of. Accessible transport was provided. It was clear from speaking with both residents that they chose what they did and much of their time each week was spent out and about in the local and wider community. Live music events was a interest that both residents enjoyed. Residents were supported to maintain and develop their friendships and relationships. One resident was actively planning for an upcoming birthday that they planned to celebrate in the centre with a wide group of family and friends.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the premises promoted accessibility for the residents who were both wheelchair users. However, the laundry was compact and not accessible to residents. A resident spoken with said that this did not bother them and they were quite happy for staff to complete their laundry for them. In addition, a review was required to explore the possibility of enhancing where appropriate the accessibility for residents of at least some of the external doors. Residents'

bedrooms were spacious and each resident had good personal storage space but there was limited storage for items such as any additional equipment needed by residents. The finish on some wooden floors was damaged.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide contained all of the required information. For example, the guide contained information on how to make a complaint and the arrangements for receiving visitors. Inspection reports were available in the centre. The person in charge said that reports such as HIQA inspection reports were discussed with residents and both residents had good computer skills to access reports as advised in the guide. It was discussed at verbal feedback of the inspection findings how this section of the residents guide could be developed to reflect the arrangements in the centre for accessing reports.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector saw that all staff members on duty wore a well-fitting face mask. The person in charge confirmed that previous challenges that had arisen to staff wearing the appropriate face masks had been addressed with occupational health input. The premises was visibly clean and good provision was made for undertaking hand-washing and hand hygiene. A staff member spoken with had good knowledge of the providers contingency plans for responding to any outbreak of infection in the centre such as the arrangements for isolation, putting on and taking off of personal protective equipment (PPE) and, the management of laundry given the limited space available.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements in place such as a fire detection and alarm system, emergency lighting and fire fighting equipment. Records were in place confirming that these were inspected and maintained at the appropriate intervals. Fire resistant doors with self-closing devices were provided and one device had been modified to promote accessibility for a resident. Two bedrooms had exits

that facilitated bed-evacuation and staff and residents participated in regular simulated evacuations in response to both planned and unplanned activation of the fire alarm. Planned drills were scheduled to reflect different situations such as day and night and, times when the maximum number of residents were in the centre. The actions to be taken in the event of fire were prominently displayed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents participated in aspects of their medicines and pharmaceutical services but chose for staff to administer their medicines. For example, one resident was supported to order and collect their medicines from their pharmacist. The inspector saw that medicines were securely stored and supplied to each resident individually. There were systems in place that assured safe medicines management practice such as checking the accuracy of the medicines supplied and the maintenance of stock balance checks. There was a designated staff member on each shift with responsibility for the management of medicines. Staff maintained a record of each medicine that they administered; these records corresponded with the instructions of the prescription.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Both residents participated in the process of personal planning. Residents were consulted with, had input and reasonable control over their personal plan and the care and support that they received. Both personal plans had recently been reviewed; those reviews were multi-disciplinary and were completed with the participation of each resident. Where there were proposed changes to the plan the person responsible for progressing those changes was identified.

Judgment: Compliant

Regulation 6: Health care

Staff maintained good oversight of residents' health and well-being. The arrangements needed to meet residents' health care needs and to ensure they enjoyed the best possible health were in place such as access to their general practitioner (GP), their pharmacist and hospital based services. Residents had input

into and reasonable control over aspects of their care. Nursing advice and care was available in the centre and a staff member spoken with had sound knowledge of each residents needs and care requirements. Staff described how residents could make their own choices and decisions but were supported as needed to be make informed decisions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to therapeutic support programmes and services as needed. The inspector was advised that there was no positive behaviour support plan actively in use. Interventions that had a restrictive dimension were in use in response to the assessed clinical needs of the residents to ensure their safety and comfort. For example, the use of bedrails where there was a risk of falling from bed and the use of clinically prescribed devices to ensure safe and comfortable posture. The use and review of these devices was informed by the appropriate clinical input.

Judgment: Compliant

Regulation 8: Protection

Prior to this inspection a resident had brought concerns they had about the quality and safety of their service to the attention of the provider. The provider had logged these concerns as a complaint and had a plan in place to respond to these concerns. However, both residents evidently had ongoing concerns and individually they shared their concerns about the quality and safety of their service with the inspector and spoke of the impact an aspect of the service had on them. These concerns were brought to the attention of the provider with the knowledge of both residents. The provider was requested to screen the feedback that was provided to the inspector by residents as a matter of priority. The provider was requested to take whatever further action was necessary to investigate the concerns the residents had raised, ensure that residents were safeguarded and were at all times in receipt of support that was safe and of the appropriate standard.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Notwithstanding the concerns that residents raised about the quality and safety of

their service, there was much evidence that this was a person-centred service where residents were actively consulted with and had good input into both their daily routines and the general operation of the service. For example, residents had input in the process of recruiting staff. Residents could and did make their own choices and had good control over how they spent their days. Residents had input and reasonable control over decisions about their care and support. The individuality of residents was respected and promoted but residents also choose to spend time together and to do things together if they wished. Residents were clearly aware of and could exercise rights such as their right to vote. Residents evidently understood how they could advocate for their rights such as in making their concerns known to HIQA.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	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 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Breakfree Lodge OSV-0002031

Inspection ID: MON-0030123

Date of inspection: 08/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> - Vacant positions have been advertised ongoing recruitment drive - Agency staff x 1 in place from 16th February 2023. - PIC continues working with Agency to source further Agency staff to fill vacancies 30.3.23 <ul style="list-style-type: none"> - PIC and Adult Manager PPIM conducting a full review of rotas/roster system to ensure sufficient safe staffing levels is in place at all times. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> - PIC and PPIM conducted a full review of the premises Feb 23 - Drawn up a works schedule to address the issues raised in the inspection report - Met with business manager 28.2.23 to propose works schedule - Will action based on risk assessment and a priority rating 	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

- 9.2.23 - PIC and PPIM followed Safeguarding procedures in relation to the concern raised. Protective measures in place and Trust in Care investigation is in progress. Both residents and staff offered supports

- Currently awaiting outcome, once the investigation is completed will inform HIQA case Manager of the outcome – March 2023
- All staff have online Safeguarding training completed and face to face safeguarding training is now booked for 6.4.23 with all members of the staff team.

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, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2023
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best	Substantially Compliant	Yellow	31/12/2023

	practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	10/02/2023
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	10/02/2023