

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

Issued by the Chief Inspector

Name of designated centre:	The Bridge Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	30 June 2025
Centre ID:	OSV-0003605
Fieldwork ID:	MON-0038726

About the designated centre

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

The Bridge Community is located in a small town in Co. Kildare and provides residential, day and transitional training services to a wide range of people. There are five residential houses, three located within the main site and two houses located in housing estates in the community. The local town offers an array of amenities such as shops, a supermarket, bank, post office, public library, and community health services. There are various recreational and other facilities and workshops on the main site to provide work and learning experiences for the residents and day attendees. Residential services are provided to people with mild to moderate intellectual disabilities, physical and sensory disabilities and also those on the autism spectrum. The designated centre has capacity to provide full-time residential services for a maximum of 15 adults, male and female, and to provide respite for one adult. Residents are supported by social care staff, care assistants and short-term co-workers (volunteers).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 (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
Monday 30 June 2025	10:00hrs to 17:00hrs	Erin Clarke	Lead
Tuesday 1 July 2025	10:00hrs to 14:30hrs	Erin Clarke	Lead
Monday 30 June 2025	10:00hrs to 17:00hrs	Karen Leen	Lead
Tuesday 1 July 2025	10:00hrs to 14:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This inspection was announced and conducted as part of the process for the renewal of the centre's registration. It also formed part of a wider programme of inspections across designated centres operated by this provider, following receipt of information by the Chief Inspector of Social Services that raised concerns regarding the quality and safety of care being delivered. The inspection was carried out by two inspectors over two days and focused on five key regulations. Inspectors found that the centre was overseen by a competent person in charge who demonstrated a strong commitment to advocating for a high-quality service for residents. The inspection found that overall, the centre was meeting the assessed needs of residents and was providing care and support in line with their preferences and assessed needs. One resident's placement was under active review due to increasing support needs, which had also given rise to safeguarding concerns for their peers.

Inspectors identified concerns regarding the wider governance of the centre and the provider's capacity to effectively oversee the quality and safety of the service. These concerns were linked to the imminent departure of key leadership roles, including the area service manager and the interim head of service, which posed a risk to continuity and oversight within the centre.

Over the course of the two days inspectors met with 14 residents living in the centre. They also met with the person in charge, administrative staff, eight support staff members, and one co-worker (volunteer) during the course of the inspection. Staff demonstrated a clear understanding of residents' assessed needs and were familiar with the behaviour support and safeguarding plans in place across the centre. Staff were aware of the appropriate escalation procedures and knew how to report concerns to the person in charge. In turn, inspectors found that the person in charge had taken appropriate steps to escalate concerns to the provider's external stakeholders and had made referrals for multidisciplinary input where necessary to support residents effectively.

The Bridge comprises five residential houses, three located on a main campus and two situated in nearby community housing estates. The centre is within short walking distance of the local town and is registered to accommodate 16 residents, including 15 in full-time residential placements and one respite placement.

On the first day of inspection, inspectors met a resident who was visiting the person in charge and administrative personnel at the office building. They had briefly stopped for a cup of tea and conversation before continuing to their designated work area for the afternoon. During this time, one resident invited inspectors to visit their home the following day for tea and a tour of their living space.

Inspectors were informed that one resident had recently transitioned to a nursing home due to increasing support needs. This was a planned discharge, and the transition was managed collaboratively by the person in charge, the staff team, and

the resident's family. Other residents had visited the individual following the move, supporting continuity of relationships.

Inspectors visited one of the houses located on the main campus of the designated centre. This house could accommodate a wheelchair user and featured accessible design elements, including wide corridors and doorways, a ceiling-mounted hoist in one bedroom, and front door automation. It was registered for three residents, all of whom inspectors met during the visit. One resident invited inspectors into their bedroom, proudly showing items of personal significance and expressing how much they loved their space, while another resident spoke about their plans for the day and showed inspectors their bedroom planner, which they used to keep track of important activities and appointments.

Another resident spoke with inspectors about how much they valued their home and the support they received from staff in making decisions that were important to them. They shared that staff had informed them in advance about the inspection, clearly explaining its purpose and reassuring them that participating in conversations with inspectors was entirely their choice. The resident also highlighted the reassurance provided by the presence of a waking night staff member in their home, stating it gave them "peace of mind" knowing that support was available if needed. At the end of the inspection, the inspectors held a feedback session with this resident, in the presence of support staff, following the resident's expressed interest in learning about the outcome of the visit.

In another house, which was home to five residents, two residents welcomed inspectors into their bedrooms and spoke about the activities they enjoyed. One resident talked about their interest in playing tennis, while the other showed inspectors some of the activities they engaged with in the house, such as puzzles and other leisure items that supported their daily routines.

In the late afternoon, inspectors visited one of the community-based houses, which was home to three residents. Prior to the inspection, one resident had submitted a questionnaire sharing their experience of living in the centre. They stated that they had made friends since moving in and that their favourite activity was watching movies and enjoying a coffee at home. They acknowledged that while they did not always see eye to eye with their housemates, most of the time they got along well. Another resident wrote that they felt they had a good home and a good life, adding that they "could not ask for better friends."

On the second day of the inspection, inspectors began their visit by meeting a resident in their home as prearranged by the resident. The resident lived independently in a ground-floor, apartment-style building. They welcomed the inspectors warmly and had set a table with tea and biscuits, inviting them to sit and chat. The resident proudly gave a tour of their home, highlighting the furnishings and personal items they had chosen to decorate their space.

They spoke enthusiastically about their independence and their strong connection to their home. The resident shared details of their involvement in various charity events and noted that in June 2025, they had completed their eighteenth mini-

marathon, accompanied by staff. They described how they received support in the mornings and evenings around their work commitments, and how visual prompts placed throughout the house helped guide them through daily tasks and safety routines, including fire safety.

The resident also spoke about previous holidays they had enjoyed and recent fundraising efforts in 2025 that aimed to support future trips for residents. They expressed appreciation for the support they had received from the person in charge, particularly in ensuring that any maintenance issues in their home were addressed in a timely and responsive manner.

While inspectors found that staff demonstrated a clear understanding of residents' assessed needs, personal goals, and preferences, the centre was managing some staffing deficits at the time of inspection. The person in charge had taken steps to minimise disruption by allocating additional hours to regular staff where possible and ensuring that agency staff were familiar with the residents and the routines of the centre.

On the second day of the inspection, one inspector visited the third house within the designated centre. During this visit, the inspector met with two residents living in the home. On arrival, one resident was helping a staff member prepare dinner for the house after returning from a morning outing. They shared with the inspector that they enjoyed cooking and took pride in contributing to household routines. The resident also spoke enthusiastically about their interest in golf, noting that they typically visit a golf course at least once a week.

The inspector was given a tour of the house by one of the residents, who proudly showed the large back garden and spoke about a new barbecue they had recently purchased. The resident explained that all of the housemates were looking forward to using it for the first time over the upcoming weekend. They also expressed how important family and friends were in their life and emphasised that visitors were always welcome in their home. One staff member described the use of a positive behaviour support strategy developed to meet the specific needs of a resident. Another staff referenced an active safeguarding plan designed to protect peers in one of the houses.

Staff told inspectors that, although incidents were not occurring frequently due to safeguards such as one-to-one staffing arrangements, there remained instances where staff could not fully prevent safeguarding incidents such as verbal abuse between residents. Staff expressed concern about the impact of the current living arrangement on one resident in particular, noting that the resident had experienced a significant decline in physical health and mobility. These changes were affecting the resident's wellbeing and how they interacted with their peers. Staff consistently voiced the view that this resident would benefit from living alone in a community setting with staff support to better meet their physical and mental health needs.

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 affected the quality and safety of the service being delivered.

Capacity and capability

The capacity and capability of the provider to deliver a quality service in this centre was, at the time of inspection, reliant on the presence of a full-time, permanent person in charge. The person in charge provided essential stability and oversight; however, inspectors found that wider governance supports were limited, raising concerns about the provider's ability to sustain and oversee the quality and safety of care in the centre.

An induction programme for new staff was in place and overseen by the person in charge. This programme included on-the-job shadowing, orientation to centre-specific procedures, training in quality and safety systems, record-keeping, positive behaviour support, safeguarding practices, and financial protocols.

The centre was operating with some staffing vacancies; however, these were being effectively managed through the use of regular, familiar agency staff. A staffing review was underway following a recent resident discharge, with anticipated adjustments to the required staffing levels. Staff demonstrated a strong understanding of residents' needs and were supported through consistent supervision and team meetings.

Supervision arrangements were in place for all staff, regardless of their contract type. This included permanent staff, agency workers, relief staff, and short-term co-workers (volunteers). Inspectors reviewed supervision records and found that the person in charge was ensuring all staff received support and oversight in line with the organisation's policy.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge who met the requirements of Regulation 14 in terms of qualifications and management experience. Their role was solely focused on this designated centre, which contributed to consistent operational oversight and effective day-to-day management.

The person in charge demonstrated a thorough understanding of the service and of each resident's individual needs and preferences. Inspectors found evidence that they were proactively identifying changes in residents' needs and associated risks, and were appropriately escalating concerns to relevant internal and external stakeholders to ensure timely support and intervention.

Mechanisms such as regular supervision and team meetings were in place, providing structured opportunities for staff to raise concerns, reflect on practice, and

contribute to ongoing improvements in the quality and safety of care.

Judgment: Compliant

Regulation 15: Staffing

The centre had a staffing requirement of 30.5 whole-time equivalents (WTE), with 22.8 WTE staff in post. However, the centre requirement was expected to reduce to 28 WTE following a review of rosters in response to a recent resident discharge. Although there were a number of vacancies, these were being effectively managed through the use of a consistent and familiar pool of ten agency staff, with an average of eight shifts per week filled by agency personnel across the five houses in the centre.

Inspectors reviewed supervision records and found that agency staff were subject to the same oversight processes as permanent staff, in line with the provider's policy, supporting consistency and accountability. Staff present during the inspection were knowledgeable, engaged, and committed. They demonstrated a strong understanding of residents' individual support needs, preferences, and aspirations both within the home and in the wider community.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that the provider's lines of accountability and authority were not clearly defined due to widespread absence of key personnel within the provider's governance structure. This created significant challenges in the escalation of safeguarding concerns and risk management. In the absence of any managers with direct governance responsibilities, as identified in the centre Statement of Purpose the person in charge was expected to report directly to the Chief Executive Officer however, there was nothing available for review to outline how this was to be implemented. This bypassed the usual layers of operational oversight and support, raising concerns about the provider's capacity to respond effectively and promptly to emerging risks or safeguarding issues.

While the person in charge demonstrated strong operational oversight of the centre, inspectors found that it was not clear who held responsibility for the escalation of key matters such as safeguarding concerns, funding requests, and placement reviews. This lack of clarity in governance and reporting structures posed a risk to effective decision-making and timely responses to residents' evolving needs.

Judgment: Not compliant

Quality and safety

Inspectors found that, overall, residents were happy living in the centre and spoke positively about their experiences. The person in charge was actively identifying risks and taking steps to address them. However, inspectors noted that one resident's changing support needs were contributing to compatibility issues within one of the five houses, which required ongoing monitoring and review to ensure the safety and wellbeing of all residents.

One resident's changing needs had created compatibility concerns with two other residents living in the same household. Inspectors reviewed safeguarding plans and found that environmental modifications and increased staffing levels had helped reduce the frequency of incidents; however, as acknowledged by the person in charge, these measures had not eliminated the risk entirely.

Inspectors viewed a sample of risk assessments related to both individual residents and centre-wide risks. These included assessments for behaviours of concern, epilepsy, infection prevention and control, assisted decision-making, and transition planning. All reviewed assessments had been completed by the person in charge and outlined clear control measures for implementation within the centre.

Regulation 26: Risk management procedures

Inspectors reviewed incidents and accidents that occurred in the centre between January and July 2025. It was found that the person in charge had undertaken detailed trending and analysis of incidents to identify emerging risks or safeguarding concerns for residents and staff. This analysis was used proactively, with relevant risks transferred to the centre's local risk register. Inspectors noted that the register was being maintained to reflect current and emerging risks, with corresponding control measures identified and implemented. For instance, during a recent fire drill, one resident did not evacuate as expected due to confusion among staff about who was responsible for assisting the resident. Documentation showed that this issue was addressed through updated staff guidance and the completion of a repeat fire drill to ensure the learning had been embedded.

Through a review of team meeting minutes from April, May, and June 2025, inspectors observed that incidents and accidents were routinely discussed, promoting shared learning and reflective practice among the staff team. This supported a culture of safety and continuous improvement.

Inspectors also noted that one resident was experiencing changes in memory and

cognitive functioning. In response, the person in charge had reviewed and updated the resident's risk assessments, which identified the need for increased staff support with previously independent tasks. The person in charge acted appropriately by adjusting support levels to reflect these evolving needs.

Judgment: Compliant

Regulation 8: Protection

The person in charge had completed a comprehensive review of incidents that occurred in the centre between May 2024 and May 2025. This review found that 54% of all reported incidents during that time were related to peer-to-peer safeguarding concerns. The person in charge escalated the findings of the review to senior management and submitted recommendations, including a formal request for a review of one resident's placement.

While inspectors acknowledged that the person in charge had actioned the recommendations from the internal review, the provider was still awaiting a response from the funding body and the outcome of a multidisciplinary review to determine the next steps regarding the resident's current living arrangements.

An active safeguarding plan was in place for this resident, and the person in charge had submitted a business case to the provider's funding body, outlining the resident's changing support requirements. In parallel, inspectors found that residents were supported through the use of individualised positive behaviour support plans, which provided clear guidance for staff. However, one plan relied on redirecting residents to a secondary communal space during periods of heightened anxiety or behaviours of concern in another resident, rather than addressing the underlying compatibility issues directly.

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 (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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for The Bridge Community OSV-0003605

Inspection ID: MON-0038726

Date of inspection: 01/07/2025

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: • The vacant position of Team Leader has been advertised, and the recruitment process is ongoing, CCoI continue to work with agencies in a bid to source suitably qualified and skilled staff to reduce our reliance on agencies. • A recruitment drive is underway nationally to recruit sufficient core staff. We continue to reach out to local education facilitators and promote positions in local newspapers, colleges and radio stations for maximum exposure. • A revised workforce plan has been developed with clear timelines and accountability for recruiting qualified personnel, including the engagement of specialist recruitment partners to address hard-to-fill roles. An additional recruitment agency is providing experienced and well qualified staff. Interviews are scheduled to begin on 18/08/25. • The Bridge Community have enhanced contingency arrangements, including a pool of vetted agency staff and a staffing escalation protocol to manage shortfalls proactively. • The Bridge Community in Camphill utilise a cohort of agency staff who are familiar with the residents' needs • All staff currently utilised via agency have been trained as per CCOI training requirements. • All staff currently recruited via agency have access to CCOI systems and are inducted fully to meet the needs of all community members. • A structured induction programme is in place for all new staff, along with a supervision framework to ensure performance is monitored consistently and support needs are identified early. • All rosters are reviewed on a daily basis to ensure adequate suitably skilled cover is in place to support each resident. • The WTE required for the community has decreased by two WTE following the successful discharge of one resident into the care of suitable care provider. The Statement of Purpose has been updated to reflect the decrease.	

Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Area Services Manager Commenced on 05.08.2025 – Supporting The Bridge Person in Charge (PIC) In place Designated Safeguarding Officer In place Compliance and Safeguarding Risk Manager In place Quality and Compliance Officer In place Health and Safety Officer In place National Safeguarding Lead In place Team Lead Recruitment Process Ongoing House Coordinators In place • A Team Lead position for the Bridge Community has been advertised. • The Provider has successfully recruited two new clinical support officers. One of which will support in Medication, and the second will provide behaviour support. • A recruitment drive is underway nationally to recruit a Head of Service. • Induction & Training Ensure all new staff, including relief and agency staff, receive a comprehensive induction into the community with emphasis on support plans, PCP, behavioural support plans and risk assessments and also covering governance, safeguarding, and organisational policies. Provide refresher training and ongoing professional development as required. • The Person in Charge attends all house meetings and a monthly Community Management Meeting is in place and ongoing. • A revised governance structure is now operational, with clearly defined roles, lines of accountability, and reporting mechanisms to senior management and the board. While we await the Area Services Manager, we have support from: • The Person in Charge will continue with local management and oversight by completion of all quality assurance audits, conduct team meetings and community management meetings each month. • The Person in Charge will escalate all maintenance concerns to the Head of Property and the Maintenance and Repairs Coordinator. • The Person in Charge is supported by: • The National Safeguarding Lead • The Compliance, Safeguarding and Risk Manager • The Quality and Compliance Officer • Health and Safety Officer • CSO – Behavioral and Clinical to ensure quality care is provided to the community. • The National Safeguarding Lead will be notified of all safeguarding incidents to ensure appropriate oversight and to facilitate joint review with the Person in Charge (PIC). This process will ensure that all statutory notifications to HIQA and SPT are submitted in full compliance with regulatory timeframes.	

- The Chief Executive Officer is currently fulfilling all Head of Service functions on an interim basis, ensuring continuity of leadership and operational oversight until a successful appointment is made to the role.
- The Person in Charge (PIC) will ensure that all safeguarding concerns are promptly reported and appropriately notified to the Health Information and Quality Authority (HIQA) and the Safeguarding and Protection Team (SPT), in full compliance with statutory requirements. The PIC will prioritise the immediate safety of all residents and will implement appropriate safeguarding measures as required. This includes immediate protective actions, interim control measures, and longer-term safeguarding strategies, as identified through risk assessment and multidisciplinary review.
- The PIC is further supported by:
 - HR
 - Property
 - Finance
 - Payroll
 - GDPR and Complaints Officer
- We are committed to continuous improvement and welcome the opportunity to engage further to ensure that the revised measures meet the required standards.

Regulation 8: Protection	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 8: Protection:
- CCoI have escalated the need for an urgent formal placement review to the funder. This has since been acknowledged by the funder and the provider is waiting on a confirmed date for the review to occur.
 - The provider acknowledges the importance of resident compatibility in safeguarding wellbeing and delivering person-centred care. A full compatibility review has been completed with input from the Behavioural Support Team, Clinical Team, and keyworkers and an active safeguarding plan is in place for this resident.
 - CCoI continue to ensure the safety and well-being of all residents by ensuring that safeguarding plans are followed and discussed at team meetings and monthly management meetings.
 - CCoI have a Clinical Support Officer in place who actively reviews positive behaviour support plans on an ongoing basis.
 - One behaviour support plan has been reviewed and further clarification on redirecting residents has been added to ensure that this is applicable to the PACC only.
 - Risk assessments and support plans have been updated to address interpersonal dynamics and include proactive measures for conflict prevention and social inclusion.
 - Staff have received targeted training in positive behaviour support, and conflict de-escalation.
 - An Area Services Manager will oversee implementation and escalate concerns where necessary.

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	30/09/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	30/09/2025
Regulation 08(2)	The registered provider shall	Substantially Compliant	Yellow	30/10/2025

	protect residents from all forms of abuse.			
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