



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services - Group G
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	15 September 2023
Centre ID:	OSV-0003950
Fieldwork ID:	MON-0032099

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of five adults. 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 based on individual needs and requirements. Residents have on-site day services 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 meet the requirements of residents with physical, mobility and sensory support. The premise is a bungalow located on the outskirts of a village. Each resident has their own bedroom. There are communal kitchen, dining and bathroom facilities and a spacious back garden. The model of care is social and the staff team is comprised of social care and care assistant staff, under the guidance and direction of the person in charge. Nursing support is also available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Friday 15 September 2023	08:45hrs to 17:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor compliance with the regulations and to inform the renewal of registration of this centre. On this inspection, an immediate action was issued by the inspector in relation to finances and the safeguarding of residents' personal money.

The centre is a bungalow in a rural area with 6 bedrooms, 1 staff sleepover room, adequate communal space and a large well-maintained back garden. The centre is staffed by a team of nursing and care staff; the person in charge is supported by a team leader and an area manager.

The inspector arrived at the centre as three residents were having breakfast and getting ready for day service; the fourth resident received an integrated day service from home. The inspector noted that the staff team were very respectful while providing care, and the residents were relaxed and comfortable in their presence. Residents did not have the ability to communicate verbally but indicated their needs through gestures, objects of reference and vocalisations. Staff supported the inspector to understand the residents' methods of communicating, and it was evident from this that they knew the residents very well. The residents were watching music videos on the television as they got ready for the day and seemed to enjoy this. They interacted pleasantly with the inspector and indicated satisfaction with their home and staff by smiling and some positive vocalisations.

The three residents left happily for day service and the fourth resident got ready to go out for the morning. The staff consulted the resident about what they might do that morning, and there were suggestions of bowling or going to the cinema. While the residents were out, the inspector was given permission to look around the centre, including, the residents' bedrooms. Their bedrooms were bright, clean and personalised with photographs of family members and outings, personal items, bed linen and soft furnishings. Some residents preferred a minimalist environment due to their diagnosis, and this was also respected.

One resident returned in the afternoon and had enjoyed breakfast out and had gone to the shopping centre. This resident seemed to have enjoyed this and was very relaxed on return. On review of documentation and activity records, it was clear that residents led active and meaningful lives. They utilised local services and went to the barbers, had treats in the local cafe, went horse-riding and for walks in the park. The residents enjoyed swimming, eating out, day trips, and those in day service attended classes there such as dance, music and art classes. Residents have also been supported to go on holidays, with one resident receiving 3-4 holidays individually on their own, as this supports their mental health needs. The residents were encouraged to maintain family connections and friendships. The residents had a well-maintained back garden which they enjoyed, particularly during the summer when they could sit out and have barbecues.

Overall the centre was clean, bright and airy, and had seen significant improvement since the last inspection. Rooms had been painted and a new kitchen had been fitted also. Defective furniture and broken blinds had been removed and replaced with new furniture, blinds and curtains. The front door and all window boards and skirting had been painted and the house was more pleasing on arrival. It was also easier for the staff team to maintain good infection prevention and control as there were no defective surfaces or difficult to clean areas.

There were weekly resident meetings held and visual supports were observed in the house in an accessible or easy read format. For example, easy-to-read versions of the complaints procedure, advocacy, activity planners and details of the confidential recipient were visible on the notice board. Residents choose meals and activities at weekly meetings, and also discussed safeguarding and how to protect themselves. A family member of the residents choosing, or independent advocate, could support the resident with decisions if required.

In summary, the residents enjoyed a good quality of life in the centre and were happy. A review of residents' finances was required and senior management were committed to completing this as part of the issuing of an immediate action. Generally, the residents in the centre were supported to make decisions about their care and support, were safe in their home and were supported to have meaningful relationships. The residents were observed on the day of inspection to be treated with respect by staff and appeared to have positive relationships with them.

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 on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

On the day of inspection an immediate action was issued in relation to safeguarding of residents' finances. The inspector was not assured that the provider had oversight and monitoring of how the residents' monies were spent and the content of purchases made. Aside from the issues around finances, the inspector found that the residents in this centre enjoyed a good quality of life and were happy.

This centre had a qualified and experienced person in charge who was supported by a very knowledgeable team leader. The person in charge was present in the centre regularly and was familiar with the residents' assessed needs. The person in charge had good oversight in most areas, but had not identified the issues which arose around residents' monies. The team leader supported the inspector on the day to review finances and was aware of the need for a more comprehensive review, to assure the Chief Inspector that residents' monies were safeguarded.

On the day of inspection the residents were supported by a regular core staff team,

who were respectful of the residents and provided care in a person-centred manner. There was adequate staff numbers and skill mix on the day, and in the previous weeks as outlined on an actual and planned rota. The staff team had received all mandatory training and received regular supervision from the person in charge. There was a team meeting scheduled every 5-6 weeks, and there was an approachable open door policy in terms of staff support and training.

The provider had an audit schedule in place and had completed an annual review of the care and support in the service, and two six monthly unannounced audits. These covered areas such as safeguarding, health and safety, governance and management of staff and resources, and accidents and incidents. Areas for improvement included securing a psychiatrist to oversee the mental health needs of residents' in this centre, overall premises renovation and up-grade and developing an apartment for one resident, who required their own living space as they had complex needs. The management team were actively working to secure funding for development of an annexe for one resident and the other two areas had been addressed. The quality and risk officer had also sought the views of residents and family members through a survey. One resident indicated that they would like their own living area due to another resident's behaviour of concern, and this was acknowledged and is on the agenda for the admissions and discharge team. While a finance audit had been completed it failed to identify issues with the residents' finances, however the provider was currently in the process of completing a comprehensive review of all finances.

Contracts of care had been discussed with the residents; the contracts outlined fees to be charged and services provided, these were signed by residents and or their representative.

There was a statement of purpose in place for residents and their families to view, which outlined the services to be provided, number and age range of residents, staffing numbers and the organisational structure.

On the day of inspection the inspector reviewed accidents and incidents and the notifications submitted to HIQA, which indicated that all incidents of an adverse nature had been submitted to the office of the Chief Inspector for review. All incidents were reviewed following their occurrence and at team meetings for learning from adverse events.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a completed application and all the necessary documentation within the required time frame for the renewal of registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was experienced and qualified and effective in the role. They had a good relationship with the staff and residents and were present in the centre regularly. They had good oversight of ensuring residents' care needs were met and that personal plans were kept up to date. They had overseen the up-grade of the premises in line with their previous compliance plan.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there was adequate staff number and skill mix to meet the assessed needs of the residents. The inspector reviewed staff rotas over a number of weeks and found that there was continuity of care provided from a consistent staff team. There was an actual and planned rota in place for staff to follow which clearly designated day and night shifts. Care in the centre was provided by a team comprised of social care, care assistants and the person in charge, nursing care was available if required.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team were provided with training consistent with their role and the specific needs of the residents; training certificates were available for inspector to review. The staff team had attended safeguarding of vulnerable adults, safe administration of medication, fire precautions and infection prevention and control training. As some residents had a diagnosis of epilepsy, training was provided on how to support the individual in the event of seizure activity and how to administer emergency medicine. Training was also provided by a speech and language therapist (SLT) regarding the specific communication needs of non verbal residents and the SLT developed a communication passport in conjunction with staff, for each resident. Staff also received training in assisted decision making and advocacy.

Judgment: Compliant

Regulation 23: Governance and management

While there was an audit system in place in the centre it was not effective in identifying issues of a financial nature. Although the person in charge and team leader were completing financial audits, this was not comprehensive in reviewing the monies spent and the items purchased. The annual review and six monthly audits had been completed but again had not done an in depth analysis of how residents money was being spent. Following specific concerns raised by the inspector in relation to the management and oversight of residents' finances, an immediate action was issued to the provider to address this matter. Due to the lack of oversight and monitoring of residents finances by the provider Regulation 23 is not compliant.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents; the contract included services provided in line with the residents assessed needs and fees to be paid. The contract had been discussed with residents and their advocate and signed by the resident and or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available for review which contained the information set out in Schedule 1. The provider had ensured this was reviewed and updated as necessary and there was a current copy in the centre for residents or their representatives to avail of.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications for this centre were reviewed prior to inspection and on the day of the inspection incidents were reviewed. All adverse events and incidents had been recorded and screened to determine if they met the criteria for submission to The Health Information and Quality Authority (HIQA). They were submitted in the required time frame and there was a review completed of all incidents monthly to ensure learning from these events. If necessary risk assessments were completed

and support plans amended.

Judgment: Compliant

Quality and safety

The quality and safety of care and support in this centre was provided to a good standard. Residents enjoyed meaningful and active lives, and were supported by a core staff team who were person centred in their approach.

This centre was well-maintained both internally and externally and was warm and homely. The residents had every comfort in their home and had plenty of space to receive visitors, if they so wished. The house was personalised with the residents' belongings, and it was evident that they had been consulted regarding the up-grade of the house; they had chosen paint colours, soft furnishings and new furniture for their bedrooms.

The provider had a clear organisational policy on risk management, this was reviewed at three year intervals. The provider had adopted a positive risk-taking approach in supporting residents to live full and inclusive lives. As part of the annual review, the provider reviewed the risk register and noted that some risk assessments required review and the risk ratings to be increased, this was completed on the day of inspection.

It was noted on the previous inspection that the centre was not compliant in infection prevention and control. The premises had defective furniture and surfaces, which were difficult to sanitise. On this occasion, the centre was very clean and had good systems in place to monitor and maintain good infection prevention and control. There was also a regular infection prevention and control audit completed and issues were escalated, as they arose.

There was a robust fire management system maintained in the centre. The residents were familiar with the sound of the fire alarm from regular fire drills and staff had a very good knowledge of each individuals needs, and who required prompting or supervision on leaving the centre. The staff carried out checks daily on the fire panel and were vigilant in ensuring the fire company maintained the servicing of the fire equipment.

Each resident in the centre had an assessment of need completed and a personal plan developed to reflect the supports required. Personal plans were reviewed by the inspector and found to be comprehensive in outlining the supports required to meet each resident's assessed needs. There were supports in place for personal intimate care, communication supports, health care issues and behaviour management.

The residents in this centre were supported to maintain good health. They had

dietary and exercise support and were also facilitated to attend medical appointments as necessary. The staff were very vigilant about following recommendations of clinicians and adhered to all support plans. They had received training in various health issues, such as, swallowing difficulties and epilepsy care and management of seizure activity.

There were safeguarding plans in place for some residents regarding behaviours of concern. Safeguarding controls were outlined clearly and staff had a good knowledge of the measures in place to safeguard residents. Staff were noted to be vigilant to the interactions between residents and this supervision has been effective as there have been no safeguarding incidents since the measures were implemented. It was noted on the day of inspection that staff remained consistent to the safeguarding plans and followed all guidance. The issues surrounding safeguarding of residents' finances and the issuing of an immediate action is currently being addressed with a full financial audit being carried out by the provider.

Overall the residents were supported in this centre to be active decision makers and were consulted about the running of the centre. They had a weekly house meeting, where they discussed any issues or concerns they had, and chose activities they would like to do and plan meals for the week ahead. They were consulted on all health care matters such as vaccination or doctors appointments. While there was no formal human rights training, there was a human rights committee where issues could be referred, and all residents had access to advocacy services, if they so wished.

Regulation 17: Premises

The residents' home was very well kept and had been significantly improved since the last inspection. A new kitchen had been fitted, flooring replaced and the house had been painted throughout. There were new curtains and blinds in the sitting and dining room, and all the bedrooms and living areas had been improved with new wardrobes and furniture. The entrance hall had beautiful new artwork and murals on the walls and was bright and clean. The residents' bedrooms were personalised with bed linen, photographs, personal items and soft furnishings in favourite colours and were very comfortable spaces for the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had a good risk management system in place in this centre and maintained good oversight of risk. There was a risk register available for review

and all identified risks were reviewed regularly. The residents were encouraged to adopt a positive risk taking approach and activities were risk assessed and appropriate measures put in place if required. Residents enjoyed lots of outings and activities and were not restricted in this regard.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was visibly clean and had measures in place to maintain good infection prevention and control (IPC). There was a cleaning schedule in place which outlined the duties to be completed each day. There was a clear laundry management system in place and all clothes were washed separately at a high temperature and any soiled clothing was placed in an alginate bag. The person in charge had implemented a good audit system and had good oversight and monitoring of infection prevention and control in the centre. IPC was prioritised at team meetings and all staff were trained in maintaining good IPC. The premises had recently been renovated and upgraded which was more conducive to maintaining good IPC.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had a strong fire management system in place and all staff were trained in fire precautions. There were fire doors throughout the house and all fire equipment including fire extinguishers and emergency lighting had been serviced regularly and certificates were available for the inspector to view. There were regular fire drills carried which indicated that the residents could be evacuated in a safe time frame. There was a personal egress plan (PEEP) in place for each resident and any issues which arose during a fire drill was reflected in their individual PEEP. For one resident the quickest way for them to evacuate was with the use of a wheelchair, this had been trialled and found effective and the resident was happy with this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for each resident in this centre and a personal plan had been developed from it. This was reviewed and updated at an

annual multi disciplinary meeting which involved staff members, clinicians and family members where possible. The residents chose their personal goals at this review and they were supported by everyone involved to implement a plan to achieve these goals. There was evidence of notes kept of goal progress and attainment.

Judgment: Compliant

Regulation 6: Health care

There was evidence of regular health care appointments with; their general practitioner, dietitian, chiroprapist and three residents had an appointment scheduled for the memory clinic, which was attended annually. The residents each had an acute hospital communication passport in place, which outlined all their details including diagnosis, medication and communication methods used by the resident including picture exchange. There was consent sought for flu and Covid-19 vaccinations.

Judgment: Compliant

Regulation 8: Protection

On the day of inspection, the inspector reviewed the residents' finances and found that residents' monies were not safeguarded, in line with the providers own policy. The staff were trained in safeguarding of vulnerable adults and were familiar with the finance policy in the centre. The person in charge informed the area director of the issues around finance and an immediate action was issued by the inspector in relation to the safeguarding and protection of residents finances. A full financial review is currently being completed. Some residents present with behaviours of concern and a number of safeguarding plans are in place to support residents to remain safe in their home. The safeguarding plans are effective, effectiveness of the safeguarding plans relies on staff supervision of residents and ensuring some residents are not in the same vicinity as each other, these measures were noted to be adhered to on the day of inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents rights were upheld in this centre in terms of residents involvement in decisions about care and support, activities and meal planning. There were regular

service user meetings which provided support and information in areas such as advocacy and complaints. Residents were facilitated to make decisions and to be involved in the running of the centre. In relation to residents finances and lack of oversight a review was being carried out by the provider, this is being addressed under Regulation 8.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group G OSV-0003950

Inspection ID: MON-0032099

Date of inspection: 15/09/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The provider ensured safeguarding meetings took place on 19/9/23 and 16/10/23 and the actions are being followed and will be further reviewed on 17/11/23. • Monies and documentation were reviewed by the finance department to review how monies are being spent. This was a broad oversight audit and recommendations are being followed. • The Speech and Language Therapist has reviewed food items purchased to determine if they were in line with Feeding Eating Drinking and Swallowing (FEDS) recommendations. A report was compiled following his review this report is being actioned. • The Clinical Nurse Specialist in Health Promotion and the Dietician were contacted to oversee the quality of food intake in the area. The Dietician will provide training for the team on how best to meet the nutritional needs of all residents. This training will take place on 15/11/2023 and 30/11/2023. • Following a Governance and Oversight team meeting re Group G on 20/10/2033 the service will look further at all findings under the Avista Serious Incident Management Team remit and actions from this will be completed as recommended. • There was a house meeting on 23/10/23 and the incident was discussed with the staff team. The Service manager and Speech and Language Therapist were in attendance. • The Human Rights Officer visited the centre on 24/10/2023 and she will work with the staff team and individuals supported to ensure residents rights are upheld. The residents Individual Rights Assessments will be reviewed and updated with the support of the Human Rights officer. • The Person in Charge will complete monthly reviews of the financial expenditure in the designated centre. Detail regarding the financial expenditure in the designated centre will have more robust oversight in the Service 6 monthly provider audits. 	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The provider ensured that monies and documentation were reviewed by the finance department to review how monies are being spent. This was a broad oversight audit. This audit was discussed at the staff team meeting on 23/10/2023 and actions followed up. • Current Avista Financial Policies are being reviewed and these will be published in due course. Interim guidance has been issued to all areas. • The correct processes regarding residents' finances have been communicated with staff in the centre and the Avista Policy regarding the Management of Personal Finances, Property and Possessions of Supported Individuals and Avista Financial Management in Community Residences Policy has been read by all staff in the centre. • The team meeting, in the designated centre, on 23/10/23 discussed the incident. The Service manager and Speech and Language Therapist attended this meeting. • The Human Rights Officer visited the centre on 24/10/2023 and she will work with the staff team and individuals supported to ensure residents rights are upheld. Their Individual Rights Assessments will be reviewed and updated with the support of the Human Rights officer. • The Person in Charge will complete monthly reviews of the financial expenditure in the designated centre. Detail regarding the financial expenditure in the designated centre will have more robust oversight in the Service 6 monthly provider audits. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/11/2023