



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

Issued by the Chief Inspector

Name of designated centre:	Galtee View House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0001826
Fieldwork ID:	MON-0031885

About the designated centre

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

St Joseph's Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre provides a home to 10 residents and is based in a community setting in county Limerick. The centre mainly provides care and support to residents who have high support needs, while some residents also had changing complex health care needs. The centre is a purpose-built bungalow and found to be well maintained both internally and externally. There was a variety of communal day spaces including a large sitting room, visitors' sitting room and beauty room. There was separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished. Many of the bedrooms and bathrooms had assistive devices to support residents to transfer more easily. The centre is in a tranquil setting with large garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 April 2021	09:30hrs to 16:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of Galtee View house designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for the preparation of a clean space and the informing of residents.

On arrival at the centre, the inspector was greeted by the person in charge and the person participating in management. A brief overview of the centre and the service provided to residents was given. A discussion was had concerning the governance of the centre and areas of improvement which had been self-identified. This included the non-completion of residents meetings since April 2020. The person in charge had developed a plan to mentor staff on the completion of these meetings to ensure they were effective and an opportunity to discuss all areas of service provision for residents.

The inspector had the opportunity to meet a number of residents during the course of the inspection. One resident was relaxing in their bedroom. They were enjoying colouring in their book with one of their favourite shows on the TV in the background. There had a large DVD collection but "murder she wrote" was their favourite. The inspector was told this could be watched on the TV every day at 3 pm. The resident stated they were very happy in the centre and the staff were always very nice. A covering had been erected the previous day outside their bedroom door so they were looking forward to using this during the warm days.

Another resident said hello to the inspector when they were having their breakfast. They were enjoying a cup of tea. They also said they were happy in the centre. They met the inspector a few times during the day when they were busy up and down the corridor doing their jobs. At lunchtime, they were observing chatting to both peers and staff. They told the inspector they were going to help the staff to make the tea later in the day. One resident had a lie-in on the day of inspection. Over a number of months, their health had declined and resulted in a change of their routine. Staff were observed to check on the resident to ensure they were comfortable, however, their personal plan had not been updated to reflect this change in routine and to ensure their supports were supported in a consistent manner.

Staff spoke very clearly of not only the support needs of the residents but their personal interests and likes. For example, one resident had a favourite teddy that

they loved to have near them in bed. Staff also spoke of the resident not liking loud noises but enjoying listening to music in their room. Staff were observed supporting the resident to achieve these interests, however, again this was not reflected in their plan. The resident was observed to smile and laugh when their teddy was next to them in bed.

Residents were observed to enjoy their home with residents resting in their room or in one of the living room. A number of rooms were available for a range of activities in the centre. The governance team present on the day of inspection reviewed the use of a number of these rooms to ensure their function was clear. Measures were required to ensure storage was completed in an appropriate room which did not impinge on residents accessing space in the house.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to the resident in Galtee View house. While many examples of good practice were observed the capacity of the provider to put effective management arrangements in place and to address non-compliance was found to require improvement.

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. The person in charge reported directly to the person participating in management. All members of the governance team were actively involved in the governance of the centre. Clear communication pathways were in place within the governance team. The person in charge had an awareness of their regulatory responsibilities including the review of the statement of purpose. They also possessed an awareness of the supports needs of the residents.

The registered provider had ensured the implementation of the regulatory required monitoring systems. This included an annual review of service provision in January 2021 and an unannounced visit to the centre in November 2020. Whilst a number of actions had been identified, improvements were required to ensure these systems were used to drive service improvements. For example, a number of non-compliance had not been identified such as individualised personal plans and non-adherence to supervision policy. The consultation carried out for the reviews focused on the communication with families rather than with the residents. At the centre level, the registered provider had not ensured the current management systems effective in ensuring the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. Monitoring systems were not implemented to identify and address areas for improvement in a timely manner such as premises and residents rights.

The registered provider had ensured that sufficient staff and skill mix was allocated to the centre. An actual and planned rota was in place which was reviewed

regularly. Nursing care was afforded to residents at all times in the centre. Within the allocated staff in the centre clear roles and responsibilities were not consistently in place for all areas of service provision such as fire safety and activities. Staff were very knowledgeable of the needs of residents currently availing of the service within the centre and spoke of them in a respectful and dignified manner. The person in charge had ensured staff had been supported and facilitated to attend training courses appropriate to their role within the centre.

The registered provider had developed a policy and procedures to ensure the appropriate supervision of staff. A supervision meeting schedule was in place to ensure all staff received formal supervision in line with the organisational policy. Performance appraisals were also to be held on an annual basis. However, this schedule had not been adhered to. Formal supervisions had not occurred in the centre since November 2020 in accordance with organisational policy.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the allocation of sufficient staff to meet the assessed needs of the residents. The actual and planned rota in place was currently under review.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had effective measures in place to ensure all staff were supported and facilitated to receive appropriate training including refresher.

Measures had not been implemented to ensure staff received appropriate supervision in accordance with organisational policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure to the centre whom through implementation of governance meetings had clear lines of communication.

Systems were in place for the ongoing monitoring service provision including an annual review of service provision and unannounced visits to the centre. However, improvements were required to ensure monitoring systems in place were utilised to identify issues in a timely manner and used to drive service improvement.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose. This document incorporated the information required under Schedule 1.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service afforded to residents currently residing in Galtee View House. Interactions were observed to be professional and friendly in nature. Residents were protected from abusive situations and spoke very clearly of their needs. However, improvements were required to ensure that the centre was operated in a manner that facilitated the choice of activities and interests for all. Residents were not consulted in the operations of the centre, Weekly residents meetings had not occurred since April 2020 and consultation with residents was not incorporated in such platforms as the annual review of service provision. This required review.

The centre is a purpose-built bungalow and found to be well maintained both internally and externally. There was a variety of communal day spaces including a large sitting room, visitors' sitting room and beauty room. There was a separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished. however, on the day of inspection, it was observed that a

number of rooms were utilised as storage rather than their purpose, such as the prayer room.

Whilst the person in charge had ensured the development of an individualised personal plan these required review. Some areas of the personal plans had not been reviewed since 2019. The centre supported a number of ageing residents who presented with changing support needs. Personal plans were not updated regularly to reflect the change in circumstances for residents. Staff spoken with could clearly articulate the current supports needs of residents however, personal plans did not reflect this. This included the health care needs of residents. Health support plans were not consistently updated to reflect the changing health care needs of all individuals. Where difficult end of life decision had been made these were not reviewed to ensure the recommendations in place were consistent with health care plans and reflective of the current wishes of the individuals.

The inspector found that the centre was not operated in a manner that promoted the residents choice of activities. An activity planner had been developed following a multidisciplinary review, this was reflected in the accessible timetable on the dining room notice board. However, activities on the day were not carried out such as the use of a memory box. The residents were not supported to plan personal goals for the future and to ensure the required supports were in place.

The registered provider had ensured that effective fire safety management systems are in place. All fire fighting equipment present was regularly serviced by a competent person. Staff completed regular checks on all equipment and access and egress points. Evacuation drills were completed consistently to ensure awareness of evacuation procedures for all residents and staff. Some adaptations had been made to the premises to ensure evacuations could be carried out safely.

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance. An organisational contingency plan was in place which addressed COVID 19 through such areas as staffing, PPE and staff training. Staff were observed adhering to these guidelines throughout the inspection.

Regulation 13: General welfare and development

The registered provider had not ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;

(c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes

Judgment: Not compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.

However, a number of rooms were not being utilised in accordance with the statement of purpose. For example, a prayer room was being utilised as a storage room.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had effective systems in place for the protection against infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety systems were in place. These systems included guidance for staff on the safe evacuation of residents in the event of emergency. Adequate precautions were in place including the presence of fire fighting equipment, daily and weekly checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of individualised personal plans for each resident. However, these were not consistently reviewed to reflect the

current needs of the resident and changes in circumstances. Some areas of support needs had not been reviewed since 2019.
The person in charge had not ensured that residents were supported in their personal development in accordance with their wishes and interests.

Judgment: Not compliant

Regulation 6: Health care

Whilst residents were afforded support to obtain health care from a number of allied health care professionals, guidance for staff on interventions to be carried out required review to ensure a consistent approach in accordance with best practice was adhered to by all and that guidance was reflective of the current supports needs.

Guidance with respect to end of life care also required review to ensure it was reflective of the changing needs of residents.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had ensured through training and an organisational policy that residents were protected from abuse. Where a safeguarding concern arose safeguarding measures were implemented.

As required clear guidance was available for staff to support residents with their personal and intimate care needs in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that the centre was operated in a manner that was respectful to the rights of the resident. Residents were not consulted with respect to the operation of the centre through a number of platforms including residents meeting and the annual review of service provision.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Galtee View House OSV-0001826

Inspection ID: MON-0031885

Date of inspection: 14/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To regain compliance the Person in Charge has commenced supervisions on April 19th 2021 and will continue every 6 weeks to support and direct staff and work towards identified goals.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To come into compliance with Regulation 23 the Area Manager and Person in Charge have devised monitoring systems to improve and ensure effective management arrangements are in place for the designated centre. These include a day to day governance system to document interactions and diary upcoming events, and to create action plans as appropriate. Weekly, monthly, 3 monthly, 6 monthly and annual audits have also been devised and include checks for resident's meetings, cleaning logs, supervisions, annual reviews, care plan reviews etc. These monitoring systems will be effective in ensuring the service provided is safe and appropriate to the residents' needs. This will also allow for consistent and effective monitoring to identify and address areas for improvement in a timely manner.</p>	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>To comply with Regulation 13 the Registered Provide will ensure that residents meetings take place weekly. Same commenced from date of inspection -on April 14th 2021. There is a meeting planner in place for the remainder of this year. This will be updated into the future. Topics on the standing agenda for resident’s meetings include Advocacy, Complaints, Safeguarding, Outings, Activities, Menu Planning, Current and Upcoming events. These meetings ensure the designate centre is operated in a manner that facilitates choice of activities and that all interests are catered for. This further ensures that residents are consulted in the operation of the designate centre.</p> <p>Annual review for 2020 was completed in January 2021. Consultation with residents will be incorporated into this review from 2022. Residents have been and continue to be consulted in the Six Monthly Unannounced Visit to the Designate Centre.</p> <p>Individual timetables have been created for each resident to ensure activities such as use of Memory box are completed. The group activities timetable has also been reviewed and its format revised. The Staff Nurse’s role and responsibility in relation to resident’s activities was reviewed and updated to provide enhanced governance</p> <p>All resident’s goals have been tracked since May 11th 2021. All goals have a tracker schedule in place. The residents are supported to plan personal goals for their futures and measures are in place to identify and ensure the required supports are in place. Goals which promote community inclusion will be attended to in line with easing of COVID-19 Restrictions. Music Therapy to be facilitated via Zoom.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Statement of Purpose on the morning of inspection indicated there was a Physio room however the plaque on the door named it as a Prayer room. On the day of inspection there were wheelchairs stored there. The room was reverted back to a Prayer Room and the Client Service Manager amended the Statement of Purpose to Prayer room which was printed and emailed to Inspector on the day of inspection.</p> <p>Area Manager and Person in Charge devised monitoring systems on April 27th 2021 to improve and ensure there is no reoccurrence of this situation. This includes a daily check on all rooms. Weekly, monthly, 3 monthly, 6 monthly and annual audits were also</p>	

devised on April 27th 2021 which include environmental walkabouts to ensure items are stored in an appropriate room which will not impinge on residents accessing space in the house.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

To regain compliance with Regulation 5 the Person in Charge will ensure all residents personal plans will be reviewed to reflect the resident's current needs. This has commenced and plans are being updated from April 19th and should be completed on June 20th 2021.

Residents personal needs, interests and likes will be reflected in their support plans to capture declining health and any change in routine to ensure their needs are supported in a consistent manner. Residents plans will be personalized to include identified nuances.

Personal plans will be reviewed every 6 months going forward and sooner where a resident presents with changing support needs.

Regulation 6: Health care

Not Compliant

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

To comply with Regulation 6 the Registered Provider and the Person in Charge will ensure that there is a review of all end of life care and ensure clear guidance is in place for staff. One residents DNAR was created in 2018 however the evidence of its review was not available to the inspector however the Person in Charge has ensured this review was completed review on April 19th 2021.

Another residents DNAR had contradictory instruction re hospital transfer. The Person in Charge has ensured that this resident's support plan has been updated in relation to hospital admission. End of Life Care Plan has been updated to ensure clarity.

Person in Charge made a referral for Independent Advocate to allow for more robust decision making regarding DNAR's for identified residents on Monday April 19th 2021.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To regain compliance with Regulation 9 the Registered Provider has ensured that Residents meetings have taken place weekly since the inspection on April 14th 2021. There is a meeting planner in place for the remainder of this year. This will be updated and continued. Topics on the standing agenda include Advocacy, Complaints, Safeguarding, Outings, Activities, Menu Planning, Current and Upcoming events. These meetings ensure the designate centre is operated in a manner that facilitates choice of activities and that all interests are catered for. This further ensures that residents are consulted in the operation of the Designate Centre.</p> <p>Annual review for 2020 was completed in January 2021. Consultation with residents will be incorporated into this review from 2022. Residents have been and continue to be consulted in the Six Monthly Unannounced Visit to the Designate Centre</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	18/05/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	22/05/2021
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	27/04/2021
Regulation 23(1)(b)	The registered provider shall	Substantially Compliant	Yellow	27/04/2021

	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.			
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	27/04/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	27/04/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in	Not Compliant	Orange	20/06/2021

	accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	11/05/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	20/06/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Not Compliant	Orange	20/06/2021

	is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	19/05/2021
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Not Compliant	Orange	19/05/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	15/04/2021