



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

## Issued by the Chief Inspector

Name of designated centre:	Angels Quest
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2020
Centre ID:	OSV-0003576
Fieldwork ID:	MON-0031165

## About the designated centre

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

The designated centre is located on a disability services campus in South County Dublin and provides weekend respite service and after-school supports. The centre is comprised of a purpose built one-storey building and contains eight individualised bedrooms, a large dining room, a large sitting room which also acts as a playroom, a kitchen area, a utility space, two staff offices, a number of toilets and shower/bathrooms, and storerooms. Exterior spaces included a storage facility, a large garden space, and a playground area. There is a staff team of nurses, social care workers and care assistants employed in the centre who are supported in their roles by a person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 26 November 2020	14:15hrs to 18:45hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

The inspector met with two children who were availing of the services of the centre at the time of the inspection. The centre currently provides after school services weekdays between Monday and Thursday and overnight respite services from Friday evening to Monday mornings. There were a total of 16 children who were actively availing of these services with a further six children registered but not currently actively receiving services for a number of reasons. The centre had a reduced capacity for the maximum number of children it could support due to COVID-19 social distancing measures but also in relation to the number of staff employed in the centre.

The children met with during the time of the inspection appeared to be very happy in the environment of the centre and were engaging in a number of activities with staff members. One child was supported to go to the playground outside the centre and later for a short walk while the second child was supported with games and listening to music. Staff were observed to be very attentive to the needs of the children and to respond to them in a very kind and respectful manner. The inspector also met with a family member briefly and they were very complimentary of the staff team and the care and support being provided in the centre, however, expressed frustrations with the senior management team and the absence of meaningful responses to concerns which had been raised by family members in the past and in recent months.

## Capacity and capability

This inspection was completed in the context of information being received by the Office of the Chief Inspector relating to the breach of two conditions of registration by the registered provider in this centre. This centre had originally been registered for the purpose of providing respite services to children, however, in April 2020 the provider applied to vary its conditions to provide residential care to adults who required isolation due to suspected or confirmed cases of COVID-19. The registered provider reverted back to providing after school and respite services to children in October 2020 without applying to vary the conditions of registration and as a result was found to breach two conditions which is an offence under the Health Act 2007 as amended. A provider warning meeting was held on 25 November 2020 where the registered provider was issued with a warning letter by the Office of the Chief Inspector.

In response to this, a risk based inspection was completed which found that there was ongoing high levels of non-compliance with the regulations. While there were some improvements noted in a number of cases, the inspector found that there

was a continued need for sustained improvement in key areas. These included staffing, training and development, governance and management, complaints management and prevention of infection.

The inspector met with the person in charge at the time of the inspection. They had recently been appointed to the role and took up the position on 21 September 2020. The person in charge was employed in a full-time capacity in the centre and met the requirements of the regulations relating to management experience and holding an appropriate qualification in health or social care management.

A review of the centre's staffing arrangements was completed by the inspector who found that appropriate numbers of staff were not employed in the centre. There were a number of unplanned closure of the centre and cancellation of respite breaks for children in the time since the last inspection due to the failure of the registered provider to ensure that appropriate numbers of staff were employed. On the day of the inspection staff members outlined the normal staffing levels to the inspector which included two staff members on duty from 5pm until 7pm. During this time there were two children present of which one child required two staff members to support them with personal care needs. The other child required supervision during this time and the person in charge was required to step in to support the staff members, however, ordinarily they would not be present at that time to provide that support. A review of the centre's statement of purpose outlined a staffing compliment of 8.35 whole time equivalents, however, at the time of the inspection was operating at 6.05 whole time equivalents.

The inspector reviewed staff training records and found that there were deficits in five of ten training areas described as mandatory by the registered provider. The person in charge had a plan in place for the completion of staff training in some of the areas with deficits. A review the arrangements for the supervision of the staff team found that no formal one-to-one supervision meetings were completed with staff members since September 2019. In addition, it was not clear at times how staff were being supervised. For example, staff duty rosters in place at the time of the inspection did not outline who the shift leader was when the person in charge was absent or during evenings, nights or at weekends.

The arrangements for the governance and management of the centre were reviewed by the inspector. It was found that the centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, the centre was operating at a reduced intake of children (prior to COVID-19 pandemic) as a result of difficulties maintaining a staff team and appropriate staffing levels within the centre. As a result, families who required the supports of the centre were not in receipt of allocations of respite which met the needs of their children. A new person in charge had been recently appointed to the centre and the inspector found that they were knowledgeable of their responsibilities outlined in the regulations, legislation and national policy.

Incident, accident and near miss records maintained in the centre were reviewed by the inspector who found that required notification of incidents to the Chief Inspector

had been completed as per the regulations.

The inspector reviewed the systems in place for the management of complaints in the centre. There was a complaints policy and an easy-to-read complaints procedure was on display with a photograph of the centre's complaints officer. A complaints register was maintained and when reviewed by the inspector showed that seven complaints had been made in 2020 to date. The inspector found that none of the seven complaints made had been resolved or closed by the management team. In the majority of cases, the inspector found that the registered provider had failed to appropriately investigate the complaints and in some instances the management team had not acknowledged receipt of the complaint from the complainant. There was an absence of evidence to demonstrate that improvement had taken place in the areas referred to in the complaints.

### Registration Regulation 8 (1)

The registered provider failed to apply to vary the conditions of registration for the centre to allow the resumption of respite services for children and as a result was in breach of two conditions of registration.

Judgment: Not compliant

### Regulation 14: Persons in charge

The person in charge was found to be employed in a full-time capacity and meet the requirements outlined in regulations.

Judgment: Compliant

### Regulation 15: Staffing

Appropriate numbers of staff were not employed in the centre which impacted on the the registered provider's ability to provide supports to respite users and their families.

Judgment: Not compliant

### Regulation 16: Training and staff development

There were deficits in mandatory staff training areas including positive behaviour support, management of epilepsy and management of aggressive behaviours. In addition, the inspector found that staff members were not appropriately supervised.

Judgment: Not compliant

### Regulation 23: Governance and management

The centre was not adequately resourced to ensure the effective delivery of care and support to respite users in accordance with the statement of purpose. There was a need for the further development of management systems to ensure that services provided were appropriate to the needs of respite users, consistent and effectively monitored.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as per the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A number of complaints made in 2020 were found not to have been investigated or followed up on in an appropriate manner. In some instances, complainants had not been acknowledged or informed of the outcome of the complaints process. There was an absence of evidence to demonstrate improvement by the registered provider in response to complaints received.

Judgment: Not compliant

## Quality and safety

The inspector completed a full walk through of the centre in the company of the person in charge. The centre was found to be clean and well maintained throughout. There was sufficient shared and private space for respite users with large dining and living spaces and individual bedrooms for each child. There was a large specially adapted playground adjacent to the centre and the centre was fully accessible for wheelchairs throughout.

A review of the risk management policy (dated July 2018) was completed by the inspector who found that some sections outlined as required by the regulations were not included in the organisation's policy. A local supplementary document was later provided to the inspector which contained the required information, however, details on when it was effective from or due for review amongst other items were not included on this document. In addition, the organisation's main risk management policy did not reference supplementary documents in its text. The inspector observed that there had been improvements in the management of risk within the centre in the time since the last inspection. There was a risk register in place and through a review of a sample of control measures listed, the inspector found that presenting risks had been identified, assessed and appropriately managed.

The inspector reviewed the measures taken by the registered provider to protect respite users against infection. There were local policies and protocols in place along with a contingency plan for staff to follow in the event of an outbreak of COVID-19. There were hand sanitizers provided in the centre and staff were observed to be complying with public health guidance through the wearing of face masks. The inspector found, however, that the arrangements in place for ensuring the minimisation of risks associated with staff members who were actively working in other designated centres were not appropriate. There were a number of staff members who worked in the centre and also worked in other centres and there was an absence of appropriate checks being completed such as staff COVID-19 declarations. In addition, a risk assessment on this matter had not been completed by the registered provider and as a result was considered to be a non-compliance with the National Standards for Infection Prevention and Control in Community Services (Health Information and Quality Authority, 2018).

Fire precaution measures were reviewed by the inspector who found that there was a fire alarm and detection system in place along with appropriate emergency lighting. Evidence submitted to the inspector after the inspection demonstrated that the the fire alarm and emergency lighting were serviced and maintained on a regular basis. There were personal emergency evacuation plans in place for each respite user which clearly outlined the individual supports required in the event of a fire or similar emergency.

The inspector found that overall, respite users were appropriately protected and safeguarded from experiencing abuse in the centre. The person in charge and staff team were aware of what constituted abuse and actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature.

<b>Regulation 17: Premises</b>
The inspector found that the premises of the centre were clean, spacious and well maintained throughout.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The organisational risk management in place in the centre (dated July 2018) was found not to include a number of sections outlined as required by the regulations.
Judgment: Substantially compliant
<b>Regulation 27: Protection against infection</b>
The inspector found that the practice of staff moving between designated centres was not in line with national guidelines or in compliance with National Standards. Checks were not being completed on staff at the commencement of each shift regarding the presence of symptoms such as respiratory illness, cough, shortness-of-breath, or myalgia. In addition, staff members were not being asked if they were also working in facilities where there was an outbreak of COVID-19.
Judgment: Not compliant
<b>Regulation 28: Fire precautions</b>
The centre was suitably equipped to detect, contain and extinguish fire. Staff were familiar with procedures to follow in the event of evacuation.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The children availing of the services of the centre were safeguarded because of the understanding of the staff team of their role in child protection and their ability to

apply national and local policies and procedures when required.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Angels Quest OSV-0003576

Inspection ID: MON-0031165

Date of inspection: 26/11/2020

## 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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1):            Registration Regulation 8(1): An Application to Vary Form was submitted to HIQA on 11/12/2020 to resume operating the Designated Centre as a Respite Centre for Children.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            15(1): The existing staff vacancy has since been filled i.e. a staff nurse commenced working in the centre in December 2020. The centre is now operating with a full staff compliment and this will be reflected in the Statement of Purpose.</p> <p>The Service continues to review staffing resources in the context of additional respite requests. A meeting will take place with Senior Management to review this.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Subject to the ongoing challenges and constraints, presenting by the Covid 19, the</p>	

Centre is committed to ensuring that all Mandatory training are brought up to date;

16 (1) (a) A review of staff training records shows that staff are trained in Dysphagia. In addition, the Person in Charge has arranged for staff to receive training in paediatric dysphagia, as scheduled to take place on the 25/01/2021.

First Aid training took place on the 07th and 08th January 2021.

Positive behaviour support training is scheduled for February 2021 and will be provided by the psychology department. In addition, the Person in Charge is nominating a number of staff to complete Positive behaviour support training (e-learning) which will be facilitated by The Callan Institute, St John of God Services .

MAPA – MAPA training will be completed based on national HSPC/HSE Guidance on carrying out classroom based training during Covid 19 restrictions.

Epilepsy training – will be completed based on national HSPC/HSE Guidance on carrying out classroom based training during Covid 19 restrictions.

16 (1) (b)The following supervision arrangements are in place:

The Person in Charge shall ensure that formal supervision takes place with staff in line with local supervision procedure.

The Person in Charge has developed a supervision schedule and is currently working to same.

The Person in Charge holds meetings with staff on a formal and informal basis.

The Person in Charge is office based in the centre which allows for opportunities for direct supervision of the staff team.

There is an On-call system available to staff during times as: when the Person in Charge is not present in the centre, evenings, weekends and during holiday periods.

A number of staff are currently undergoing their probationary reviews.

All staff have an annual Probationary Development Review (PDR).

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

23 (1) (a) The existing staff vacancy has since been filled i.e. a staff nurse commenced working in the centre in December 2020. The centre is now operating with a full staff compliment.

The roster outlines the Shift Leader on duty for each shift and this practice will continue

23 (1) (c ) The following supervision arrangements are in place:  
The Person in Charge shall ensure that formal supervision takes place with staff in line with local supervision procedure.  
The Person in Charge has developed a supervision schedule and is currently working to same.

The Person in Charge holds meetings with staff on a formal and informal basis. The Person in Charge is office based in the centre which allows for opportunities for direct supervision of the staff team. There is an On-call system available to staff during times as: when the Person in Charge is not present in the centre, evenings, weekends and during holiday periods. A number of staff are currently undergoing their probationary reviews. All staff have an annual Probationary Development Review (PDR). The Person in Charge shall ensure that the center's Statement of Purpose is updated to include any revised staffing numbers, qualifications, and skill mix and supervision arrangements.

23 (1) (c): The PIC ensures the provision of a safe and appropriate service to respite users and also has effective management systems in place.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 34 2 (a) An appropriate person has been nominated to deal with the complaints as identified in the report.  
 34(2) (d) The complainants have since been informed of the outcome of their complaints along with details of the appeals process.  
 34(2) (e) The Service will review measures for improvement in response of complaints or feedback from families.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 26(1)(c)(i) - (26(1)(c)(iv) - The local Risk Management Policy and Standard Operating Procedure cover page(s) template is now in use and Appendix 1 includes the measures and actions in place to control the risks of: unexpected absence of any resident, accidental injury to residents, visitors or staff, aggression and violence and self-harm. (These forms part of St John of God main risk management policy).  
 26(1) (d) A risk assessment in relation to the risks associated with using staff members

who are actively working in other centres will be completed by the Person in Charge – as per actions under Regulation 27.

26(1)(e) The Provider is currently reviewing the risk management policy and the revised policy will be submitted for approval to the Board of Community Services in April 2021.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Centre will follow the most up to date advice and guidance from HSE and HSPC relating to the management of infection prevention and control for Covid 19 and will ensure that all staff are fully familiar with recent guidance at all and in compliance with National Standards

In the context of COVID-19, and in line with NPHE advice, (HPSC/HSE National Guidance) staff assigned to move to work in the centre (from another healthcare service including as relief and agency workers) will have a COVID-19 Healthcare Worker Relocation Self Risk Assessment - as per HSE "Covid-19 Testing Protocol for Healthcare Workers Moving to Different Service" July 2020 (Reg: 08:08:03), completed with them by the Person in Charge.

The Person in Charge ensures that the HIQA Self-Assessment Tool 'Preparedness planning and infection prevention and control assurance framework for Registered Providers' (September 2020) is completed (quarterly) as well as ensuring that any corrective actions are taken to address them.

## 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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	11/12/2020
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.	Not Compliant	Orange	31/03/2021

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/03/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Red	31/03/2021
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	26/11/2020
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	30/04/2021

	Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	30/04/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	30/04/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	30/04/2021

	includes the following: the measures and actions in place to control the following specified risks: self-harm.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/04/2021
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/03/2021
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	12/01/2021

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 34(2)(a)	The registered provider shall ensure that a person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.	Not Compliant	Orange	31/03/2021
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	31/03/2021
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	30/09/2021