Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clonsilla Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	14 July 2023
Centre ID:	OSV-0008234
Fieldwork ID:	MON-0039313

About the designated centre

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

Clonsilla Road is a community residential service for four adults with an intellectual disability. The designated centre consists of a two-storey house close to a village in West Co. Dublin close to good public transport links and local community facilities such as barbers, shops and shopping centres, hotels, coffee shops and restaurants. The ground floor consists of two living rooms, a kitchen and dining area, a toilet, and one bedroom. There is a large self-contained garden and outdoor utility room to the rear of the house. Upstairs there are three bedrooms, one bathroom and toilet, one shower room and toilet, and a staff sleepover bedroom and or office. Residents are supported 24/7 by social care workers, healthcare assistants and relief staff. The person in charge is available in the centre weekly and there is a 24/7 on-call nurse manager available to residents and staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 14 July 2023	09:40hrs to 18:30hrs	Marie Byrne	Lead
Friday 14 July 2023	09:40hrs to 18:30hrs	Erin Clarke	Support

What residents told us and what inspectors observed

This risk based inspection was completed to follow up on the actions outlined by the provider in the compliance plan submitted to the Chief Inspector of Social Services following an inspection in the centre in February 2023 which found high levels of non-compliance with the regulations. Overall, the findings of this inspection were that improvements had been made across a number of areas, particularly relating to the premises, infection prevention and control, safeguarding, and residents' access to allied health professionals. Some further improvements were required in relation to staffing, staff training and development, safeguarding, risk management, and the maintenance, review and upkeep of documentation in the centre.

The designated centre is home for four residents in West Co. Dublin. It is a two storey house with five bedrooms and three bathrooms. There is a driveway to the front of the house, and an enclosed back garden. The back garden has raised flower beds and there is an outdoor storage areas and a laundry room. The house was found to be clean, warm, homely and comfortable during this unannounced inspection. Residents were involved in decorating their home, including picking storage, paint colours and the pictures on display in communal areas. Residents' bedrooms had storage for their personal items and they had televisions, radios and laptop computers, if they so wished.

Works had been completed to the two upstairs bathrooms since the last inspection, and more works were planned. For example, the paint was peeling on the ceiling of one bathroom which was due to be repainted, and grouting was due to be done in one of the showers. In addition, the concrete floor in the shed was due to be covered. Other works that had been completed since the last inspection included painting in the kitchen and laundry room, and new floor covering in one of the bedrooms.

The inspectors of social services had the opportunity to meet and engage with three of the four residents living in the centre on the day of the inspection. One resident was in their family home when inspectors visited. On arrival, the three residents were in work or at day services. The staff member who greeted inspectors was going off duty so once they showed inspectors around the centre and contacted the on-call manager, inspectors were supported to review documentation in an office location off-site. Once it was time for residents to come home from work and day services, inspectors returned to the house.

In the afternoon when they returned to the centre, inspectors were greeted at the front door by a resident who welcomed them and brought them to meet their housemates and a staff member in the kitchen. Everyone was having a chat about their day and making plans for a Friday night take-away. Residents made inspectors a cup of coffee and they each spoke about their day, trips they had taken, music events they had attended, and historical tours they had enjoyed. They spoke about travelling in Ireland, trips abroad, and upcoming family events they were looking

forward to. They also spoke about training courses they had completed, such as training on the assisted decision making act, and friendships and relationships training.

Residents told inspectors about work and work experience. One resident spoke about a show they were taking part in at day services. They spoke about the important roles that their job coaches and keyworkers were playing in their lives. They were each complimentary towards the supports of the staff team in the centre.

Residents spoke about their favourite sports teams, favourite television programmes, current affairs and their pet goldfish. Each resident spoke about the importance of visiting and spending time with their family. They also spoke about saving for special events, and managing their finances. One residents spoke about how much they were looking forward to going to a hotel down the country with staff just after the inspection.

One resident brought an inspector on a tour of their home and talked about their day. They spoke about their favourite things to do and the important people in their life. They also spoke about how much they liked to take part in the upkeep of their home and their garden.

Two residents spoke about complaints they had made which were in the process of being reviewed at the time of the inspection. They spoke about the steps the staff team were taking to support them until their complaints were resolved. They said that they really felt that staff listened to their concerns, and that the team were doing their best to resolve their complaints. They spoke about their relationships with their peers and about some of the challenges they face sharing their home. For example, one resident spoke about doors banging and another residents spoke about some recent difficulties they were having with their housemate.

Throughout the inspection kind, caring and respectful interactions were observed between residents and staff. Residents were observed chatting and spending time with each other, and the staff member on duty in the communal areas of their home.

There was information available and on display in relation to the availability of independent advocacy services and the confidential recipient. The names of staff on duty were on display on a notice board in the kitchen and there was a calendar with dates circled for important dates such as upcoming trips and events.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the findings of this inspection were that improvements had been made in relation to infection prevention and control, the premises, safeguarding, and residents' access to allied health professionals. In addition, a new person in charge had commenced in the centre in the weeks before the inspection. Inspectors found that further improvements were required in areas such as staffing, risk management, safeguarding and protection, the oversight of documentation in the centre to ensure it was clearly guiding staff practice, and staff training, support and development.

The person in charge was on leave on the day of the inspection and the staff team facilitated the inspection. Staff were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure that each resident was happy and felt safe living in the centre. They were aware of their roles and responsibilities and found to be escalating any concerns they had about residents' care and support to the local management team. They were also escalating their concerns relating to the day-to-day management of the centre.

There had been a period of time between November 2022 and May 2023 when there was not a full-time person in charge in the centre. During this time a person participating in the management of the designated centre was visiting the centre regularly and providing support to residents and staff. There was also an on-call manager available 24 hours a day, seven days a week. While there was evidence of oversight by the PPIM in the absence of a full time person in charge, inspectors found that improvements were required in relation to oversight in the centre, particularly relating to the review and update of documentation in the centre to ensure that the most up-to-date information was in place to guide staff practice. For example, inspectors viewed a number of inconsistencies across residents' documentation about their care and support needs. Information differed in residents' assessment of needs, the profile in their personal plan, and in their care plans. There were also inconsistencies across a number of risk assessments reviewed. The provider had completed a number of care plan audits in January and April 2023 and these had identified gaps and inconsistencies across documentation similar to those found during this inspection. The compliance level assigned to these audits by the provider was between 53% and 67%.

There were also gaps found in documentation relating to complaints management, rosters, and risk management. The provider was completing six monthly and annual reviews in line with the requirements of the regulations. These reviews were found to be picking up on areas for improvement in line with the findings of these inspections. However, actions from these reviews had not fully progressed at the time of this inspection. This will be discussed further under Regulation 23.

Inspectors found that improvements were required to the maintenance of actual rosters in the centre. Additional information was also required to ensure that the minimum safe staff numbers to support residents in line with their assessed needs was available in the centre.

Inspectors also found that improvement was also required to ensure that the staff team were fully supported in their roles. Staff were not in receipt of regular formal

supervision in line with the provider's policy.

Regulation 14: Persons in charge

The person in charge was full-time and had the skills and experience to fulfill the role. They were also identified as person in charge of another centre. They were found to be spending additional time in this centre getting to know residents and identifying where systems were required for the effective governance, operational management and administration of this centre.

Inspectors were shown documentary evidence that the person in charge and PPIM had met formally on a number of occasions since they commenced in post.

Judgment: Compliant

Regulation 15: Staffing

There were no staff vacancies in the centre at the time of the inspection. However, from a review of rosters and other documentation in the centre, it was unclear how many staff were required to meet the number and needs of residents in the centre. For example, at the latest staff meeting discussions were held about two staff being on duty until 20:00; however, from the rosters reviews since that meeting on the majority of shifts there was one staff on duty. Inspectors were informed that rosters were changed based on the number of residents who were at home and the number of appointments and activities that were planned; however there was no documentation in place to identify the minimum safe staff levels in the centre.

From a review of a sample of staff rosters it was unclear how many shifts were being covered by relief staff, and whether the same relief staff were covering the shifts to ensure continuity of care and support for residents. For example, there had been a number of staff on unplanned leave in the weeks before the inspection, and for some of the shifts it was unclear who covered them as there was no name assigned to the shifts on the rosters reviewed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the provider's policy and residents' assessed needs. However, some staff were due to attend training or

refresher training, such as:

- One staff was due to complete refresher training in fire safety,
- Two staff were due to attend managing behaviour that is challenging training,
- One staff was due to attend food safety training and 2 staff were due to attend refresher food safety training,
- One staff was due to attend refresher safeguarding training, and,
- One staff was due to attend manual handling refresher training.

The provider had a policy to guide staff practice in relation to formal staff supervision. The provider had highlighted that this was an area where improvement was required in both the latest six monthly and annual review of care and support in the centre. Inspectors spoke with two staff members who had not been in receipt of formal staff supervision since they came to work in this centre. Inspectors were informed that the new person in charge had plans to complete staff supervision in line with the provider's policy. This was also documented in the minutes of the latest staff meeting.

Inspectors were informed that staff meetings were due to be held monthly in the centre. The minutes of two staff meetings for 2023 were made available in the staff meeting folder and inspectors were informed by the PPIM who visited the centre during the inspection that additional staff meetings had occurred. The minutes of the June 2023 meeting were forwarded to the inspectors after the inspection.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that while there was evidence of oversight and monitoring by the person participating in the management of the designated centre, there had been a period of time between November 2022 and May 2023 where there had not been a full-time person in charge and this had impacted on the oversight and monitoring, particularly in relation to the accuracy of documentation to guide staff practice and formal staff supervision.

The provider had completed six monthly review in January 2023 and one was due to be completed at the time of this inspection. They had also completed an annual review. These reviews had picked up on areas for improvement in line with the findings of this inspection such as, complaints management, pathways for communication with residents' representatives, risk management, the completion of scheduled audits, the frequency and agenda items at staff meetings, and staff supervision. However, the person responsible for these actions and the time frame for completion were not identified in the annual review, and the dates for completion of the actions from the six monthly review were identified as the end of February 2023. However, the majority of these actions were found to be outstanding at the time of this inspection. For example, actions relating to risk

management, documentation in the centre, audits, and formal staff supervision remained outstanding at the time of the inspection.

Judgment: Not compliant

Quality and safety

From what the inspectors observed and were told, and from reviewing documentation, it was evident that every effort was being made by the staff team to ensure that residents were in receipt of a good quality and safe service. Concerns relating to their safety and welfare were being recorded and escalated by the staff team. However, improvements were required to the provider's oversight of incidents and complaints to ensure that they were followed up on in line with the organisations' and national policy. Work was ongoing with residents to ensure they were happy and felt safe in their home. Residents were developing and reaching their goals, engaging in activities they enjoyed, and independently accessing their local community.

Residents were actively supported and encouraged to connect with their family and friends. They were being supported to be independent and to be aware of their rights. Residents who wished to, were being supported to access day services, and to take part in activities in their local community in accordance with their interests. Other residents were attending work, or completing work placements.

A number of improvements had been made to the premises and this had a positive impact on ventilation and functionality of the two upstairs bathrooms in the house. More works were planned just after the inspection, including the painting of one bathroom ceiling, some grouting in a shower area, and floor covering was due to being installed in the laundry room. The house contained residents' personal belongings and they had their pictures and art work on display. They were each involved in decorating the communal spaces in their home, and in decorating and organising their bedrooms.

Since the last inspection a number of multidisciplinary meetings had occurred and a number of supports and risk assessments had been completed to support residents to stay safe since. Residents had completed friendship and relationship training, and were accessing the support of psychology and behaviour support specialists. Staff had completed additional safeguarding training. One staff required refresher training as they were on leave at the time the recent refresher safeguarding training. For the most part, control measures implemented following safeguarding concerns since the last inspection had been implemented and had been successful. However, the documentation reviewed during this inspection showed that there had been a change in one residents' presentation in the weeks prior to the inspection resulting in an increase in the incidence of behaviours of concern. The provider was found to be responding to these changes in the residents' presentation and had developed a

number of risk assessments and guidance documents. They were also planning a number of meetings to include discussions about the relevant referrals to support this resident with their changing needs. However, they had not fully explored the impact of this residents' behaviour on their peers. This will be further discussed under Regulation 8.

There was a risk management policy in place and general and individual risk assessments were available in the centre. However, inspectors found that some risk assessments had not been reviewed or updated in line with residents' changing needs. There were risk assessments in some residents' folders which contained conflicting information. Overall, this was presenting a risk as some of the documents in place to guide staff to support residents, were not up-to-date or accurate. In addition, from a review of incidents it was not clear that the control measures in place in some risk assessments were being fully implemented.

Regulation 17: Premises

The house was clean, warm, homely and comfortable. Residents were involved in the upkeep and decoration of their home. Works had been completed to the two upstairs bathrooms and more was planned in one of them. In addition to these planned works in the bathroom, the concrete floor in the shed was due to be covered just after the inspection.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident was in the process of transitioning into the centre and from speaking with staff and a review of documentation, it was evident that every effort was being made to support them to transition at a pace that suited them.

The provider was keeping the transition under review with the input of the resident and their representatives to ensure that adequate supports were in place to support them with the transition.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, inspectors found that the risk register made available on the day of the inspection was in draft format and it was not reflective of the risks in the centre. A

risk register which had been reviewed the day after the inspection, was submitted for review by the inspector following the inspection.

There were general and individual risk assessments in place; however, some of these were not being regularly reviewed and updated. As previously mentioned, there were inconsistencies found across a number of residents' risk assessments reviewed by inspectors. In addition, it was not evident that trending of incidents was regularly occurring. Inspectors acknowledge that learning following the review of incidents had recently been added to the agenda for staff meetings.

Judgment: Not compliant

Regulation 27: Protection against infection

Residents, staff and visitors were protected by the infection prevention and control (IPC) policies, procedures and practices. The house was found to be very clean during this unannounced inspection. Staff had completed a number of IPC-related trainings and there was personal protective equipment available, should it be required. A number of works had been completed to the upstairs bathrooms since the last inspection. These works had resulted in the elimination of mould and condensation.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and inspectors found that their access to healthcare professionals had improved since the last inspection. For example, residents were accessing the support of psychology and behaviour specialist input.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had taken a number of responsive steps to support residents to develop their skills for self-care and protection since the last inspection and that this had resulted in a decrease in safeguarding concerns. For example, residents were supported to access/continue to access psychology and behaviour support specialist services, to access training on relationships, a number

of multidisciplinary meetings had occurred, and members of the local management team had met with residents to ensure they felt happy and safe in their home. In addition, the majority of staff had completed refresher safeguarding training since the last inspection. One staff was due refresher safeguarding training at the time of the inspection. Staff who spoke with inspectors were aware of their roles and responsibilities should they have a suspicion, or an an allegation of abuse. They spoke about escalating their concerns to the local management team.

However, inspectors reviewed a number of complaints, incident reports, and daily care records which indicated that a resident was being impacted by the behaviour of their peer who they shared their home with. They had raised their concerns to the staff team in the form of complaints, and said they felt that staff really listened to them and were doing their best to support them. Staff were implementing a number of control measure to support residents and had completed risk assessments; however, there was no documentary evidence to show that these incidents had been screened as safeguarding concerns.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Clonsilla Road - Community Residential Service OSV-0008234

Inspection ID: MON-0039313

Date of inspection: 14/07/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider will ensurethe number, skill mix and qualification of staff is appropriate to the assessed needs of the residents within the designated centre. The provider will arrange a staffing review to be completed to ensure that the number skill mix and qualification of staff is appropriate to the assessed needs of the residents within the designated centre. The PIC will ensure that where relief staff are required, there will be a clear record of all relief staff and this will reflected on the planned and actual rosters	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will ensure that staff training is identified on the training matrix. The PIC has organised for all staff to attend required training. The PIC has introduced a supervision schedule to ensure staff receive appropriate supervision and this will be completed as per schedule. Staff meetings occour monthly and a schedule is in place this this. The PIC will ensure that these records are maintained within the center	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that there are clear systems in place to ensure all actions are completed in a timely manner and that realistic time frames are agreed to ensure the completion of actions	

Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will ensure that all risks are identified, appropriately risk assessed and risk rated which corresponding action plans and control measures. The PIC will ensure that audit schedule is in place and these will be completed accordingly. The PIC will ensure that all systems for responding to emergencies are clearly identified in careplans and risk assessments	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The PIC will ensure there is evidence of the consideration of all incidents related to protection within the residents careplan and the actions clearly documented. The registered provider will ensure that all staff are up to date with specific safeguarding training in addition site specific training on protection has been provided. The provider has offered additional training to staff within the designated center in supporting relationships and friendships for residents.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/12/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/09/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	30/09/2023

	showing staff on duty during the day and night and that it is properly maintained.			
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.	Substantially Compliant	Yellow	01/12/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/08/2023
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	01/12/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to	Not Compliant	Orange	01/12/2023

	emergencies.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/10/2023
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	31/12/2023