



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Jerpoint
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	28 February 2023
Centre ID:	OSV-0003624
Fieldwork ID:	MON-0034861

About the designated centre

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

Camphill Jerpoint provides long-term residential care to 10 adults, over the age of 18, both male and female with intellectual disability, autism sensory and physical support needs. The centre is made up three detached two-storey houses each accommodating between one and four residents in a farmyard rural setting. Each resident has their own bedroom and other facilities throughout the centre include kitchens, dining rooms, living rooms, laundries and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including house coordinators and social care assistants) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
Tuesday 28 February 2023	09:00hrs to 17:00hrs	Tanya Brady	Lead
Tuesday 28 February 2023	09:00hrs to 17:00hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

This inspection was completed to monitor ongoing compliance with the regulations and standards. This centre had previously been inspected on a number of occasions over 2021 and 2022 with a focus on fire safety. Following substantial work by the provider the centre was found on the last inspection in April 2022 to be in compliance with Regulation 28: Fire precautions. The provider is now in receipt of fire compliance certification as issued by the relevant County Council Chief Fire Officer and as such this Regulation was not reviewed on this occasion.

The inspection was announced to the provider shortly before the inspection date and was completed by two inspectors. Overall, the findings of this inspection were that residents appeared content in the centre and engaging in activities they enjoyed in their houses, around the rural site and in their local community. They were being supported to make choices and to be involved in the running of the centre. They lived in warm, clean and comfortable houses and for the most part were supported by a staff team who were familiar with their care and support needs. The majority of the regulations reviewed were found to be compliant in this inspection however, there were concerns regarding Regulation 29: Medicines and pharmaceutical services and 27: Protection against infection in addition to 31: notification of incidents. The provider had notified the Chief Inspector of Social Services of incidents that occurred in the centre, but one of concern had not been notified in line with the timeframe identified in the Regulation.

On arrival the inspectors were welcomed by staff, the person in charge who was newly appointed to the role and the area services manager. A resident also came out to the car park from their home to greet the inspectors and to ask questions about an inspector's car. Inspectors were directed to sign in, to complete the infection prevention and control procedures such as hand hygiene and temperature checks.

This centre is registered for a maximum of 10 residents and currently nine individuals live here. The inspectors had the opportunity to meet with five individuals during the morning and another two in the afternoon. Over the course of the inspection residents were out at art classes in their day service or engaged in the community, one resident was observed horse riding and others were seen to move freely throughout the site. As residents returned to their home late in the afternoon staff were heard conversing with them and inspectors observed residents coming down to the offices to speak to the person in charge or administration staff about their day.

This centre is located in a rural area and comprises three houses, one is home to a single individual and is located above activity space, the two other large houses have both communal living areas and individualised apartments within them. There is a large well maintained garden area to the front of one house with a polytunnel and vegetable beds, the site also comprises a farm and residents enjoy feeding the

chickens and engaging in tasks around the farm.

The inspectors visited all three homes that comprise this centre over the course of the day. A number of residents who met with the inspectors spoke of enjoying their lives in the centre and being busy and active as well as well supported. Other residents present with complex communication needs and did not verbalise their opinion however staff were sensitive to and familiar with the communication cues used by all residents. There were notice boards displayed in the houses that contained important information for residents and their pictures, art work and personal items were on display throughout their home in addition to within their individual spaces.

Throughout the inspection residents appeared comfortable and content and were observed to spend their time in preferred areas. For example they were observed to spend time in the kitchen come dining room, and to have favourite places to sit. They spent time in the living rooms, or in their bedrooms. During the inspection inspectors found that residents were supported by sufficient staff to meet their assessed needs. They were also supported by volunteers who lived within the centre. They were spending time listening to music, going for walks, going horse riding or relaxing in their bedrooms. There were many different options of games, activities and arts and crafts available in the houses for residents. There were televisions, radios and music systems available in communal areas and where requested in residents' bedrooms.

Residents were supported to keep in touch with, and spend time with their family and friends. Inspectors were told that residents were supported to meet with friends and to visit family or friends. There were numerous areas of the houses where they could spend time with their family and friends in private, and they could entertain their guests in communal areas if they wished.

In summary, residents appeared relaxed and content in their homes and with the levels of support offered by staff. They were supported to decorate their home and their rooms in line with their preferences, and to take part in activities they found meaningful. Regular staff were familiar with residents' needs and preferences; however, improvements were required in relation to some medicine management systems and to the infection prevention and control practices in order to ensure that residents continued to be in receipt of a good quality and safe service.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support them to gain independence and make choices in their day-to-day lives. The centre was well run as the provider's systems were for the most part proving effective at capturing areas where improvements were required, and bringing about these improvements. In two areas improvement was required to the systems in place and these are reflected under Regulations 27 and 29 later in the report.

The person in charge was new to the role and was working full-time in the centre and they were supported by shift leads in each of the houses. They reported to an area services manager who was present in the centre regularly and also available to the person in charge and staff by phone as required. The provider's systems to monitor care and support included audits, the six-monthly and annual reviews, and resident and family surveys.

Staff were aware of their roles and responsibilities, and carrying out their duties to the best of their abilities. Staff meetings were occurring regularly and there were handovers at the beginning of each shift. Staff were in receipt of regular formal supervision.

There were a number of staff vacancies in the centre and the inspectors were informed that the provider was actively recruiting to fill these. In the interim they were filling the required shifts with regular relief regular agency staff, where possible. They were ensuring that there was a core staff member available to support residents at key times. Due to the assessed support needs of some residents, there were more consistent 1:1 staffing supports in place for them. This was risk assessed and staffing levels were kept under regular review by the provider.

Regulation 14: Persons in charge

There had been a recent change in the role of person in charge a few weeks prior to this inspection. The person in charge had the qualifications, skills and experience to fulfill the role. They had systems in place to oversee the quality and safety of care and support for residents, and to support staff to carry out their roles and responsibilities to the best of their ability. They were becoming familiar with the care and support needs of the residents living in the centre, and motivated to ensure they were happy, safe, spending time with their family and friends, and taking part in activities they enjoyed.

Judgment: Compliant

Regulation 15: Staffing

There were a number of staff vacancies at the time of the inspection. The inspectors were informed there was six whole time equivalent vacancies currently. They were informed that the provider was in the process of recruiting to fill these positions. In the interim, they were providing continuity of care and support for the residents through regular relief staff covering the required shifts. In addition, where agency staff were required to cover other gaps in the roster the person in charge ensured that the agency staff member was familiar with the residents and committed to fill a full line in the roster. The inspectors met with some agency and relief staff on duty and they reported having been in the centre for the last year on the roster and were observed to be familiar with residents preferences and dislikes.

The inspectors reviewed the centre rosters and found that they were well maintained and contained all information as required. A review of the rosters also demonstrated the consistency of care and support in place despite the staffing vacancies. In addition to reviewing rosters the inspectors reviewed a sample of staff personnel files and found that they contained all information as required in Schedule 2 including up-to-date records of staff supervision.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of the residents was being monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities.

The provider had systems in place to complete audits and reviews, and to ensure the actions from these reviews were followed up on and completed. Improvements were required in the auditing of medicine management however, to ensure that areas for improvement were identified and this is reflected under Regulation 29. The provider was completing annual and six-monthly reviews and the local management team were completing regular audits in key areas of service provision.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. The inspectors found that while a log of all accidents and incidents were maintained in the centre, one had not been notified to the Chief Inspector of Social Services in line with the three day time period identified in the regulations.

This incident related to an an injury for which a resident required medical/hospital treatment, which had not been notified to the Chief Inspector within 3 working days in line with the requirement of the Regulation.

Judgment: Not compliant

Quality and safety

Overall the inspectors found that the residents who lived in this centre were in receipt of good quality care and support in line with their assessed needs. The staff team supported by the volunteers were working to support residents to engage in meaningful activities and to live a life of their choosing.

Each resident had an assessment of need and personal plan in place. From the sample reviewed residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The inspectors also found that the provider was recognising that behaviour is a form of communication and that they were making every effort to understand and respond appropriately to residents. Those who required support had access to health and social care professionals and medical professionals in line with their assessed needs.

There were policies and procedures to safeguard residents in the centre. There was a safeguarding statement and staff had completed safeguarding training. Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policies. Keyworkers were meeting with residents regularly to ensure they were reaching their goals, aware of the complaints and compliments procedure, and of how to keep themselves safe. Residents were being supported to make choices and to be involved in the running of the centre. They could also take part in weekly meetings, keyworker meetings, personal plan reviews, and feedback questionnaires.

Regulation 17: Premises

The houses were found to be warm, comfortable and personalised to individual resident needs. While there were areas that required maintenance these had been

self identified and reported by the person in charge and the provider had an established system for managing their action plan. In some of the houses the inspectors observed works which had started such as the fitting of a new bathroom suite or painting and fitting new counter tops. In other areas these works were required and waiting for commencement. Where the premises repairs impacted on the effectiveness of cleaning and infection prevention and control practice such as worn surfaces this is reflected in the judgement against Regulation 27.

There was suitable heating, lighting and ventilation in all houses, separate kitchens with cooking facilities, and suitable facilities for laundry. Rooms in the house were bright, airy and colourful. Residents could choose to spend their time in a number of different communal areas. Their bedrooms were personalised to suit their tastes and contained art work, pictures, photos of them taking part in activities they enjoyed, and pictures of the important people in their lives. They had access to plenty of storage for their personal items and there were sufficient numbers of bathrooms which were either under renovation or currently properly equipped to meet their needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained the required information. They were identifying safety issues and putting risk assessments and appropriate control measures in place.

Risk assessments considered each individuals needs and the need to promote their safety, while promoting their independence and autonomy. Inspectors reviewed a number of individual risk assessments and found they had been recently reviewed and were updated as required to reflect the current presentation. Inspectors found that the risk control measures were relative to the risks identified. Residents, staff and visitors were found to be protected by the risk management policies, procedures and practices in the centre.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. Where aspects of the centre premises may present a hazard while waiting repair such as cracked pathway tiles these were added to the assessment until they were repaired.

Judgment: Compliant

Regulation 27: Protection against infection

Residents, staff and visitors were protected by the infection prevention and control (IPC) policies, procedures and practices in the centre. The provider was reviewing systems and introducing a number of improvements in terms of practices and systems relating to IPC since an inspection in another of their centres which demonstrated shared learning. Staff were observed to adhere to standard precautions throughout the inspection.

A more robust system was needed in relation to IPC auditing in particular of cleaning schedules, in order to review more than surface review of checking on a list. This was important as inspectors found some rooms in the designated centre not identified on the schedule and deep cleaning scheduled for weekly was checked as completed daily with other tasks not accurately recorded when completed.

The person in charge continued to discuss IPC with staff during formal supervision, at staff meetings, and through informal discussions in the centre. There were risk assessments and contingency plans in place. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

The physical environment was found to be clean however, as stated earlier aspects of the premises required maintenance and did not allow for effective cleaning. These included worn surfaces on counters and cupboard doors, broken floor tiles or worn flooring. Inspectors observed for the most part the storage of cleaning equipment was appropriate in one area mops and buckets were outside and not in a position to dry or remain free of debris. There were systems in place to minimise the risk of the spread of infection including systems for the running of water in areas not in regular use.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had not ensured that there were effective systems in place for the prescribing, administering and disposal of medications in the centre.

Inspectors reviewed a sample of residents medication documentation and medicines in place over the course of the inspection. Where short term medication was prescribed such as an antibiotic it was found that the dates and times across the

immediate administration documents and the ongoing administration documentation differed slightly. This was of concern in the use of topical ointments for example, as they were recorded in one instance of being used for longer than prescribed. In addition, the inspectors found that some short term medicine items were recorded as having been opened at a time that was not in line with the administration records.

Inspectors found that for one resident's medicine administration records a copy had been made of this and sent with a resident when on a visit external to the centre. The two copies contained different information and were completed by individuals not on the centre staff team. This was immediately reviewed by the provider and assurances submitted following the inspection to the Chief Inspector. Practices relating to the signing out and receipt of medication also required review, for example an amount of medication was recorded as being signed in which was not in line with the resident having been given the correct dose when out of the centre. These errors had not been identified in the providers auditing systems and these required review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment that identified their health, personal and social care needs. These assessments were used to inform their plans of care which were being regularly reviewed and updated to ensure they were reflective of their needs. Inspectors found that an annual review had been completed of all residents plan and there were quarterly reviews in place of all goals set by residents.

Residents' plans illustrated their busy and active lives with goals set that were important to them such as going to the gym, knitting, going for walks, taking a short holiday or attending a music concert or festival. There were detailed communication support plans in place for residents which outlined for staff methods of supporting residents when making a choice or planning an accessible schedule. Resident's all had a daily and weekly schedule in place with these available as easy-to-read or symbol supported documents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured that residents were supported to have the best possible mental health by ensuring there was access to specialist medical and health and social care professional support as required. There were appropriate

supports in place for residents who were at risk from their own behaviour and clear plans and protocols in place to guide staff when supporting residents. Support plans were developed and reviewed as required and these included wellness and emotional support plans.

There were a number of restrictive practices in use in the centre. Restrictive practices were documented and reviewed regularly to ensure that they were the least restrictive for the shortest duration. It was evident that the provider and person in charge had provided information to residents on the restrictions in place and had endeavoured to obtain resident consent. Restrictive practices in place had been reviewed and agreed with relevant specialist professionals and were reviewed on a regular basis.

Judgment: Compliant

Regulation 8: Protection

Overall, the findings of this inspection were that the registered provider was supporting residents to develop their knowledge, self-awareness and skills for self-care and protection.

Allegations and suspicions of abuse were being reported and followed up on in line with the organisational and national policy. Inspectors reviewed safeguarding concerns that had been identified by the provider following reviews of incidents that had occurred in the centre. Inspectors reviewed the subsequent investigations and follow up plans that had been implemented by the person in charge and found them to be detailed and guiding practice. Safeguarding plans were developed and reviewed as required.

The provider had clear procedures for the management of resident finances and there were support plans and risk assessments in place for all residents. Residents had intimate or personal care plans in place and these were clearly guiding staff practice and linked to appropriate risk assessments or practice protocols.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and person in charge had ensured that each resident in accordance with their wishes participated in decisions about their care and support. Inspectors observed that where residents required additional support to ensure they were in receipt of good quality care and support, for example, support to clean their personal areas this was done in a sensitive and considered way that respected the

individuals' wishes.

Formal meetings with residents were taking place and individual meetings were also occurring which allowed residents a safe space to express their opinion and to participate in decisions on how their home should be run. Residents had freedom to make choices in their day-to-day lives and inspectors saw that they participated in everyday tasks such as shopping, food preparation or cleaning.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Camphill Jerpoint OSV-0003624

Inspection ID: MON-0034861

Date of inspection: 28/02/2023

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: PIC will ensure to submit notifications within the three-day notification period where any resident requires medical attention that exceeds local first aid by a medical professional.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: CCOI nationally are currently reviewing all cleaning schedules for each designated centre. The new documentation will include the instructions for cleaning of all rooms throughout each house. Monitoring records will also be maintained and reviewed by the PIC.</p> <p>The Person in charge has provided clear guidance to all staff during house team meetings regarding the correct storage of mops, buckets and all cleaning utensils.</p> <p>PIC continues to log and escalate any maintenance and property issues to the national maintenance team.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: CCOI Clinical support officer has completed a documentation review of CCOI's medication policy relating to the signing in and out of medication. The documentation has been updated to ensure there is a clear difference between documentation where medication is signed in from the pharmacy and medication being signed in and out upon family visits. Daily oversight of each emergency Mars now forms part of the daily checks which is over seen by the PIC.</p>	

New weekly medication audit has been implemented using the V Clarity audit tool, this audit tool will identify gaps in documentation. New audit start date 01/04/23

Clinical support officer has implemented a new comprehensive medication assessment for all staff working within CCOI. The CSO will assess the PIC and the team leader to ensure they are competent, once deemed competent the PIC and TL's will complete assessments with all other staff in the community.

Clinical support officer completed an education session on medication locally in Jerpoint on Thursday 30.03.23.

The PIC completes monthly medication audits, this will ensure oversight by the PIC regularly, all audits are completed using the V Clarity software.

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 27	The registered provider shall ensure that residents who may 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.	Not Compliant	Orange	07/03/2023
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such record is kept in a safe and accessible	Not Compliant	Orange	28/02/2023

	place in the designated centre.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	30/03/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/03/2023
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Not Compliant	Orange	28/02/2023

	incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.			
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