



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

## Issued by the Chief Inspector

Name of designated centre:	Piercetown
Name of provider:	Three Steps Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	02 April 2024
Centre ID:	OSV-0007841
Fieldwork ID:	MON-0042746

## About the designated centre

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

This service provides residential care and support for up to five adults with disabilities. The house consists of seven large bedrooms, a large sun room, a sitting room/TV room (with additional space for a relaxation area), a large fully equipped kitchen cum dining room, a separate dining room a utility facility and a large communal bathroom. Each resident has their own large en-suite bedroom. The house is situated on its own private grounds with private parking facilities to the rear and side of the property. The house is staffed on a 24/7 basis by a person in charge, a deputy centre manager, a team leader and a team of support workers. The overall aim of the service is to provide a safe, caring, supportive, thoughtfully created environment that respects the individual rights, meets the individual needs and maximises personal development, autonomy and independence of the residents.

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

Number of residents on the date of inspection:	4
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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 (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 2 April 2024	09:30hrs to 13:50hrs	Maureen Burns Rees	Lead
Tuesday 2 April 2024	09:30hrs to 13:50hrs	Michael Keating	Support

## What residents told us and what inspectors observed

From what the inspectors of social services observed, it was evident that the residents had a good quality of life in which their independence was promoted. However, fire drills involving residents were not being undertaken in line with the provider's policy and best practice. The behaviours of some of the residents could be difficult to manage in a group living environment and had the potential to have a negative impact on individual residents.

This inspection was unannounced and completed to ascertain if learning following a serious incident in another centre operated by this provider, had been effectively shared across the service, with appropriate controls put in place to mitigate the identified risks. This inspection found that the provider had shared the learning from the incident in the other centre, appropriately assessed the risk and implemented necessary controls in this centre.

The centre was registered to accommodate up to five adult residents. However, there was one vacancy at the time of this inspection. Consequently there were only four residents on the day of inspection. The majority of the residents had been living together for an extended period. The provider had identified that the assessed needs of one of the residents would be better met in an individualised service. Consequently, the provider was in the process of renovating a self contained apartment in another centre specifically for the identified resident. It was proposed that the resident would transition to their new placement in a six week period following this inspection.

The provider had submitted a notification to the office of the Chief Inspector of social services outlining their intention to cease business in this centre, from 31st of July 2024, as per section 66 of the Health Act. The provider reported that it was their intention to acquire a new premises and to submit an application to register same to the Office of the Chief Inspector. It was proposed that once registered, the remaining residents would transition to the new premises. A new suitable premises had not yet been confirmed.

The inspectors met briefly with three of the four residents living in the centre. The fourth resident was spending some time in their family home. Three of the four residents were engaged in a formal day service programme which they were facilitated to attend. The last resident did not attend a day service but an individualised service to meet their assessed needs was provided in the centre.

There was an atmosphere of friendliness in the centre and warm interactions between the residents and staff was observed. The residents met with appeared to be in good form. Residents were observed to access various areas in the centre and the garden. The inspectors observed warm interactions between the residents present and staff caring for them. One of the residents was observed completing art work, going out for a walk and a car trip with staff. Another resident was observed

having a meal with staff before going out on a shopping trip which they appeared to be looking forward to. The third resident did not engage with the inspectors but was observed to make happy vocal sounds as they spent time exercising in the garden and enjoyed a meal while watching their favourite movie. Staff were observed to respond to the residents' verbal and non-verbal cues and requests in a kind and respectful manner. One of the residents spoke with the inspector about their rights and how they felt they were supported in the centre. This resident indicated to the inspectors that the behaviours of one of the residents could on occasions be upsetting for them to witness but that overall they enjoyed living in the centre and spending time with staff and the other residents.

The centre was found to be comfortable, homely and overall in a good state of repair. However, some surfaces on kitchen presses and the hob appeared worn and broken in areas. In addition, the flooring in some areas appeared worn, such as the sitting room floor. The paint on some walls and woodwork appeared worn in areas. This meant that these areas could be more difficult to effectively clean from an infection control perspective. The provider had an operations and maintenance team who were responsible for the maintenance of the premises. A maintenance log was maintained of all requests and tasks undertaken. There were a number of good sized communal areas, including a kitchen, separate dining room, sitting room and a conservatory. Each of the residents had their own bedroom which had been personalised to their own taste. This promoted residents' independence and dignity and, recognised their individuality and personal preferences. It was noted that one of the residents had minimal items in their bedroom which it was reported was their personal preference. Pieces of art work, which had been completed by residents, were on display in areas along with pictures of residents and their respective family members and other memorabilia. The centre was located in a rural setting. There was a good sized garden surrounding the centre. This included a trampoline, basket swing, basketball hoop, potted plants, climbing frame and seating area. The centre layout was suitable to meet the needs of the residents.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers and there were weekly resident meetings. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities, daily routines, money and meal choices. There were no restrictions on visiting in the centre. Posters displaying individualised rights for each of the residents were on display in the front hall. Residents had access to independent advocates if required.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with residents and their representatives as part of

its annual review of the quality and safety of care. These indicated that overall they were happy with the care being provided in the centre.

There were two whole time equivalent staff vacancies at the time of inspection. These vacancies were being covered by regular agency and relief staff. Recruitment was underway for the positions. The inspectors noted that residents' needs and preferences were well known to staff met with on the day of inspection and the person in charge.

Residents were supported to engage in meaningful activities in the centre. Three of the four residents had a formal day service programme which they attended. The fourth resident had an individualised service provided for them from the centre which it was felt best met this resident's individual needs. Examples of other activities that residents engaged in included, dance class, social club, arts and crafts, swimming, listening to music, cinema, bowling, walks to local scenic areas and beaches, board games, water play, concerts, sensory toys and meals out. There was a good supply of arts and crafts materials and various board games available in the centre. In addition, there was a keyboard and drum set in the centre, which it was reported that one of the residents enjoyed using. A weekly activity schedule was in place. There were two cars available in the centre for residents' use.

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

## Capacity and capability

There were appropriate management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. He had taken up the position in July 2023. The person in charge held a degree in social studies and a certificate in managing people. He had more than seven years management experience. He was in a full-time position and was responsible for one other centre located within the same geographical area. The person in charge was supported by a deputy manager and a team leader. Staff members spoken with, told the inspector that the person in charge supported them in their role and was a good leader. The person in charge had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of care. There was

evidence that the service manager visited the centre at regular intervals and completed audits on these visits.

An annual review of the quality and safety of care and six-monthly unannounced visits as required by the regulations had been undertaken. There was evidence that the person in charge had undertaken a number of other audits and checks in the centre on a regular basis. Examples of these included, medication practices, integrated care folders, key working audit, fire safety, health and safety, weekly and monthly management checks, infection prevention and control and staff files. There was evidence that actions were taken to address issues identified in these audits and checks. The person in charge completed a monthly managers report covering wide range of areas which was submitted to the service manager. There were monthly staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

There were consistent staff members working with residents. It was noted that there were two staff vacancies at the time of inspection. However, these vacancies were being covered by regular agency staff and relief staff who had been working in the centre for an extended period. This provided consistency of care for the residents. Recruitment was underway for these positions. The actual and planned duty rosters were found to be maintained to a satisfactory level.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations. There was evidence that post incident reviews were completed with learnings identified and actioned.

### Regulation 15: Staffing

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. There were two staff vacancies at the time of this inspection. However, these vacancies were being covered by regular agency staff and relief staff who had been working in the centre for an extended period. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level. Recruitment was underway for these positions.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service. An annual review to assess the quality and safety of care had been completed. The provider had completed unannounced visits on a six-



monthly basis to review the quality and safety of care. There were clear management structures and lines of accountability.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A written contract of care was in place for each of the residents which detailed the services to be provided for the resident. However, as identified at the time of the last inspection, the contracts of care did not include details of the fees payable, as required by the regulations. It was reported that a new contract of care had been drafted by the provider but had not yet been implemented in the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations. There was evidence that post incident reviews were completed with learnings identified and actioned.

Judgment: Compliant

## Quality and safety

The residents living in the centre received care and support which was of a good quality, person centred and promoted their rights. However, the behaviours of a small number of residents were on occasions difficult for staff to manage in a group living environment and had the potential to have a negative impact on other residents. Overall, incidents of challenging behaviour were considered to be well managed.

The residents' well being and welfare was maintained by a good standard of evidence-based care and support. Personalised care and support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Personal plans in place had been reviewed with the involvement of the individual resident's multidisciplinary team, the resident and their representatives. The effectiveness of the plans were assessed as

part of a review as required by the regulations. It was noted that one of the personal plans were due for review which it was proposed would be completed with this resident's transition to their new home within the coming weeks. Health management plans were place for residents identified to require same. Specific goals were identified for residents. Records were maintained of session planning to achieve goals with goal setting work sheets, goal implementation plans and one to one meetings to record progress in achieving identified goals.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for residents which had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Post incident reviews were completed for all incidents. This promoted opportunities for learning to improve services and prevent incidences. It was noted that the provider had shared the learning from a significant incident in another centre operated by the provider and, appropriately assessed the risk and implemented necessary controls in this centre.

Precautions were in place against the risk of fire. However, a fire drill had not been completed with one of the residents who had been admitted to the centre in July 2023. In addition, at the time of the last fire drill in the centre, in February 2024, one of the residents present had not engaged with the drill and it was recorded that the resident did not appear to 'understand what was happening', There was no evidence that any remedial work had been undertaken with the individual, the resident's personal evacuation plan had not been updated to reflect this and no further fire drill had yet been completed. This meant that the provider could not be assured, in so far as reasonably practicable, that all residents were aware of the procedures to be followed in the case of fire and that they could be safely evacuated. A personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of each of the other residents was in place. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training.

There were procedures in place for the prevention and control of infection. However, the surface of some surfaces on presses and the hob in the kitchen appeared worn and broken in areas, the flooring in some areas appeared worn, such as the sitting room floor and the paint on walls and woodwork in a small number of areas appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective. The inspectors observed that areas appeared clean. It was noted that an external contractor was commissioned to complete a 'deep clean' in the centre on a regular basis. A cleaning schedule was in

place which was overseen by the person in charge and deputy manager. Cleaning was completed by staff on duty. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste.

There were measures in place to protect residents from being harmed or suffering from abuse. However, the behaviours of a number of the residents were on occasions difficult for staff to manage in a group living environment. This had the potential to be a safeguarding concern and to have a negative impact on the other residents in the centre. Overall, it was noted that allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Individual work had been completed with some of the residents regarding how to keep themselves safe. Staff members spoken with, were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Intimate care plans were on file for each of the residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. A register was maintained of all restrictive practices used in the centre and these were subject to regular review. Records were maintained of an impact assessment, authorisation and notification form for all restrictive practices used. Behaviour support and routine management plans were in place for residents identified to require same. The plans put in place provided a good level of detail to guide staff in meeting the needs of the individual resident. There was a policy on the provision of behaviour support.

## Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments and safety assessments were on file which had been recently reviewed. There was a risk register in place. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. It was noted that the provider had shared the learning from a significant incident in another centre operated by the provider and, appropriately assessed the risk and implemented necessary controls in this centre.

Judgment: Compliant

## Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, the surface of some presses and the hob in the kitchen appeared worn and broken in areas, the flooring in some areas appeared worn, such as the sitting room floor and the paint on walls and woodwork in a small number of areas appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Precautions were in place against the risk of fire. However, fire drills involving residents were not being undertaken in line with the provider's policy and best practice. Records indicated that one of the residents had not engaged in a fire drill since their admission to the centre in July 2023. In addition, at the time of the last fire drill in the centre, in February 2024, one of the residents present had not engaged with the drill and it was recorded that the resident did not appear to 'understand what was happening', There was no evidence that any remedial work had been undertaken with the individual, the resident's personal evacuation plan had not been updated to reflect this and no further fire drill had yet been completed. This meant that the provider could not be assured, in so far as reasonably practicable, that all residents were aware of the procedures to be followed in the case of fire and that they could be safely evacuated.

Judgment: Not compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, as referred to above, the behaviours of a number of residents were sometimes difficult for staff to manage in a group living environment and this had the potential to be a safeguarding concern and to have a negative impact on the other residents in the centre. It was noted that one of the residents was due to transition from the centre in a six week period following this inspection. It was proposed that this would significantly reduce safeguarding concerns in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Piercetown OSV-0007841

Inspection ID: MON-0042746

Date of inspection: 02/04/2024

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>A new Care Agreement Form is currently in draft form and under review by Senior Management and the Finance Department within Three Steps. The Care Agreement will contain details of fees payable by resident and will be in place across the service by 30/06/2024.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>There are a number of procedures in place for preventing the spread of infection within the Centre. There is a robust cleaning schedule, completed daily and overseen by Centre Management. A sanitization schedule is also completed daily and overseen by Centre Management. Deep cleans of the centre, completed by external cleaning contractors, occur quarterly. Centre Management complete daily walkthrough’s of the Centre as part of Governance and Oversight checks and any further maintenance or cleaning duties are actioned.</p> <p>The Centre Manager raises any maintenance issues with the Service Manager and Operations Manager and these issues are added to a Centre Maintenance Log for completion.</p> <p>Director of Care, Operations Executive, Service Manager and Maintenance Team have</p>	

begun fortnightly meetings (30/04/2024). These meetings will allow for open discussion on maintenance issues in the previous two weeks and will serve as a planning meeting for the following two weeks.

The issues raised in this report have been escalated through this process for completion.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A fire drill was completed successfully with one resident on 08/04/2024.

The Centre Manager reviewed the Personal Emergency Evacuation Plan (PEEP) for one resident on 12/04/2024. The evacuation process was reviewed, and further actions were added, should the resident refuse to vacate the premises in the event of a fire. This resident's monthly goals have been updated and the resident will complete preparation work for the next fire drill which is scheduled for completion on 02.05.2024 using the updated evacuation process outlined in their PEEP.

All actions above have been added to the Centre Risk Register in order for them to be monitored, implemented, or escalated if required, in line with Three Steps policy.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
All residents have comprehensive Individual Support Plans in place. These include Behaviour Support Plans and Risk Management Plans. These plans are regularly reviewed by the care team at supervisions and team meetings and updated as required.

As outlined in the report, one of the residents is due to transition to a new Centre within the service. This resident has been the subject of a number of Adult Safeguarding Reports, whereby their behaviour was judged to have impacted on other residents in the Centre.

Works are currently in the final stages, and plans are being finalized, in order for this resident to move to the new Centre. It is expected that this will take place in advance of the 30/06/2024

Once this transition goes ahead, this should significantly reduce safeguarding concerns in



the Centre and lower the prevalence of peer-to-peer impact caused by residents witnessing behaviour that challenges.

## 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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/06/2024
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	Substantially Compliant	Yellow	30/06/2024

	infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	02/05/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/06/2024