



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	TLC Centre Santry
Name of provider:	T.L.C. Centre Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	21 March 2019
Centre ID:	OSV-0000184
Fieldwork ID:	MON-0020899

## About the designated centre

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

TLC Centre Santry is a designated centre located in north Dublin, registered to provide care for 128 men and women over the age of 18 years in single and twin bedrooms across four storeys.

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

Current registration end date:	05/03/2021
Number of residents on the date of inspection:	126

## How we inspect

To prepare for this inspection the inspector or 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
21 March 2019	16:00hrs to 19:05hrs	Sarah Carter	Lead
22 March 2019	09:00hrs to 16:15hrs	Sarah Carter	Lead
21 March 2019	16:00hrs to 19:05hrs	Gearoid Harrahill	Support
22 March 2019	09:00hrs to 16:15hrs	Gearoid Harrahill	Support

## Views of people who use the service

Inspectors met with a large number of residents during both days of the inspection, who spoke about their experience of living in the designated centre.

Overall feedback shared by residents was quite positive. Residents could do what they wished with their day, including going out into the community. Resident spoke positively about the staff and they felt well looked after, and knew they could get help or assistance when needed. Residents felt safe in the centre, and knew who they could go to if they were concerned or dissatisfied with any aspect of living in the centre, and that such matters would be taken seriously.

Residents liked their bedrooms, and those in shared bedrooms told inspectors they got on well with their neighbours. Some residents told inspectors they had made friends with other residents in their time in the centre and could go out and socialise together without issue. Other residents told inspectors they had moved from shared rooms to rooms on their own, and they preferred that.

Residents were satisfied with their menu choices and enjoyed the meals served in the centre. Residents reported they had enough to do, and enjoyed the activities that were on offer, with some residents enjoying centre activities in which they previously had no interest. Some residents also told the inspectors that they went out and about, and enjoyed the proximity of the local hotel and shops and the parkland nearby.

Inspectors also spoken with residents' family members, who spoke positively on the service, felt welcomed by the staff to visit at any time, and stated that they could leave the centre with peace of mind regarding the care provided to their loved ones in the centre.

## Capacity and capability

The provider had clear structures in place regarding the recruitment, induction, probation and assessment of new staff. There were support and appraisal structures in place to facilitate nurses and healthcare assistance to carry out their duties in the centre. Staff were clear on their lines of accountability and management and were knowledgeable on the residents and their needs and preferences to provide person-centred care. There was a sufficient number of staff on duty at the time of inspection and the centre did not require the use of agency staff. There was a system by which work experience placements, as part of educational courses, took place in the centre, and the provider had assurances that the people allocated to

work were suitable to be placed in the centre.

The provider had documentation in place for review by inspectors when requested. This included securely filed directory of residents and personnel files on staff, which contained all information required under the regulations. The provider had a written and signed contract of care with all residents, with some review required to ensure that the full terms of residency were included for people living in the centre.

### Regulation 16: Training and staff development

Staff who spoke with inspectors felt supported to carry out their duties, and there were clear lines of management and accountability in place. There were evaluation and supervision structures in place for the induction and probation of new staff, as well as regular appraisals of staff in general. Appraisals included self-assessment and identification of goals for staff and how they can supported to achieve them. Some staff were out of date on some of their mandatory training; this is referenced under Regulations 8 and 28.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had a directory of all current residents which contained information required Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

This regulation was reviewed in relation to Schedule 2 records only. Inspectors reviewed a sample of personnel files for staff of different categories and found that the provider had all required documentation in place including identification, references and Garda vetting disclosures.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had appropriate insurance policies in effect.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Each resident had a written contract of care agreed and signed with the provider, which outlined the regular fees payable by the resident as well as facilities and services which incurred additional charges.

Contracts did not specify whether a resident was entitled to a single room or a shared room under the terms of their residency which is required by the regulation.

Judgment: Substantially compliant

### Quality and safety

Residents' wellbeing was maintained, and in some cases improved, in the centre through evidence based care and good risk management processes.

Residents had their needs assessed using evidence based tools. The outcomes of assessment in conjunction with residents' requests were used to formulate their care plans. Their care plans were reviewed regularly, and more often if a resident's needs changed. In cases where a resident required additional expertise, residents were referred to relevant services. Where possible services from the local public services were available they were requested. The care plans were written with person centred language and reflected their own preferences. There was evidence of consultation with family members and the resident's visitors if appropriate. Where necessary residents were being referred to the national screening programmes and this process was monitored through annual audit reviewed by the senior management team.

When a resident displayed responsive behaviour, staff had good knowledge of the resident's needs and their triggers and techniques to be used to help manage their distress. The least restrictive options were in use to manage the behaviours and care plans reviewed emphasised de-escalation and communication skills. Where restrictive practices were used, the assessment process indicated the nature of the restrictive practice, the rationale for their use was clear and alternative measures had been trialled. In the cases where the practice was defined and assessed as enabling the resident's function, other alternatives were not trialled. The policy on the management of behaviours that challenge was in date, clear and could guide staff practice.

The inspectors reviewed residents' access to recreation. Facilities were available throughout the building to facilitate residents to attend activities. Residents were observed participating in many activities during the inspection. A well stocked and organised library was available on the ground floor. Residents had access to TVs in their own bedrooms, and large screens in the communal rooms. Residents' visitors were facilitated throughout the building, without restrictions. There were several places both private and semi-private for residents to meet their visitors outside of their bedrooms. A log of visitors to the centre was maintained at reception.

The premises had a reasonable decor throughout. Whilst the atmosphere being cultured in the centre was one of a hotel, some re-decoration and refurbishments were taking place to ensure good care was not impacted by environment. For example a flooring replacement programme was in progress, where older carpets were being replaced with smooth flooring that was both brighter and easier to clean. Equipment in the centre was in good working order on the days of inspection; however inspectors were told by residents and saw minutes of residents meetings indicating that the lifts had been out of order at different times in the later part of 2018. Assurances were received on the days of inspection that this issue had been resolved and the lifts had been refurbished. Issue identified on the previous inspection whereby residents were observed congregating at different times around the nurses stations was not observed on this inspection. The residents had use and access to a secure garden area at the rear of the building that also contained a designated smoking area.

There was clear risk management policy in the centre. The risk register was maintained and the operational risks were clearly defined and controls described to manage the risk. Clinical risks were identified in care planning. Incidents were recorded and when they occurred, analysis took place to assist in staff learning. Staff had up to date manual handling and staff knowledge was robust when asked about the management of various clinical risk, for example the management of a falls risk, or managing the needs of residents who smoked.

### Regulation 11: Visits

Residents were enabled to maintain their friendships and relationships with their families as visitors were welcomed in the centre, and there were sufficient facilities to enjoy private visits outside of their own accommodation.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents looked well and were able to exercise choice as regards their clothing and



possessions. Many bedrooms indicated that residents had brought in personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The living environment provided opportunities for rest and recreation. There was a good mix of communal and smaller quieter spaces. Lifts had undergone a refurbishment process and were in full working order. There were adequate toilets available. There were smaller dining areas on each floor and a larger dining area on the ground floor. A flooring refurbishment plan was ongoing as part of a quality improvement activity.

Judgment: Compliant

### Regulation 26: Risk management

There was clear risk management policy in the centre, which detailed the aspects of risk management as required by the regulation. There was a plan in place to manage emergencies and evidence was seen that incidents were reviewed and lessons learned. Residents clinical risks were well known to staff, and controls were in place to ensure a positive risk taking approaches to residents needs was taken.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre was suitably equipped to control fire safety risk. There was appropriate equipment to detect and extinguish fire, and the building featured fire safe doors to compartmentalise the building and contain smoke and flame in the event of a fire. Routine checks on escape routes and equipment was carried out, and all necessary external certification and servicing was carried out.

Overall staff knowledge on the procedures to be followed in the event of a fire or an evacuation was good. Staff members were familiar with horizontal and compartmental evacuation practices and knew the residents well enough to be aware of their assistance needs in the event of an evacuation. There were some inconsistencies however, in instruction given to staff in residents' personal emergency evacuation plans (PEEPs) with some staff members being unaware of

these instructions, or the practices used by staff being more in line with timely evacuation compared to these PEEP instructions. For example inspectors were told that wheeling a bed out of the compartment or using an evacuation sheet would take less time than using a hoist, which was directed in the PEEP. Some review was required to ensure consistency of procedure to prevent any potential delay. Additionally, a significant number of staff members were outside of the time frames to keep fire safety training up to date as per the centre's own policy.

Practice evacuations took place in the centre and the majority of staff had been involved in these. The evacuation drills were announced, and timed the evacuation of individual bedrooms. Some review was required to the reports on these drills to ensure that the provider was aware of the time it would take to evacuate the occupants of a fire zone compartment to a place of safety based on the location, resident requirements and staffing resources of a given time of day or night.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Admission assessment were comprehensive and informed care plans. The care plans seen were person centred, and incorporated feedback and consultation with the resident and/or their family where appropriate. Care plans were reviewed regularly and updated if incidents had occurred or the residents needs changed.

Judgment: Compliant

### Regulation 6: Health care

Residents were assisted to be independent as possible through good health care provision, encouragement and assistive equipment. Evidence based tools were used to assess resident conditions and informed the care plans. Residents were referred to specialist services as they required it.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Evidence was seen that indicated the service was striving to understand residents' responsive behaviours and respond appropriately and in a person centred way. Staff mainly used a combination of de-escalation techniques and communication

techniques to help residents who were experiencing responsive behaviours. Where restrictive practices were used, they were assessed and monitored, and alternative measures had been trialled. Restrictive practices were part of a review and audit process and register was maintained.

Judgment: Compliant

### Regulation 8: Protection

Staff were knowledgeable on the different forms of abuse which can occur in a nursing home setting, and were clear on how to prevent, identify and report incidents of suspected, alleged or actual incidents of abuse. Appropriate arrangements were in place to ensure that residents were protected from abuse, including safeguards related to residents' finances.

Inspectors reviewed records of staff training and found that some new staff had had induction, but were yet to receive the mandatory safeguarding training. A small number of longer term staff had gone outside the cycle of refresher training as determined by the provider. There were training sessions planned in the weeks following the inspection.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents had access to a residents meeting to air their opinion and give feedback on the service they received. Residents had access to recreational facilities and an activity programme that helped promote their engagement and enjoyment. There was an advocacy service available if residents wished to access supports.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant



## Office of the Chief Inspector

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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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Judgment: Compliant

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Judgment: Compliant

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Judgment: Compliant

### Regulation 22: Insurance

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Judgment: Compliant

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Judgment: Substantially compliant

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### Regulation 11: Visits

Residents were enabled to maintain their friendships and relationships with their families as visitors were welcomed in the centre, and there were sufficient facilities to enjoy private visits outside of their own accommodation.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents looked well and were able to exercise choice as regards their clothing and

possessions. Many bedrooms indicated that residents had brought in personal possessions.

Judgment: Compliant

### Regulation 17: Premises

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Judgment: Compliant

### Regulation 26: Risk management

There was clear risk management policy in the centre, which detailed the aspects of risk management as required by the regulation. There was a plan in place to manage emergencies and evidence was seen that incidents were reviewed and lessons learned. Residents clinical risks were well known to staff, and controls were in place to ensure a positive risk taking approaches to residents needs was taken.

Judgment: Compliant

### Regulation 28: Fire precautions

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these instructions, or the practices used by staff being more in line with timely evacuation compared to these PEEP instructions. For example inspectors were told that wheeling a bed out of the compartment or using an evacuation sheet would take less time than using a hoist, which was directed in the PEEP. Some review was required to ensure consistency of procedure to prevent any potential delay. Additionally, a significant number of staff members were outside of the time frames to keep fire safety training up to date as per the centre's own policy.

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Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Admission assessment were comprehensive and informed care plans. The care plans seen were person centred, and incorporated feedback and consultation with the resident and/or their family where appropriate. Care plans were reviewed regularly and updated if incidents had occurred or the residents needs changed.

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### Regulation 6: Health care

Residents were assisted to be independent as possible through good health care provision, encouragement and assistive equipment. Evidence based tools were used to assess resident conditions and informed the care plans. Residents were referred to specialist services as they required it.

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### Regulation 7: Managing behaviour that is challenging

Evidence was seen that indicated the service was striving to understand residents' responsive behaviours and respond appropriately and in a person centred way. Staff mainly used a combination of de-escalation techniques and communication

techniques to help residents who were experiencing responsive behaviours. Where restrictive practices were used, they were assessed and monitored, and alternative measures had been trialled. Restrictive practices were part of a review and audit process and register was maintained.

Judgment: Compliant

### Regulation 8: Protection

Staff were knowledgeable on the different forms of abuse which can occur in a nursing home setting, and were clear on how to prevent, identify and report incidents of suspected, alleged or actual incidents of abuse. Appropriate arrangements were in place to ensure that residents were protected from abuse, including safeguards related to residents' finances.

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Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents had access to a residents meeting to air their opinion and give feedback on the service they received. Residents had access to recreational facilities and an activity programme that helped promote their engagement and enjoyment. There was an advocacy service available if residents wished to access supports.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for TLC Centre Santry OSV-0000184

Inspection ID: MON-0020899

Date of inspection: 21/03/2019 and 22/03/2019

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The TLC Contract for Residents is amended to include the terms relating to the bedroom to be provided and the number of occupants of that bedroom. The contract will state that the resident will be accommodated in either a room occupied by one other person of the same gender unless a cohabitation mixed gender couple wish accommodation together in a shared room or in a single room. The contract will also state that, if not already allocated, a single room will be allocated to the resident when one becomes available and provided the resident wishes such accommodation. No time frame can be guaranteed for the allocation of a single room as it is not possible to forecast the availability of such rooms. The allocated room will not be changed without the resident being informed and with their agreement or that of their next of kin if the resident cannot consent.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Personal Emergency Evacuation Plans have been revised to ensure that the information contained identifies the most appropriate and quickest method of evacuation for individual residents. These plans will be widely distributed to staff so that they are also aware of the plans as previously, TLC believed that these plans were for the benefit of the Fire Service. We are happy that it was evident to the inspectors that staff did have a clear understanding of how to promptly evacuate residents in an emergency</p>	

situation.

Annual Fire Training is continuing on a daily basis to ensure that staff are in the time frame for this training in an accordance with the TLC policy.

Fire Drills and the Fire Drill Assessment template have been adapted to practice and record evacuation of a fire zone compartment in addition to the existing practice of timing the evacuation of the individual room and to reassure us that there is an adequate staffing resource response to ensure timely evacuation both day and night

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Safeguarding Training has taken place as planned since the monitoring inspection. Extra sessions have also been added to ensure that all staff are trained in the time frame in accordance with the TLC Policy on Safeguarding Vulnerable Adults at Risk of Abuse

## 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(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	1 <sup>st</sup> May 2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques	Not Compliant	Orange	1 <sup>st</sup> May 2019

	and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30 <sup>th</sup> April 2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	26 <sup>th</sup> April 2019
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30 <sup>th</sup> April 2019