



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

Issued by the Chief Inspector

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| Name of designated centre: | Adelaide Road |
| Name of provider: | Peter Bradley Foundation Company Limited by Guarantee |
| Address of centre: | Co. Dublin |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 19 January 2021 |
| Centre ID: | OSV-0001527 |
| Fieldwork ID: | MON-0031122 |

About the designated centre

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

The designated centre provides 24 hour residential care for up to seven adults with acquired brain injuries. The centre comprises of two adjoining semi-detached houses in a South County Dublin suburban area. The designated centre is made up of two separate units, one operating in each of the two adjoining houses. In one unit there was an entrance hallway, an open plan kitchen and dining/living area, three bedrooms with en suite facilities, and an open air courtyard space on the ground floor. On the first floor there was administration offices and a staff sleepover room. The second unit contained an entrance hallway, a large living room area, an open plan kitchen area with dining space, a staff office/sleep over room, and two resident bedrooms with en suite facilities on the ground floor. The first floor area contained an additional two bedrooms for residents, both with en suite facilities, and a hot press. The exterior space of the centre included a front driveway with space for parking and a large garden at the rear of the units which housed some outbuildings for storage facilities. Residents were supported by a person in charge, team leader and a staff of neuro-rehabilitative assistants.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 6 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|----------------------------|-------------------------|-----------------------|------|
| Tuesday 19 January 2021 | 10:30hrs to 15:00hrs | Maureen Burns Rees | Lead |

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents had a good quality of life in which their independence and rehabilitation was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations. The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in decision making within the centre. However, it was noted that in one of the two houses, the communal space was limited for the number and needs of residents living there. The back garden area and laundry area was also inaccessible for a number of the residents in that house.

The centre comprised of two houses, located adjacent to each other. The centre was registered to accommodate up to seven residents with four in one house and three in the other. At the time of this inspection, one of the former residents had transitioned from the centre and was reported to be living independently in line with their assessed needs and wishes. Consequently, there was one vacancy at the time of inspection and therefore three residents were living in each of the houses.

On this inspection, the inspector met briefly with each of the six residents living in the centre. Conversations between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time-limited in adherence with national guidance. Warm interactions between the residents and staff caring for them was observed. The residents met with appeared in good form and comfortable in the company of staff and the inspector. One of the residents referred to the staff team as 'amazing' and 'unbelievable'. Each of the residents told the inspector that they were happy living in the centre and enjoyed the company of their fellow residents and the staff team. A number of the residents spoke with the inspector about the COVID-19 national restrictions, but indicated that it had not really impacted upon their lives. Other residents told the inspector that it had negatively impacted their daily routines, especially their contact with family and friends, but that overall they had coped well. A number of the residents continued to engage in various community groups via video conferencing.

There was an atmosphere of friendliness in the centre. Numerous photos of each of the residents were on display in each of the houses. A resident was observed to enjoy listening to music from his vast collection of CDs and DVDs in his bedroom and another resident spoke with the inspector whilst preparing a snack in the kitchen. Two other residents were observed to enjoy each others company in the sitting room. Staff were observed to interact with residents in a caring and respectful manner. It had recently been one of the resident's birthdays and birthday cards were observed on display in the kitchen of one of the houses. This resident told the inspector that they had enjoyed their birthday celebration in their

home despite the restrictions imposed by the pandemic.

Each of the houses were found to be homely and in a good state of repair. However, the available space in the communal area in one of the houses was noted to be limited. It comprised of the kitchen, dining area and sitting room area. It was noted that each of the residents in this house had mobility issues requiring the use of mobility aids. This meant that the area could be limited if all three residents were congregating together or if some of the residents wanted to use the kitchen independently to prepare meals. There was no separate sitting room area for residents in this house to receive visitors. The bedroom and en-suite facility for one of the residents was awaiting an occupational therapist assessment regarding the suitability of its layout to meet the resident's needs. The laundry facilities for this house were located in a shed to the rear of the property. However, these facilities were not accessible to a number of the residents living there. This meant that these residents could not independently launder their own clothes should they so wish. The centre had a good sized shared garden to the rear of the centre. However, it was not accessible for the majority of the residents.

Residents in each of the houses had their own bedroom and en-suite facilities. A number of the bedrooms visited, with the permission of residents, were observed to be an adequate size and to meet the individual resident's needs. Bedrooms were decorated according to individual residents wishes and contained personal television, family photographs, posters and various other belongings. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. There was a small patio area to the rear of each of the houses with table and chairs for outdoor dining. It was noted that some of the residents had engaged in planting in raised planters on the patio area during the summer period.

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. Residents were enabled to communicate their needs, preferences and choices at these meeting in relation to their rehabilitation goals, activities and meal choices. 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 relatives and residents as part of their annual review, which indicated that they were happy with the care and support being provided for their loved ones.

Residents' rights were promoted by the care and support provided in the centre. Residents had access to advocacy services. There was information on rights and advocacy services observed on the notice board in the kitchen for residents reference. Residents' personal plans included clear detail on how to support each resident with their personal and intimate needs which ensured that the dignity of each resident was promoted.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including

video and voice calls. All visiting to the centre was restricted, in line with national guidance for COVID-19. Staff supported residents to make visits to their families when appropriate.

Residents' were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting residents' access to activities in the community. Each of the residents were engaged with a number of local services and programmes. The delivery of these programmes had been impacted by national COVID-19 restrictions, but residents continued to engage in classes from the centre via video conferencing mediums. A weekly activity schedule was in place and led by each of the residents. Examples of activities that residents engaged in included, cooking, walks to local scenic areas, drives, meditation, arts and crafts, board games, gardening projects using accessible planters and listening to music. Residents also engaged in a number of activities and classes via a video conferencing medium. Examples included, music therapy and Spanish music therapy, chair yoga, social group, table quiz, baking, creative writing and religious services. A number of the residents were engaged at various levels of self medicating which was being promoted by staff. Pre the national COVID-19 restrictions there was evidence that a number of the residents were active in their local communities whilst some of the residents enjoyed spending more time in the centre.

The full complement of staff were in place at the time of inspection. The majority of staff had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known by the person in charge.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. However, in one of the houses the space in the communal area was limited considering the needs of the residents living in that house and the facilities for laundry in this unit were not accessible for some of the residents living there. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive, caring and rehabilitative environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

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 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. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a Degree in social care, a Masters in community and voluntary services, and a Certificate in leadership and community development. She had more than 14 years management experience. She was in a full time position, but was also responsible for one other centre located a relatively short distance away. She was supported by a team leader in this centre and in the other centre for which she held responsibilities.

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 national services manager who in turn reported to the chief executive officer. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis, as required by the regulations. A number of other audits and checks were completed on a regular basis. Examples of these included, medication, files, restrictive practices and health and safety. There was evidence that actions were taken to address issues identified in these audits and checks. A key worker checklist was in place with items identified that were due each month. There were regular resident meetings, staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection the full complement of staff were in place. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level. The staff rota had been reconfigured in the preceding period to better meet residents' needs. A small panel of relief staff were used to cover staff leave.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions but all outstanding training was scheduled to be completed in January 2021. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. These were considered to support staff to perform their duties to the best of their abilities.

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.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection the full complement of staff were in place.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Suitable staff supervision arrangements were in place. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions, but all outstanding training was scheduled to be completed in January 2021.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents living in this centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights and rehabilitation. However, the communal area in one of the two houses was observed to have limited space considering the number and needs of residents living there. In addition, the garden and laundry facilities were not accessible for a number of residents.

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. Individual rehabilitation support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal rehabilitation in accordance with their individual health, personal and social care needs and choices. There was evidence that person-centred developmental goals had been set for each of the residents and there was good evidence that progress in achieving the goals set were being monitored. An annual personal rehabilitation plan review had been completed for each of the residents in line with the requirements of the regulations.

The centre was found to be homely and comfortable. The entire centre had been repainted within the preceding 12 month period. However, the communal area in one of the two houses was observed to have limited space considering the number and needs of residents living there. It comprised of the kitchen, dining area and sitting room area. It was noted that each of the residents in this house had mobility issues requiring the use of mobility aids. This meant that the area could be limited if all three residents were congregating together or if some of the residents wanted to use the kitchen independently to prepare meals. There was no separate sitting room area for residents in this house to receive visitors. The bedroom and en-suite facility for one of the residents was awaiting an occupational therapist assessment regarding the suitability of its layout to meet the resident's needs. The laundry facilities for this house were located in a shed to the rear of the property. However, these facilities were not accessible to a number of the residents living in the house. This meant that these residents could not independently launder their own clothes should they so wish. The centre had a good sized shared garden to the rear of the centre. However, it was not suitably accessible for the majority of the residents. It was reported that funding had been secured to complete work on the garden but

plans for same had not yet been put in place.

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments had been completed and were subject to regular review. There was a risk management policy and local risk register in place. Health and safety checks 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. The majority of incidents reported related to mobility issues for a number of the residents. Trending of all incidents was completed on a regular basis. This promoted opportunities for learning to improve services and prevent incidents and reoccurrences.

Precautions were in place against the risk of fire. There was documentary evidence that the 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. There were adequate means of escape and a fire assembly point was identified in an area to the front of both houses. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. The provider had completed risk and self-assessments for COVID-19, and put a COVID-19 preparedness and service planning response plan in place, which was in line with the national guidance. The inspector observed that areas in both houses appeared clean. A cleaning schedule was in place, which was overseen by the person in charge. 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. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken and recorded at regular intervals, and on all entries to the centre. Disposable surgical face masks were being used by staff whilst in close contact with residents. There had been no confirmed cases of COVID-19 for staff or resident at the time of inspection.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been a small number of allegations or suspicions of abuse in the preceding period and these had been appropriately managed and investigated. There was no requirement for safeguarding plan at the time of this inspection. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs.

Regulation 17: Premises

The communal area in one of the two houses was observed to have limited space considering the number and needs of residents living in the house. There was no separate sitting room area for residents in this house to receive visitors. The bedroom and en-suite facility for one of the residents was awaiting an occupational therapist assessment regarding the suitability of its layout to meet the resident's needs. The laundry facilities for this house were located in a shed in the back garden which was not accessible for a number of the residents living there. The garden to the rear of the centre was not accessible for a number of the residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Individual rehabilitation support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal rehabilitation in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health plans, health promotion and dietary assessment plans were in place. There was evidence residents had regular visits to their general practitioners.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same and these were subject to regular review. There was a restrictive practice register in place which was subject to regular review and it was audited by the person in charge on a two-monthly basis. There was a risk assessment and intervention plan for restrictions in place.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been a small number of allegations or suspicions of abuse in the preceding period and these had been appropriately managed and investigated. There was no requirement for safeguarding plan at the time of this inspection. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services observed on the notice board in the kitchen of both houses for residents reference. There was evidence of active consultations with residents regarding their care and the running of the house. A number of residents were engaged at various levels of self medicating which was being promoted by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Adelaide Road OSV-0001527

Inspection ID: MON-0031122

Date of inspection: 19/01/2021

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 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Renovations will be made to the layout of the premises to address all actions, by 25.02.2023.</p> <p>In order for internal renovations to take place, the following actions will be taken as soon as possible (COVID restrictions allowing):</p> <ul style="list-style-type: none">- One resident was referred to Community Occupational Therapist for re-assessment of ensuite space prior to the inspection. Community Occupational Therapist opened the case on 22/02/21 to complete a second assessment on the resident's ensuite.- Architect will be sourced to assess works needed, both internally and externally, to achieve accessibility to the laundry facilities and to the garden area, and to increase communal space. Architect to have visited and made recommendations and costing, as well as feasible time frames for work completion, to ABI Ireland by 30th March 2021.-ABI Ireland to review architect recommendations and costings, and agree next steps to achieve accessibility to identified areas, and to increase communal space, by 15th April 2021.-ABI Ireland to write to HSE to outline required funding to achieve necessary accessibility and communal space. | |

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 17(1)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | Not Compliant | Orange | 25/02/2023 |
| Regulation 17(6) | The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre | Not Compliant | Orange | 25/02/2023 |

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| | to ensure it is accessible to all. | | | |
| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Not Compliant | Orange | 25/02/2023 |