



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

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Residential Services Group C
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	06 May 2021
Centre ID:	OSV-0003926
Fieldwork ID:	MON-0032355

About the designated centre

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

This service provides residential accommodation to six male and female residents with moderate to severe intellectual disability with behaviours that challenge. The designated centre is a six-bedded bungalow located in a cul de sac on a campus based on the outskirts of a city. The house had two sitting areas, a kitchen, two shower rooms, an office and a garden. An appointed person in charge provides day to day oversight of service provision within the centre. Residents are supported to engage in a range of meaningful activities in accordance with their individualised personal plans. Staff provide supports to residents at all times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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
Thursday 6 May 2021	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection was completed to monitor the compliance of the registered provider with the regulations under the Health Act 2007. The inspection took place during the COVID 19 pandemic. The person in charge was given advance notice of the inspection. This afforded sufficient time to inform the residents of the inspection and to have the required documentation available. Infection control guidelines were adhered to during the inspection including the use of PPE and social distancing. Interactions were limited to 15 minutes.

The person in charge met the inspector on arrival to the centre. The staff office was currently having a fire door installed and this room was not accessible. A small living room was being utilised as the staff office to facilitate the work being completed. A vacant bedroom was afforded to the inspector for the duration of the inspection. This bedroom was not being utilised at present, however the provider had a plan in place should an emergency occur including where to source appropriate bedding etc.

Since the previous inspection the interior of the building had been adapted. One resident now had a private area within the centre. They had the choice to remain in their own area or they could join their peers in the main area should they so wish. The resident told the inspector they were happy with their own space now. Staff were observed respecting this space and ensuring to knock on the door to promote the residents privacy before entering. The choice of activities during the day was also observed to be afforded to this resident.

The centre was in need of some external maintenance. A large secure garden area was located to the rear of the centre. Large double doors opened from the living room onto this space. Whilst a large wooden bench and table were present, paint was peeling from same. This was also the case for the large wooden swing. Internally some repairs were also required to promote a home environment. In the living room a new TV was wall mounted behind a perspex screen to prevent damage. The large box which held the previous TV was still present on the other side of the room and was yet to be removed. Some areas of flooring was damaged including some toilet areas. One shower room was currently under renovation and another had a large bath in place which staff reported residents enjoyed.

On arrival to the centre the inspector noted a number of doors were locked. This included one toilet, when rationale for same was requested the inspector was informed that this was due to one resident drinking water excessively. When this was questioned further, this resident in question had not been present in the centre for a number of months, however restriction remained active. The dining room was also locked, however the identified risk of choking was not present as no food was being served at the time and the kitchen area was locked. These such practices did not evidence that the resident's rights to freely access their environment was

promoted.

On the day of inspection staff were observed to support residents to participate in a range of activities in accordance with the current national restrictions. One to one activities were supported on the campus and residents were encouraged to participate in household chores such as recycling. All interactions with staff and residents were observed to be jovial in nature. Staff were very knowledgeable to the supports needs of the residents.

The provider had identified the need to review the living arrangements for the residents currently residing in the centre. This plan was required to be formalised and incorporate the current needs of service in conjunction with the long term goal. A member of the multi-disciplinary had identified that the behaviours of concern of some residents was causing stress and anxiety to others. This impact was observed on the day of inspection. Whilst one resident was being supported to tend to personal care needs another resident became distressed and vocalised throughout this. Staff were observed to communicate with both residents and to provide reassurance. A choice of activities were offered.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to the resident currently residing in St. Vincent's Residential Services, Group C. While many examples of good practice were observed the capacity of the provider to put effective management arrangements in place and to address non-compliance was found to require improvement.

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. This individual had only been appointed to the role in the weeks previous to the inspection and had governance responsibilities in two designated centres. They were supported in their role by a newly appointed clinical nurse manager. The person in charge reported directly to the person participating in management. All members of the governance team were actively involved in the governance of the centre. Clear communication pathways were in place within the governance team. The person in charge had an awareness of their regulatory responsibilities including the review of the statement of purpose. They were all gaining an awareness of the supports needs of the residents and the staff team.

The registered provider had ensured the implementation of the regulatory required monitoring systems. This included an annual review of service provision for 2020 completed in November by a delegated person. A six monthly unannounced visit to the centre had been completed in January 2021. Whilst a number of actions had been identified following implementation of these monitoring systems,

improvements were required to ensure these systems were used to drive service improvements. For example, evidence of completion of required actions was not consistently documented in both the annual review and six monthly unannounced inspection. It was unclear how the actions required were monitored by the governance team to ensure the actions plan developed were active documents.

At the centre level, the registered provider had not ensured the current management systems effective in ensuring the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. Monitoring systems were not implemented to identify and address areas for improvement in a timely manner. The governance team had not utilised monitoring systems to identify areas of non-compliance in the centre and therefore did not have actions in place to address these areas. This included the area of restrictive practice. Due to lack of monitoring of same it had not been observed that one practice in place was not in working order. In the centre bells were in place on a number of bedroom doors to alert staff that residents were leaving their room. Due to lack of monitoring the identification that these were not in working order had not been identified.

The registered provider had ensured that sufficient staff and skill mix was allocated to the centre. An actual and planned rota was in place which was reviewed regularly. Nursing care was afforded to residents in the centre. Staff were very knowledgeable of the needs of residents currently availing of the service within the centre and spoke of them in a respectful and dignified manner. The person in charge had ensured staff had been supported and facilitated to attend training courses appropriate to their role within the centre.

The registered provider had developed a policy and procedures to ensure the appropriate supervision of staff. A supervision meeting schedule was in place to ensure all staff received formal supervision in line with the organisational policy. Performance appraisals were also to be held on an annual basis. However, this schedule had not been adhered to. Formal supervisions had not occurred since the appointment of the new person in charge. A plan had been developed and these formal meetings were due to commence in June 2021. The person in charge had met the staff team and residents following their appointment and ensured any concerns could be raised.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the allocation of sufficient staff to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had effective measures in place to ensure all staff were supported and facilitated to receive appropriate training including refresher.

Measures had not been implemented to ensure staff received appropriate supervision in accordance with organisational policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure to the centre whom through implementation of governance meetings had clear lines of communication.

Systems were in place for the ongoing monitoring service provision including an annual review of service provision and unannounced visits to the centre. However, improvements were required to ensure monitoring systems in place were utilised to identify issues in a timely manner and used to drive service improvement.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. Improvements were required to ensure this document was reviewed to reflect the current function of the centre including for example, the whole time equivalent of staff and the current registration conditions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider had not ensured that all notifiable events were reported to the office of the chief inspector as required.

Judgment: Not compliant

Quality and safety

As part of the fieldwork event the inspector reviewed the quality and safety of the service currently afforded to residents residing in the centre. Residents were observed to be offered choice on the day of inspection including what activity they would like to participate in. Regular resident meetings were also completed to ensure open communication with residents. The compatibility of residents and the impact of individual personality traits on others had been identified by the governance team and members of the multi-disciplinary team. Whilst practices in the centre reduced the impact of this such as distraction techniques and one to one activation, evidence of long-term plans required documentation to ensure adherence to the plan. Following discussion with a senior member of the management team it was identified that this included the planned transition of residents to the community and the reconfiguration of the centre. This was not evidenced in personal plans to promote a smooth transition and adherence to plans. This was required to enhance the rights of all residents of whom they chose to live with and the right to dignity at all times.

The person in charge had ensured the development of an individualised personal plan. These plans were reviewed annually from a multi-disciplinary perspective and ensured a number of support needs were addressed. This review was completed in a manner to ensure information present reflected the current support needs of the individual. For example, a number of personal goals had been amended to take into account the national restrictions in place during the COVID 19 pandemic. Staff spoken with could clearly articulate the current supports needs of residents. Residents were encouraged and supported to participate in a range of meaningful activities and community participation in accordance with current national restrictions. Day service provided to the residents was individualised in nature and specific to the interests and hobbies of the residents.

The residents residing in the designated centre could at times present with behaviours which could be of concern. The person in charge had ensured effective measures were in place to support residents in this area such as staff training and support planning. Supports plans were in place to ensure that staff supporting residents provided a consistent approach to support needs at all times. Staff members were observed adhering to these plans on a number of occasions during

the inspection including proactive strategies to minimise the risk of escalation. The area of the use of restrictive practice required review. A number of environmental restrictions had not been identified, these included the restricted access to one toilet area and the restricted access to some personal possessions in an individual's bedroom. The use of environmental restrictions was not always evidence to be the least restrictive choice. The impact of these restrictions on the rights of the residents had not been addressed, with measures to review or reduce the restrictions not in place.

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance. An organisational contingency plan was in place which addressed COVID 19 through such areas as staffing, PPE and staff training. Staff were observed adhering to these guidelines throughout the inspection including regular use of hand sanitiser and wearing of face masks.

Overall, the registered provider had ensured that measures were in place to safeguard residents from abuse. This incorporated staff training and organisational policy. Where a safeguarding concern had been identified supports plans had been developed following consultation with the safeguarding team. However, these plans were not evidenced to be reviewed in accordance with the assigned review date. The person in charge reported the review meetings had occurred. A review of documentation was required to ensure most recent information was reflected to maintain the safety of residents.

The premises of the centre required review. A large secure garden area was located to the rear of the centre. The garden furniture present had peeling paint and rust present. Internally some work was being completed on the day of inspection to the staff office and a shower room. Since the previous inspection the registered provider had adapted the environment to provide one resident with their own living space. The remained area required review including painting, repair of flooring

Regulation 13: General welfare and development

The registered provider had not ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises
The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents; Improvements were required both internally and externally to ensure the centre presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.
Judgment: Not compliant
Regulation 26: Risk management procedures
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider had effective systems in place for the protection against infection.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had ensured that effective fire safety management systems are in place. All fire fighting equipment present was regularly serviced by a competent person. Staff completed regular checks on all equipment and access and egress points. Evacuation drills were completed consistently to ensure awareness of evacuation procedures for all residents and staff. Each resident had a personal emergency evacuation plan in place to ensure staff members provided support during evacuations in a consistent manner.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of individualised personal plans for each resident.

These were not consistently reviewed to reflect the current needs of the resident and changes in circumstances. The person in charge had ensured that residents were supported in their personal development in accordance with their wishes and interests.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were required to ensure that the use of restrictive practice was done so in the least restrictive manner for the shortest duration necessary.

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured through training and an organisational policy that residents were protected from abuse. Where a safeguarding concern arose safeguarding measures were implemented. However, improvements were required to ensure guidance for staff with respect to safeguarding measures were updated accordingly.

As required clear guidance was available for staff to support residents with their personal and intimate care needs in a dignified manner.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had not ensured that the centre was operated in a manner that was respectful to the rights of the resident. This included the right to privacy, access to their environment and whom they chose to share their home with.

Judgment: Not 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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Vincent's Residential Services Group C OSV-0003926

Inspection ID: MON-0032355

Date of inspection: 06/05/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge has completed a schedule outlining dates for completion of staff supervision and staff appraisal meetings. Training schedule for all staff will be reviewed by the Person in Charge and person participating in management to ensure all staff are scheduled for refresher training, thus ensure all staff team have training that is in date. Supervision meetings with staff by the Person in charge and Clinical Nurse Manager 1 have commenced.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge, Person participating in management and the Clinical Nurse Manager are reviewing with the staff team the annual audit and the unannounced provider audits. Actions outlined and discussed and plans for achievement and implementation of actions/ recommendations commenced.</p> <p>Monitoring and review of restrictive practices discussed with all the staff team. A number of restrictions removed during and post inspection. Review meeting of restrictive practices took place on 03/06/2021. The Person in Charge and the Person Participating in Management will at the scheduled staff meeting discuss all restrictions with staff team, and ensure where a restriction is in place it is the least restrictive measure and for the shortest time possible. Where a restriction is in place for one individual, it will be</p>	

removed when the individual is not in the center.	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose was updated to reflect points raised by the inspector, and submitted on the 13 /05/2021.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifiable incidents will be notified to the authority in the given time frame. The service manager has discussed this with the Person in Charge and the Person participating in management. This has also been raised with the provider at local governance meeting to ensure learning and compliance.</p> <p>The person in charge completed the refereed to notification and submitted to the authority on the 11/05/2021 post inspection.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The service manager of the provider has met with the Person in Charge, Person Participating in Management and the Maintenance Supervisor. The lifting of some aspects of Covid 19 restrictions now allows greater access to the center by external contractors and all works required to the premises will be completed. Painting to interior of the center is being costed and will be scheduled.</p> <p>The TV unit referred to in inspection report has been removed. Painting of the room will occur with all other internal painting.</p> <p>New garden furniture in place.</p> <p>Garden fencing has been repaired since inspection.</p> <p>The Person in Charge and the person participating in management will review on a continuous basis the premises, any works required will be brought to the service</p>	

manager who will source funding from provider.	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A number of restrictions removed during and post inspection. Review meeting of restrictive practices took place on 03/06/2021. The Person in charge and the person participating in management will at a scheduled staff meeting on 15.06.2021 discuss all restrictions with staff team, and ensure where a restriction is in place it is the least restrictive measure and for the shortest time possible. Where a restriction is in place for one individual, it will be removed when the individual is not in the center.</p> <p>The Person in Charge and the Clinical Nurse Manager One with the staff and multi-disciplinary team continue on an ongoing basis to review the behavior support plans of all individuals from the centre.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Person in Charge has met with the Social Worker/ Designate Officer and a review of all safeguarding plans completed on 13.05.21. Any safeguarding plan will continue to be adhered to by all staff team, and reviewed as necessary with the social worker/ designate officer. Where measure outlined in the safeguarding plan have changed, or have been removed the plan will be reviewed in a timely manner to reflect the changes and all staff will be advised of same. Safeguarding plans will be reviewed for each resident at monthly staff meetings by the Person in Charge and the Clinical Nurse manager 1.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The provider with the HSE has plans for two residents from the center to transfer to community living by the end of 2021. The assessment of needs of the two individual for</p>	

transfer, recommends community living with appropriate supports in place for both. Both individuals have transition planning commenced, the individuals and the staff team are being supported in this are by the transforming lives coordinator. The plan thereafter is for the existing apartment within the current center to meet the assessed needs of one of the other individuals residing in the center.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/07/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/07/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Not Compliant	Orange	30/06/2021

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	15/05/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	11/05/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	30/06/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the	Not Compliant	Orange	30/06/2021

	least restrictive procedure, for the shortest duration necessary, is used.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/06/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/01/2022