



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Callan
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	09 July 2020
Centre ID:	OSV-0003607
Fieldwork ID:	MON-0029612

About the designated centre

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

Camphill Community Callan consists of two residential units and five individual units for single residents located in a small town. Overall this designated centre provides a residential service for up to 12 residents, both male and female, over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. In line with the provider's model of care, residents are supported by a mix of paid staff and volunteers. The centre does not accept emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Thursday 9 July 2020	09:30hrs to 17:00hrs	Tanya Brady	Lead
Thursday 9 July 2020	09:30hrs to 17:00hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

This centre is home to 12 individuals, two of whom have been at home during the COVID-19 pandemic, nonetheless inspectors had the opportunity to meet with five residents on the day of inspection. This inspection took place in the midst of the COVID-19 pandemic. Communication between inspectors, the residents, staff and management took place from a two metre distance (in so far as practicable), wearing personal protective equipment (PPE) and was time limited in adherence with national guidance.

While the inspectors reviewed documentation in the centre office building residents were observed coming to the window to engage safely with the person in charge and the staff that were office based. Staff engaged warmly with residents and there were friendly conversations observed throughout the day. Inspectors visited other residents in their homes and were warmly welcomed by both residents and the staff teams.

All residents who engaged with the inspectors were verbal and a number of them stated that they would show the inspectors around their home without staff support and this was respected. A number of residents were talented artists and had small studio spaces set up in their bedrooms. One resident had an installation piece set up in their room which the inspector engaged in discussion about. Residents reported that they liked their homes and that the staff were helpful and friendly to them.

One resident wearing a sports team kit discussed their love of sport and explained how they had played basketball in a nearby town before COVID-19 and that they were looking forward to getting back to play again. Another resident had full bookcases and a variety of personal items in their dedicated living room and staff supported them in keeping their personal items organised. Residents were observed bringing their laundry to the utility room and helping with other household chores.

Where one of the houses had an outdoor space the residents were seen to spend time in the garden and one resident wanted to demonstrate their gymnastic abilities on the trampoline for the inspector. Another resident showed the inspector their art portfolio from a course they had completed and appeared proud and happy with their hard work and achievements.

Residents understood the need for staff and the inspectors to wear masks and for keeping distance when speaking with one another and were able to articulate the reasons to inspectors.

Capacity and capability

This was a risk based inspection, reviewing the governance and management of this centre, to ensure good quality care and support was provided to residents. In addition, to review the structures and levels of accountability present to actively promote residents' well-being and independence. Overall findings from this inspection indicated, that while residents appeared to enjoy their lives living in the centre, improvements were required regarding governance, oversight and management of residents possessions and finances.

Prior to this inspection, Camphill Communities of Ireland have been required to submit a number of formal assurances to the the chief inspector regarding the safeguarding arrangements for residents and the safety and quality of care delivered across a number of their designated centres.

The staff team in all areas of this centre were welcoming to the inspectors and engaged in conversations regarding all aspects of care and support to residents over the course of the inspection. Documentation which had been requested in advance of this inspection was available for review and when additional requests for information were made this was also promptly provided.

However the oversight and monitoring of the centre at a provider level required required improvement. No annual review of the care and support provided in the centre as required by regulation had been completed in the preceding year. While a six monthly unannounced provider audit of the safety and quality of care and support provided in the centre had been completed in June 2020, the period of time to the previous audit had been longer than six months. The person in charge had ensured that a number of audits were in place, however, inspectors noted that they were not consistently identifying issues and where recommendations were made not all of these had actions identified, such as ensuring reviews of documentation was occurring in line with provider guidelines.

There was a consistent staff team in place to provide support according to residents' assessed needs. Inspectors noted there was evidence that this had been reviewed at the start of the lock down period during the COVID-19 pandemic with staffing levels increasing to support those who lived independently. The person in charge had ensured that staff rosters for each of the centres' houses were in place and maintained however these were seen to not clearly identify who was actually on duty. The rosters were accurate on the day of inspection. It was noted that they also identified co-workers (volunteer staff) who were in positions of providing overnight support in some of the houses without staff on duty.

The person in charge and house co-ordinators were completing one to one formal supervisions with all staff. These were being completed at a minimum of every eight weeks and identified any performance concerns or ongoing issues. The person in charge also completed supervision with volunteers in the centre. The inspectors reviewed a number of staff personnel files. The majority of files did have all items

set out in Schedule 2, including employment history, references and Garda vetting. However, three staff members and volunteers were identified as not having up-to-date evidence of identity.

Mandatory training was provided to staff in key areas such as fire safety, safeguarding and manual handling. Inspectors noted that the provision of refresher training had been delayed at times due to the COVID-19 pandemic. However, prior to the lock down period, some overdue refresher training had not been provided to a number of staff in areas such as safe administration of medication in line with the providers own policies. Three staff members were also due refresher training in epilepsy management.

Inspectors had concerns about safeguarding for residents, and in particular, the protection of residents from the risk of financial abuse. On reviewing residents contracts of care, it was noted that not all residents had valid contracts in place. The person in charge had ensured that contracts had been reviewed annually and any changes to the charges for services or amenities were outlined. However, where residents were not in receipt of disability allowance the provider did not have a valid contract of care in place with the resident. One resident was identified as a tenant, however the provider did not have a rental contract or a signed and dated tenancy agreement in place. The provider had not ensured that details were in place regarding what charges if any the resident was responsible for and it was observed by inspectors that in this instance the resident had also been paying heating and electricity bills and buying their own groceries and food items. This was contradictory to details in other residents' contract of care. Fees paid for rent were also contradictory to the residents contract. This was of concern as this residents' costs were greater, at times, than their peers in the same centre. Other concerns relating to financial safeguarding are discussed in the quality and safety section of this report.

There was inconsistent practice found in relation to resident contracts of care, governance and management and the recording, auditing and management of residents finances and spending was not being implemented in line with the registered providers own policies.

Regulation 15: Staffing

The provider had a consistent staff team in place to provide continuity of care and support to residents in this centre. There was a planned and actual roster in place however it did not consistently identify the staff on duty. The volunteer co-workers were seen to be in positions of providing care and support independently. On reviewing of staff personnel files the inspectors found that some of the documents required in Schedule 2 had expired or were not in place as required by regulation.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspectors reviewed staff records and found that the person in charge was ensuring formal staff supervisions were occurring in line with the providers policy.

However not all staff had been provided with important training updates in line with the providers policy, this included safe administration of medication and epilepsy management.

Judgment: Not compliant

Regulation 23: Governance and management

The person in charge had the necessary skills and experience to manage this designated centre and was seen to be familiar with residents. However the oversight and monitoring of the centre at a provider level required required improvement.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Where residents had contracts for the provision of services in place the person in charge had reviewed them on an annual basis and the charges and fees payable by the resident were clearly outlined. However not all residents had valid contracts of care in place and the provider had not ensured that these residents had any form of written service agreement in place.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Practice in relation to contracts of care, governance and management and the recording and auditing of residents finances and spending was not being implemented in line with the registered providers own policy.

The registered provider had not reviewed all schedule 5 policies within a time frame of no more than three years as required by regulation.

Judgment: Not compliant

Quality and safety

Overall, while some positive practices were observed, improvements were required in areas such as safeguarding residents and supporting residents with the management of their finances and personal possessions. In addition to other areas reviewed, this inspection reviewed the infection control measures in place, in light of the COVID-19 pandemic.

The centre presented as a clean, warm and homely environment and this was evident in the two houses the inspectors visited. Each resident had single bedrooms which were decorated in line with their personal interests and tastes. In one of the houses the bedrooms each had mezzanine spaces accessed via a steep stairs or spiral staircase and residents used these either for art, sleeping or relaxation. Communal spaces such as kitchens and living rooms were clean and comfortable and residents were seen to be confident in carrying out daily activities within their homes. However, the provider had not ensured the provision of all items set out in Schedule 6 for one resident, this resident had used their own money to purchase a dishwasher, washing machine, table and chairs and storage units.

Staff had completed additional training in infection control and the donning and doffing of personal protective equipment (PPE) due to the COVID-19 pandemic and staff were observed wearing PPE in line with national guidance on the day of inspection. Evidence that staff and management had communicated restrictions in place with residents in an accessible manner was observed. Up-to-date guidance and information was available to staff and residents in relation to infection prevention and control. Areas of the centre observed by inspectors were visibly clean. Residents considered particularly vulnerable had been supported to cocoon and visitation to the centre had been limited during the lockdown period. Management and staff were considering ways to support the lifting of some restrictions in place, in line with national guidance.

Management of residents personal possessions required improvement. Inspectors observed two hundred and fifty euros stored in an envelope in a folder at the beginning of the inspection day. Management were initially unsure as to where this money came from or why it was stored in an envelope accessible and not protected. Upon discussion, it was discovered that this was monies received from a residents family member who managed the residents finances. All residents had assessments in place to determine levels of capacity and their required levels of staff support in for the management of their finances. For some residents, family members were supporting them to manage their finances. At times, this posed difficulties and potential risks. Some residents did not have full access to their own money at all times and some had no bank card or any sight of their accounts. Staff and management supporting the residents did not have oversight of the residents spending, as an example they had no copies of bank statements, and therefore

could not complete audits in line with the service policy. Additionally for some residents where their representatives transferred funds or sent cheques these were paid into the designated centre's account, and not into an account in the residents' name, before being withdrawn and given to the resident, this was not in line with the providers policy or the regulations. Residents had some clear inventory lists in place of all personal possessions purchased. However daily spending records were not always checked and signed by members of management as per the providers own policy.

All staff had received training in the safeguarding and protection of vulnerable adults. Residents had care plans in place to guide staff to support residents with intimate care and these were regularly reviewed. Safeguarding concerns were being recognised by staff and management and notified to the Chief inspector as required by regulation 31. Inspectors noted however that the area of financial abuse was not consistently recognised and managed, such as where residents had purchased furniture and fixtures that should have been provided. Or where residents were living without tenancy agreements or contracts in place to protect them. Where safeguarding concerns were ongoing there were clear formal safeguarding plans in place ensuring residents were supported and protected and these plans were seen to be regularly reviewed.

Overall, inspectors found that residents did appear to have choice and control in their daily lives. Residents were regularly consulted regarding their preferences with mealtimes, activities and daily routines. Staff had supported residents to continue some of their daily activities in the centre during the COVID-19 lockdown period. Residents reported to inspectors that they had full and active lives and enjoyed being members of the local community and missed being able to move freely in town and looked forward to doing that again in the future.

In general, inspectors found that residents were provided with wholesome and nutritious meals and were appropriately supported at meal times in line with their assessed needs. Residents had choice and control with meals, refreshments and snacks. Storage facilities for food items were cleaned regularly by staff. However, regular temperature checks were not being completed on refrigerated storage facilities to ensure refrigerated food items were stored in hygienic conditions at all times.

Regulation 12: Personal possessions

Management of residents personal possessions required improvements.

For some residents, family members were supporting them to manage their finances. At times, this posed difficulties and potential risks. Staff and management supporting the residents did not have oversight of the residents spending, at times they had no copies of bank statements, and therefore could not complete audits in line with the service policy. Additionally money was being lodged into the providers bank account prior to issue to the resident which was not in line with provider

policy.

Judgment: Not compliant

Regulation 13: General welfare and development

Inspectors were satisfied that residents were provided with a good quality of life. Residents had choice and control in their daily lives. They were active and engaged in their local community, although this was currently curtailed due to the COVID 19 pandemic.

Judgment: Compliant

Regulation 18: Food and nutrition

Inspectors found that residents were provided with wholesome and nutritious meals and were appropriately supported at meal times in line with their assessed needs. However, regular temperature checks were not being completed on refrigerated storage facilities to ensure refrigerated food items were stored in hygienic conditions at all times

Judgment: Substantially compliant

Regulation 27: Protection against infection

Staff had completed additional training in infection control and the donning and doffing of personal protective equipment (PPE) due to the COVID-19 epidemic and staff were observed wearing PPE in line with national guidance on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

All staff had received training in the safeguarding and protection of vulnerable adults. Residents had care plans in place to guide staff on the provision of intimate

and personal care and these were regularly reviewed.

Residents were not protected from all forms of abuse however and inspectors noted that the provider had not ensured the provision of all items set out in Schedule 6 for one resident, this resident had used their own money to purchase a dishwasher, washing machine, table and chairs and storage units.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Camphill Community Callan OSV-0003607

Inspection ID: MON-0029612

Date of inspection: 09/07/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. All staff files have been audited and updated in accordance to Schedule 2 and all staff have up to date identification documentation in their file. 2. All staff roster included full names of any staff member	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of all staff trainings in date has taken place and any outstanding refreshers that could not take place due to Covid restrictions are scheduled and will take place by 17/9/2020 National office are delivering Epilepsy training to new staff. All staff that need refresher training will be trained by 08/09/2020. The medication trainings are to commence 17/09/2020. All staff will be trained by a local Pharmacist.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1) New template implemented for supervision from RM's with PIC from 1/9/2020, where all areas of PIC's management will be monitored and reviewed. 2) The biannual Regulation 23 inspections will happen in a timely manner. 3) The annual review report will be in place by October 2020. 4) The Regional manager will attend community management meeting monthly to ensure governance and oversight of the provider. 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> 1. Contracts were on all files. All Contracts of Care have been updated and sent to Families and residents for signing on the 30/07/2020. Copies on all files. 	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> 1) The CCoI Leadership Team commenced a process of updating overdue policies by on week starting 13th July 2020 2) The revised contract of care will be in place by September 2020 3) Revised residents finance policy is drafted, the associated SOP is being finalised and will provide a more robust money management assessment, daily and monthly reconciliation and sign off by PIC, with the records being maintained on an electronic system stored on SharePoint. 4) Review and updated finance audit process is capturing financial issues as identified in this inspection. All residents' files have been reviewed under this process. Any issues identified will be rectified. 	

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ol style="list-style-type: none"> 1. A review of residents possessions has been carried out and will be discussed with regional manager. 2. In house safeguarding training was delivered to staff 11/04/2020. 3. Safeguarding Risk assessments have been updated for those people whos finances are managed by families, referencing vulnerability to financial abuse. 4. All families agree in principle with the request to supply bank statements if they manage the finances for the resident. Clear arrangements to supply Camphill with the statements in a timely manner will be set up. 5. The process of some additionally money for residents that was being lodged into the providers bank account has been discontinued for all residents, there is no overlap of residents and designated centres accounts. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ol style="list-style-type: none"> 1. All fridges have fridge thermometers now and are monitored and recorded daily. Recording commenced 04/08/2020. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. A review of residents possessions has been carried out and will be discussed with regional manager. Further actions to rectify any issues of non compliance CCoI policies will be put in. 2. All families agree in principle with the request to supply bank statements if they manage the finances for the resident. Clear arrangements to supply Camphill with the statements in a timely manner will be set up. 3. Safeguarding Risk assessments have been updated for those people who's finances 	

are managed by families, referencing vulnerability to financial abuse.

4. Review and updated finance audit process is capturing financial issues as identified in this inspection. All residents' files have been reviewed under this process. Any issues identified will be rectified.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	15/10/2020
Regulation 12(4)(c)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is not used by the registered provider in connection with the carrying on or management of the designated	Not Compliant	Orange	11/08/2020

	centre.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	15/07/2020
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	15/07/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Yellow	17/09/2020
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	04/08/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	09/09/2020

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	15/10/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	26/12/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with	Not Compliant	Orange	31/08/2020

	each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/08/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	15/10/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	15/10/2020