

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

Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	24 January 2024
Centre ID:	OSV-0005687
Fieldwork ID:	MON-0033632

About the designated centre

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

Woodlands is a full-time residential service, providing care and support to four male adults. It is situated within a short walking distance to a large town in Co. Monaghan. The property comprises of four bedrooms. There are two living rooms, a kitchen and a dining room, a sun room, a laundry room, a communal bathroom, a storage area and a large garage. Residents have access to amenities such as shopping centres, restaurants, bars and cafes. Residents receive support on a twenty-four hour basis from a person in charge, team leader and a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 January 2024	09:50hrs to 16:20hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of a large detached house in Co Monaghan and at the time of this inspection, there were four residents living in the centre. The inspector met with two of them and spoke with one for some time. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process.

On arrival to the centre the inspector observed that the house was clean, warm and welcoming. There was a private garden/driveway area to the front of the property and a large private courtyard/garden area to the rear.

One resident was just finishing their breakfast and staff were observed to be caring and responsive in their communication and interactions with the resident. The resident had their own ensuite bedroom on the ground floor of the house so as to safely meet their assessed needs. While the resident could walk independently, they needed some support and staff were at hand at all times so as to assure and support the resident.

This resident was retired and staff explained to the inspector that they took the day at their own pace and made their own decisions about what to do each day. For example, the resident may decide to go for a drive and have lunch out and staff ensured their choices on what activities to participate in were supported and respected. Residents were also supported to participate in community-based activities such as going to restaurants and hotels for coffee and/or dinner out, go to the local shops, go for walks and go for drives. One resident had also been supported to avail of an overnight hotel break.

On review of a sample of files, the inspector observed that staff had training in human rights. When asked how they were putting this training into everyday practice to promote the rights of the residents, staff informed the inspector that it was important to respect the individual choices of the residents and provide support/guidance to them where required.

For example, one staff member informed the inspector that the resident who had retired, made that decision for themselves. They chose not to return to day services post COVID-19 and this decision was supported and respected by the management and staff of the centre.

Another resident who liked to go out for lunch every Friday in one of the local hotels informed their key worker that they would like to work in a hotel. The key worker, in consultation with the resident, put a plan of action in place so as the resident could realise their goal. They consulted with a local hotel and enquired if the resident could avail of some work experience each week. The hotel was agreeable to this and at the time of this inspection, the resident had secured a weekly work placement with the hotel. Staff reported that this was a great achievement for the resident as

their self-esteem, independence and confidence had flourished and, they were very much enjoying their job. They also informed the inspector that it was important to support the right of the resident to engage educational and/or employment opportunities.

The resident had also completed a number of courses in computers and had a keen interest in farming. Staff were supportive of the right of the resident to pursue this interest/goal and provided guidance to the resident on how to sign up to a social farming course. At the time of this inspection the resident had successfully completed a 10 week social farming course and had secured a placement working one day a week on a farm feeding the animals and helping out with other farming activities. Again, staff said the resident was very much enjoying this placement and looked forward to going to the farm each week.

The inspector met and spoke with this resident on a number of occasions over the course of the inspection. They reported that they were happy in their home, happy with their room and got on well with the staff team. They also said that staff supported them to keep in regular contact with their family members and they visited home every month. The resident also informed the inspector that when the house needed a new television, they went with staff to the shop and chose what television to buy. They had a keen interest in current affairs and liked to watch the news each day. They also liked to go to the shop independently each day and buy themselves a newspaper. Over the course of this inspection the inspector observed that this resident made their own choices and decisions which were respected and supported by the staff team.

The day before this inspection the organisation was holding their annual 'Celebrating Success Awards 2023': The person in charge informed the inspector that any person supported by the organisation could be nominated based on their achievements in the last year. The person in charge and staff team had nominated two of the residents from this service and the resident spoken with above, won second prize. The resident spoke to the inspector again later on in the day saying that they were delighted and proud with winning the prize. They also said that their family was proud of them and showed the inspector their certificate of achievement (which was on display in the sitting room) and trophy. The person in charge explained to the inspector that this resident was doing exceptionally well and was now going to the shops independently, had successfully completed a number of educational courses and was working in a local hotel. The person in charge and staff team were also delighted that the residents achievements had been acknowledged and celebrated.

From speaking with the person in charge, staff members and reviewing a sample of residents plans over the course of the day, the inspector observed that they were engaging in social, learning, recreational and employment activities of their choosing. For example, one resident was a member of a community-based drama group and was busy practicing for a part they had secured in an upcoming pantomime. The person in charge said the resident really enjoyed being part of this drama group. They were also in paid employment working in a hotel two days a week and again, staff informed the inspector that the resident really enjoyed their job and their right to work and education were supported by management and staff

working in the service. This resident chose not to speak with the inspector and that choice was respected.

All four residents provided written feedback on the quality and safety of care provided in the centre. This feedback was both positive and complimentary. For example, residents reported that the house was a nice place to live in, they liked the food options available to them, they liked to avail of social outings and trips and their privacy was respected. They also said that staff knew what was important to them and provided support to them as required. Additionally, they said that they felt listened to, felt safe in their home, were included in decisions that concerned them and that they made their own choices each day.

Written feedback on the quality and safety of care from relatives of the residents was also positive and complimentary. For example, one relative reported that they were proud of their family member's achievements in the service and how well they were doing. They said that staff were very well trained in the care and support they provided, their relative was very happy and loved living in the house. Another relative said their family member wants for nothing and that they couldn't be happier with the care and support provided by the whole staff team. Other relatives reported that the house always looked well, they were made to feel welcome by staff when they visited, they could not ask for a better service and staff were very helpful.

While minor issues were identified with the process of managing risk, the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times over the course of this inspection. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and written feedback from residents and relatives on the quality of care provided in the centre was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge and team leader. A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

Additionally, the inspector observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in September 2023.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified healthcare professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters from December 2023 the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents. For example, two staff worked 12 hour shifts each day and 1 staff provided 12 hour waking night cover.

Staff were also being supervised by the person in charge and/or team leader as required by the regulations.

The person in charge also maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

From a small sample of files viewed, the person in charge also maintained relevant information and documents as specified in Schedule 2 of the Regulations.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- fire safety
- intimate load handling
- first aid
- care of medication (to include a medication competency assessment)
- infection prevention and control
- positive behavioural support
- children's first
- personal safety
- positive behavioural support
- information security
- assisted decision making - the principles
- advocacy

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

It was observed that some staff required refresher training in some of the above areas however, the person in charge was aware of this, it was highlighted on the

services auditing system and a plan of action was in place to address it.

From speaking to the team leader and one staff member the inspector was assured that they had the required knowledge to meet the needs of the residents.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge and team leader. They were supported in their role by an experienced and qualified person participating in management who worked in a senior management role in the organisation.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre in September 2023.

Additionally, monthly audits of the centre were also being facilitated along with a number of localised audits carried out by the person in charge.

A quality improvement plan has been developed based on the findings of the auditing process and this identified the issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality improvement plan identified the following:

- a meeting was to be held with the residents with input from an external advocate
- the health and safety statement required updating
- a prn protocol required updating
- out of date personal protective equipment (PPE) was to be disposed off
- parts of the premises required decorating/updating

These issues had been identified, actioned and addressed by the time of this

inspection. It was observed that some copper piping required replacing in the service however, the person in charge was aware of this issue, it was not impacting on the quality of care provided in the centre and, a plan of action was in place to address it.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

It was observed that a minor update was required to the statement of purpose as one of the stakeholders (a person participating in management) had recently changed.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations and the relevant information regarding the change to the person participating in management had been notified to the Health Information and Quality Authority (HIQA).

The statement of purpose was also in the process of being updated to reflect this change on the day of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their

individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, minor issues were identified with the process of risk management.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to live lives of their choosing and frequent community-based activities.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, a minor issue was identified with the process of risk management. Additionally, adequate fire-fighting equipment was provided for and was being serviced as required by the regulations.

The house was found to be clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home. However, a minor issue was identified with the process of managing risk.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom (en-suite) which were decorated to their individual style and preference.

The premises were large and spacious with adequate room available for residents to relax in. There was a TV/sitting room, a sun room, a large kitchen cum dining room and plenty of storage space available.

There were garden areas to the front and rear of the property and a large courtyard area was also available to residents to relax in during times of warm weather.

Overall, the premises were well maintained, clean, spacious, warm and welcoming.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the

centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example, where a resident was at risk in the kitchen using appliances, they were provided with staff support. Where a resident may be at risk of falling, they were also provided with assurance and staff support. Additionally, one resident who appeared unsteady on their feet had moved to a downstairs ensuite bedroom so as they no longer had to climb a flight of stairs. This resident had a minor fall shortly before this inspection and the person in charge had linked in with allied healthcare professional support (to include a physiotherapist) for a review.

It was observed however, that some of the control measures being used to mitigate certain risks in the centre were not being adequately documented. For example:

- the inspector observed that on rare occasions, the service had to operate with only one staff member present during the day. The person in charge was able to explain to the inspector how they ensured residents needs were provided for and how they ensured the service was safe when there was a shortfall in staff however, these control measures were not adequately documented in the relevant risk management plans
- one resident could refuse to engage in medical procedures and/or take advice from a consultant on a medical intervention. While work had been undertaken with the resident to explain the risks involved with this decision and they had regular reviews by their GP, this was not explicitly stated in their individual risk assessment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, from a sample of files viewed, staff had been provided with training in:

- Infection Prevention Control
- Hand Hygiene
- Donning and Doffing of Personal Protective Equipment

The person in charge informed the inspector that a number of cleaning schedules were in place, there were adequate supplies of PPE available and hand sanitising gels were in available throughout the centre.

Additionally, the inspector observed that colour coded systems were in place for

mops and cloths and, these were stored in a clean and hygienic environment.

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the emergency lighting system and fire alarm system was serviced on January 20, 2023, June 06, 2023, July 07, 2023, October 12, 2023 and January 17, 2024.

Staff also completed as required checks on all fire equipment in the centre and from a sample of files viewed, had training in fire safety.

Fire drills were being conducted as required and each resident where required, had an up-to-date personal emergency evacuation plan in place

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans/everyday living plans and from a sample of files viewed, they were being supported to live lives of their choosing and frequent community-based activities. Some residents were more active than others in the community and this was represented in the activities they wished to pursue and participate in.

For example, as discussed earlier in this report, some residents attended a day service (where one participated in a horticultural programme). Residents were also supported to participate in computer classes, a social farming course and work placements. One resident was also in paid employment.

Residents independence was also supported and some travelled independently to the shops and to their day service.

Residents also liked activities such as

- shopping

- going out for lunch and a drive
- going to one of the local hotels for dinner
- relaxing at home watching TV.

Residents were also supported to keep in regular contact with their families.

It was observed that more documented information/evidence could have been maintained in the centre regarding some of the significant achievements and progresses the residents had made over the last couple of years. Notwithstanding, the residents were being supported to live lives of their choosing and were supported to be active in their communities and pursue areas of interest.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- occupational therapy
- speech and language therapy
- dentist
- chiropody
- optician

Additionally, each resident had a number of healthcare-related plans/everyday living plans/individual risk assessment plans in place so as to inform and guide practice and one staff spoken with knowledgeable of the assessed needs of the residents.

It was also found that where or if required, residents had access to mental health support services and behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- the concept of safeguarding was discussed at staff and residents meetings
- information on advocacy was available in the centre
- an independent advocate had attended one of the residents meetings in 2023 so as to inform the residents about the role of an independent advocate and how advocacy can support them
- written feedback from family members on the service was positive and complimentary
- there were no complaints about any aspect of the service on file for this service
- a resident spoken with said they would speak to staff if they had any issues
- the safeguarding team had paid a routine visit the service in 2023 to review safeguarding.

Additionally, from a small sample of files viewed staff had training in safeguarding of vulnerable adults and children's first.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines, experience new opportunities and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their everyday living plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents voice was heard and respected.

From a small sample of files viewed, staff also had training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: '*What residents told us and what inspectors observed*'.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodlands OSV-0005687

Inspection ID: MON-0033632

Date of inspection: 24/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p> <ul style="list-style-type: none"> • The PIC will review and update the risk register to adequately explain how the service will operate with lone working 14/02/24. • The PIC will review and update the business continuity plan to ensure this also articulates how the service will remain safe in an emergency situation re lone working by 14/02/24. • The PIC will discuss changes and updates in February’s team meeting by 29/02/24. • The PIC will review individual risk assessment regarding residents potential to refuse to engage in medical procedures and/or take advice from a consultant on a medical intervention. Risk assessment will be updated to accurately reflect the work undertaken previously around this and to illustrate the resident’s choice by 14/02/24. 	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/02/2024