Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hazelwood
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	11 April 2024
Centre ID:	OSV-0008013
Fieldwork ID:	MON-0033935

About the designated centre

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

Hazelwood can provide a full-time residential service for four male and female adults with intellectual disability. Residents can be accommodated from 18 years to end of life. The aim of the service is to provide a person centred approach to care which positively encourages each resident to make their own individual choices working in partnership with their families, carers and the wider community. The centre is a detached dwelling in a residential area close to a village and busy city. All bedrooms in the centre are for sole occupancy and each has a spacious en suite bathroom. The centre is fitted with assistive equipment and is fully wheelchair accessible throughout. Residents are supported by a staff team which includes nurses and health care assistants. Two staff are available during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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
Thursday 11 April 2024	10:40hrs to 17:10hrs	Mary McCann	Lead
Thursday 11 April 2024	10:40hrs to 17:10hrs	Stevan Orme	Support

What residents told us and what inspectors observed

From what residents told inspectors, observations in the centre by inspectors and reviewing information inspectors found, that residents were supported to enjoy a good quality service by an established consistent staff team who were familiar with their wishes and assessed needs. Residents were facilitated to pursue activities of their choice in their local community by attending clubs and day services and activities were also available to residents in the centre for example videos, TV, helping with cooking and crafts.

This announced inspection was undertaken to assess the suitability of this centre for renewal of registration. There were four residents living in the centre at the time of the inspection. As part of this inspection inspectors reviewed compliance levels with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013. (The regulations)The centre is a purpose built bungalow which opened in 20021 The house comprises four ensuite bedrooms, a kitchen with two alcoves- one a sitting area, the other a utility area, sitting room, the person in charges' office and a staff office. The house was clutter free clean and homely. A shed for storage was available to the rear of the property. A secure safe rear garden with garden furniture, which was freely accessible from the kitchen was available. A further smaller garden with a well maintained flower bed was situated to the side of the centre on entry A bird house was insitu on the kitchen window. Residents spoke of how they loved watching the birds. Since the last inspection, the provider had made some improvements to the property which included painting all of the areas, adding extra storage space and sourcing a generator which was in the process of ensuring it would automatically operate if the electricity failed.

Residents chose the colours of their bedrooms and told inspectors that they were delighted with their bedrooms. Inspectors viewed all residents' bedrooms with their consent, and found they were clean, personalised and homely. Inspectors observed a nice homely atmosphere in the kitchen on the afternoon of the inspection with staff observed to be doing some chores and chatting with residents about their day. All residents were able to voice their opinions and staff were observed to chat freely with residents. They were chatting, laughing, planning their evening meal and talking about their day and their clothes. Staff clearly knew residents well and had warm relationships with residents. Inspectors observed residents as they went about their daily routines and sat and chatted with them a number of different occasions during the inspection.Residents were complimentary towards the staff team.

Each resident was supported to complete questionnaires sent to them by the office of the chief inspector in advance of the inspection titled "Tell us what it is like to live in your home". There were positive responses in the questionnaires to all questions asked. Question themes included activities, staff support, the people you live with, having your say. Residents responses included "its nice to live here, I love this house, its nice and clean, I am happy living here, the food is good , staff are kind

and helpful and I am happy with the people I live with".

A wheelchair accessible minibus was available exclusively to this centre to support residents to attend day services and activities of their choice. Each resident attended a day service. Residents confirmed they liked attending the activities available in day services, spending time with their family and enjoyed going to local cafe's, bingo and out for meals and having a glass of wine.

One resident spoken with said she had no concerns but if she had she could talk to any of the staff and felt assured that they would sort matters. Inspectors saw evidence in the complaints log of how a resident had been supported by staff to make a formal complaint about a concern she had. Evidence was recorded that the resident was happy with the outcome of the complaint. The complaints officer who was the provider representative had called on a few occasions to the centre after the complaint had been resolved to check in with the resident that she was satisfied with the outcome of the complaint and if matters remained resolved. Residents' meetings were held monthly , minutes of these were made available to inspectors and residents told inspectors these meetings occurred and they enjoyed deciding on the menus for the week and activities they planned on attending.A review of residents' personal plans confirmed that residents met with their key workers regularly. Personal plans were person centred and current. There was information available in the house in an easy-to-read format on areas such as, safeguarding, advocacy, human rights, and complaints.

In summary, from what residents told inspectors and what inspectors observed, coupled with reviewing documentation, inspectors were assured that that residents' rights were upheld, their voice was listened to and they enjoyed a good quality of life and were supported to stay in regular contact with their family and friends and had access to meaningful activities. They were supported by a staff team who listened to them and included them in decision making about their care and support.

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 and support provided to the residents.

Capacity and capability

Overall inspectors found that the overall management and governance systems in place in this centre were well established and ensured that the service provided was a safe quality service. One area that required review was to ensure that all policies were reviewed at three yearly intervals.

The provider had systems in place to ensure they had oversight of significant events in the centre. This included swift awareness of incidents and accidents and complaints. A clear structure of reporting obligations was in place. This oversight

was important to make sure that the provider was aware of the safety and quality of the services provided to residents and to identify trends and learn from events. The centre was being managed by an appropriately qualified person in charge. On the day of inspection the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. Residents benefited from good continuity of care as there was a stable team of staff who knew residents well. The management structure consisted of a person in charge who reported to the provider representative. The person in charge had responsibility for the governance and oversight of this centre and another sister centre which also accommodated four residents, located approximately 10 minutes drive away.Inspectors reviewed the governance and management structures in place and found that there were clear lines of authority and accountability. Management systems ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The management structure consisted of a person in charge who reported to the provider representative. The person in charge had responsibility for the governance and oversight of this centre and another sister centre which also accommodated four residents, located approximately ten minutes drive away.The person in charge worked full-time and spent a substantial part of her time in this centre as her office was located in this centre. They had the qualifications, skills and experience necessary to manage the designated centre and to comply with the mandatory requirements for this post as detailed in the regulations. Regional fortnightly person in charge meetings were held. These meetings provided updates on any changes that they required to be aware of. Minutes were available of these meetings. The person in charge told the inspectors that the provider representative was freely available and provided support and supervision to her.

This centre was adequately resourced to ensure the effective delivery of a person centred safe service to residents. There were four staff on duty during the day and two waking staff at night time. On the day of inspection a twilight staff was available to accompany a resident to Bingo. This occurred on a weekly basis.The person in charge described the on call out of hours roster and confirmed this service was easily accessible.

As stated earlier this inspection was to review the renewal of registration of this service. Information is required to be submitted to the chief inspector by the provider to complete this process. The provider had submitted all the required information in line with the required time frames.The statement of purpose had been revised in preparation for this inspection and was accessible to residents. It accurately reflected the service provided and was in compliance with the relevant regulation.Regular audits were completed, for example,complaints management and record keeping, Deficits identified were addressed. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. These reviews were completed by personnel independent of the centre. Where any deficits were identified a corresponding quality improvement plan was enacted.Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. They were in receipt of formal supervision and the person in charge described how staff can meet with her to discuss any issues in between these sessions for informal support and advice.Staff

confirmed that the person in charge was freely available to them. Staff meetings were held on a regular basis and minutes were available.This ensured that staff that were unable to attend were aware of issues discussed.There was 15 minutes allocated at the change of each shift for handover. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents.Consistent agency staff were used for one post on night duty. This post had recently been advertised. Staff had access to appropriate training, including refresher training as part of a continuous professional development programme. A staff training matrix was maintained which included details of when all staff had attended training and those that required training and time lines thereto. From the sample reviewed all staff training was up to date. In addition to mandatory training, training in human rights and epilepsy management was offered to staff.

Overall the findings of this inspection supported that this was a well-managed and well-run centre. Residents reported that were happy living in the centre and felt safe. They were supported by a staff team who were familiar with their care and support needs. The provider and the staff team were identifying areas for improvement and taking the required actions to bring about these improvements

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post.

Judgment: Compliant

Regulation 15: Staffing

Inspectors observed residents receive assistance and support in a timely and respectful manner during the inspection. The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff

were required this was planned for and facilitated, for example at birthdays.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. All mandatory training was up to date. A formal schedule of staff supervision and performance management was in place. All staff training was up to date. In addition, all staff had completed training in human rights. Staff spoken with stated that this had influenced their practice and they were more aware of the importance residents' preferences, consent and ensuring residents were involved in decisions about their daily routines and care .

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support to residents. The provider had ensured that a rights based service was enacted in this service to ensure that the voice of the voice of the residents was paramount and residents were listed to and their rights to autonomy, respect, dignity and fairness was upheld.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints in process at the time of this inspection. A comprehensive complaints policy was in place. Inspectors reviewed the process for complaints management and found that an effective procedure was in place. Inspectors were informed by staff and a resident that they were supported in making a formal complaint regarding a concern they had. This was also supported by documentation confirming they were satisfied with the outcome of the complaint. There was access to advocacy services and details of this were displayed on a notice board in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. The HSE policy on Garda Vetting had not been reviewed in the last 3 years.

Judgment: Substantially compliant

Quality and safety

This was a good centre which provided a safe quality service to residents Residents spoke positively about the care and support they received from staff and told the

inspectors that they were very content and happy living in the centre. Residents living in the centre were seen to have a good quality of life, which was encouraged by staff who were kind and supportive.

There was evidence of good consultation with residents, and their needs were being met through good access to meaningful activities both in the centre and in the community. Residents healthcare needs were met to a high standard and there was evidence that residents had timely access to services as required. Inspectors observed friendly, good natured and humorous interactions with staff. This enhanced the homely atmosphere.The systems in place ensured that residents' voices were sought and listened to and they were actively involved in their day to day choices in the centre. For example one resident decided that she would like to attend bingo weekly and this was facilitated by a twilight staff been sourced.One area that required improvement improvement related to ensuring that all incidents of challenging behaviour were recorded so that the effectiveness of behaviour support plans could be monitored.

Residents living in this centre were provided with person-centred care and support. Residents' health care needs were assessed and plans of care were developed to guide the management of these needs.Residents had access to multi-disciplinary supports such as specialist nursing staff in behaviour support and allied health professionals including occupational therapy and psychological services. Personal plans were in place detailing residents' goals. These were reviewed annually during which residents' goals were identified for the coming year. A culture of positive risk taking was evident to improve the lives of residents, and enhance and develop life skills which would enhance their choices and quality of life. This was reflected in the goals in personal plans, for example, attending concerts, going on holidays,visiting family members. This meant that residents' rights to independence and enjoyment was supported.

The provider and person in charge had ensured that positive behavioural support plans were enacted to support residents with behaviours of concern. A sample of positive behaviour support plans were reviewed. Inspectors found that these were detailed and clearly outlined proactive and reactive strategies that were person centred to support each resident. In addition, staff spoken with told the inspectors that the frequency of behavioural issues had reduced significantly. Restrictive practices that were in place in the centre included a sensor beam for a residents that was at risk of falls. A crash mat had been in place for this residents but staff recognised that this posed a risk to the residents as the mat posed a risk. A less restrictive option of a sensor beacon alarm was sourced and this had been successful. Any restrictive practices in place had been reviewed and sanctioned by the human rights committee.There was one safeguarding concern at the time of inspection. This was being appropriately managed and was subject to regular review. All relevant personnel had been informed A safeguarding and protection policy to guide staff was in place. Staff training in safeguarding was up-to-date. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a concern arise. In addition, residents spoken with told the inspectors that they were happy living with their peers and if they had any concerns

that said that they were aware of what to do.

Staff completed training in managing behaviours of concern and human rights. This meant that staff had the knowledge and skills to support residents in a person centred way while respecting their dignity, respect and autonomy. Residents were involved in choosing their food, cooking it and at what times they wished to eat. There were systems in place to ensure risks were identified, assessed and managed within the centre, for both residents and staff. All incidents were reviewed by the person in charge and discussed and escalated to the registered provider as appropriate. A review of incidents indicated that while there was a relatively low level of incidents in the centre, these were appropriately documented and audited with plans in place to try to prevent re occurrence. Inspectors found that where risks were identified in relation to residents, there were corresponding care plans and protocols in place. This meant that there was a co- ordinated approach to the management of risk and the care and support provided. The provider had arrangements in place to reduce the risk of fire in the designated centre. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. This was an action from the previous inspection. Residents had personal emergency evacuation plans. These were resident specific to ensure the safety of each resident. The premises were purpose built and there were fire exits to the front back and side of the premises with wide opening doors and sensor touch exits. The provider had a fire alarm system and fire extinguishers in place. All staff had completed fire training.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. Day to day living in the centre was relaxed and all residents spoken with confirmed that they were happy living in the centre, that their lives were enhanced by the move from congregated settings. Bedrooms were bright and homely and personalised according to the wishes of the residents. The centre was visibly clean throughout and was maintained and decorated to a good standard with lots of interesting items, bookcases and display cabinets.Space for the storage of equipment was limited, this had been identified by the person in charge and the provider and was in the process of being actioned by the supply of a new shed. Staff who spoke with the inspectors were knowledgeable and knew residents and their individual needs well. Inspectors observed that staff had developed good relationships with residents.

Regulation 10: Communication

All residents could communicate their needs to staff and the inspectors. Inspectors observed staff chatting to residents and communication with them on their return from the day centre, enquiring of their experiences. Health passports were in place to aid communication if a resident had to be transferred to another health care.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had good access to facilities for occupation and recreation. Varied activities of the residents choosing were available to them. Staff supported residents to develop and maintain personal relationships and links with wider community according to wishes

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the premises provided was of sound construction, in a good state of repair and provided a comfortable clean home for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.Fire drills required review at the time of the last inspection. Inspectors found that regular fire drills were occurring regularly and supported that good fire safety procedures were in place at the time of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which reflected their needs and was reviewed annually

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available to them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Person centred positive behaviour support plans were in place as required. Access to specialist supports of psychology and mental health was available, however as not all incidents of challenging behaviour were recorded which made the assessment of the plan's effectiveness difficult to monitor.

Judgment: Substantially compliant

Regulation 8: Protection

A sample of residents' intimate and personal care plans were reviewed and found to be suitably detailed to guide staff in the provision of person centred care. The safeguarding and protection policy was up to date and staff were provided with training

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the freedom to exercise choice and control in their daily lives.

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
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazelwood OSV-0008013

Inspection ID: MON-0033935

Date of inspection: 11/04/2024

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • The Registered Provider has implemented Guidance for Disability Services Garda Vetting Component (only) for Recruitment, Selection, and Garda Vetting of Staff (2023) and the Commission for Public Service Appointments: Code of Practice for Appointment to Positions in the Civil and Public Service (2022) within the centre. • Disability Services Senior Management with the Head of HR have requested and escalated the requirement for the the HSE policy on Garda Vetting to be reviewed as it is currently outside of the 3 years review requiremnt to the National Garda Vetting Liaison Office.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The Person in Charge has ensured that a resident's behavior and interventions is identified and recorded on an additional Antecedent Behaviour Consequence (ABC) chart. This has been agreed with the Clinical Nurse Specialist. Completed 15/04/2024 • The Person in Charge has insured all staff have been informed of this change at the local team meeting. Completed 15/04/2024	

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 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.	Substantially Compliant	Yellow	31/12/2024
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	15/04/2024