



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

Issued by the Chief Inspector

Name of designated centre:	Morenane House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	23 May 2022
Centre ID:	OSV-0001819
Fieldwork ID:	MON-0031934

## About the designated centre

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

Morenane House consists of a detached house and two apartments located in a rural area within close driving distance to a nearby town. The centre provides full-time residential support for a maximum of six residents of both genders over the age of 18 with intellectual disability and/or Autism who may have additional needs. Each resident had their own individual bedroom and other rooms in the house and apartments include kitchens, living rooms, a sitting room, a lounge, a conservatory, a utility room, bathrooms and staff rooms. Residents are supported by the person in charge, social care staff and care staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Monday 23 May 2022	09:45hrs to 18:10hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents met during this inspection appeared calm and content when in their homes. Two residents spoken with indicated that they liked living in the centre. Some areas of the premises were seen which required some maintenance.

The designated centre was comprised of a main house for four residents and two apartments at the rear of the house with each apartment providing a home for one resident each. At the start of the inspection, the inspector arrived at the front door of the main house. Just outside the front door it was seen that there was a COVID-19 related sign, a pedal operated bin for disposal of personal protective equipment (PPE) and a hand sanitiser dispenser. The inspector was initially greeted by a staff member and a resident with the staff member requesting the inspector to remain outside for a brief period to suit the resident. Shortly after the inspector entered and had his temperature checked before being directed to sign in. All four residents living in this house were present at the time with two preparing to go for a drive. The inspector was briefly requested to remain in the house's sitting room as some of the residents left.

After this, the inspector had an opportunity to meet some remaining residents while also observing the premises and resident/staff interactions. Two residents were present in the main house throughout the inspection both of whom greeted the inspector but did not engage further beyond this. It was noted that both residents seemed calm and relaxed in their environment with one resident seen smiling on occasions and to move freely throughout the house during this inspection. The house itself was noted to be generally well maintained, homely and clean but it was noted that some flooring was visibly worn while some external window sills were seen to require painting. In addition, when viewing some bathrooms in the main house it was observed that some taps appeared worn and in need of further cleaning while a pedal operated bin in one bathroom did not have a bin liner in it but did have some used PPE.

The house also had a utility room with separate washing and drying machines. When initially viewing this area the inspector saw some laundry on the floor in front of the machines and shortly after a staff member brought more laundry into the room and left them on the floor. In addition, on the worktop over these machines were three baskets which contained mop heads, cloths and socks respectively along with a separate pile of socks. The three baskets and the pile were located in close proximity to one another and it was unclear if the mop heads, cloths and socks were clean or used. These observations were highlighted to the person in charge and later on during the inspection it was observed that no laundry was left on the floor, one of the baskets on the worktop had been removed with the remaining baskets and pile separated.

Also within the utility room was signage highlighting particular colour coded cleaning equipment that was to be used in different rooms of the house (for example this

indicated that red cleaning equipment was to be used in bathrooms, blue in general areas and yellow in kitchens). It was noted though that these signs did suggest some different coloured items were to be used in the same areas. When the inspector was leaving the main house to go to the nearby apartments, he observed that some of the coloured coded equipment was stored outside exposed to the elements. These included mop buckets and a mop handle while a mop head was seen to be stored on an external wall bracket. It was unclear if this mop head was used or not. Outside one of the apartments, the inspector observed a red mop bucket with a green strainer and a yellow handled mop standing in it.

Both of the residents living in the apartments were present during the inspection. When the inspector initially visited these apartments, he was informed that the resident in one apartment did not want to meet him at that time. Later on in the inspection the inspector queried if the resident wanted to meet him but again they declined. As a result the apartment where this resident lived was not visited during this inspection. When the inspector initially visited the second apartment, the resident living there requested the inspector to come back at a later time. On a second visit there the inspector met this was resident who was being supported to get their hair braided ahead of a visit to a swimming pool later in the day. The resident indicated that they liked living in their home and felt safe. When asked by the inspector what they liked about living in the centre, the resident did not answer. The inspector asked if there was anything the resident did not like about living in the centre and the resident indicated that there was not. This resident seemed content at this time and it was noted that their apartment was homely with various artworks on display.

Later on during the inspection, the two residents who had gone out for a drive early in the inspection returned to the main house. While one of these left the centre again towards the end of the inspection to go for another drive, the inspector met the other resident. This resident appeared very happy and talked about a family member before offering the inspector a cup of tea. Later on this resident was met along with another resident relaxing in the house's lounge while watching television and indicated that they liked living in the centre. Both residents appeared calm and content while staff members present were seen interacting warmly and respectfully with residents throughout the inspection. Residents also seemed comfortable in the presence of staff. For example, one resident was seen to interact very jovially with the person in charge. Overall, a calm and sociable atmosphere was encountered in this centre on the day of inspection.

In summary, the premises provided for residents to live in were generally seen to be clean, well-maintained and homely but some areas were identified where maintenance was required. Two residents spoken with during this inspection gave positive views. Residents seemed calm and content overall while also being comfortable with the staff supporting them. Staff were seen to interact appropriately with residents throughout the inspection.

The next two sections of the report present 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 the service being

delivered.

## Capacity and capability

While an overall good level of compliance was found during this inspection, some actions were identified relating to the centre's statement of purpose and staffing.

This designated centre was registered without any restrictive conditions until February 2024 and had last been inspected by HIQA in September 2020 where an overall good level of compliance was found. Given the length of time since that inspection, it was deemed to carry out a further inspection to assess compliance with relevant regulations in more recent times. As part of this inspection, the centre's statement of purpose was reviewed. This is an important governance document which forms the basis for a condition of registration and is required under the regulations to contain specific information relating to the running of the centre. When reviewing this it was seen that it had been recently reviewed and contained most of the required information.

However, it was noted that the description of the rooms in the centre as outlined in the statement of purpose did not reflect the actual use of some rooms. In particular it was noted a room identified in the statement of purpose as a bedroom was being used as a staff office. The statement of purpose also contained details of the staffing arrangements in place to support residents. Under the regulations, the staffing support provided to residents must be in keeping with residents' needs and in line with the statement of purpose. The statement of purpose outlined specific staffing levels that were to be in place by day and night but early into the inspection it was indicated that staffing levels by day could sometimes be lower than this and that this had become more of an issue in the weeks leading up to this inspection.

The inspector reviewed a sample of 2022 staff rosters maintained and noted occasions where staffing was provided in line with the statement of purpose. However, there were also days in recent months where staffing levels had been lower than the statement of purpose indicated. It was suggested to the inspector by the person in charge that they had filled certain shifts but this was not indicated on the staff rosters reviewed while it was also noted that the person in charge was generally not listed on the actual staff rosters for the centre. Other records reviewed indicated that staff were provided with relevant training in areas such as de-escalation and intervention, fire safety and safeguarding. It was noted though that two staff were overdue refresher training in de-escalation and intervention at the time of this inspection.

Staff members spoken with during this inspection demonstrated a good knowledge of the residents they were supporting while systems were also in place for staff members to receive formal supervision. Despite this from a sample of supervision records reviewed it was seen that there were some inconsistencies in the frequencies of such supervisions. The supervision records did indicate that matters such as

residents and training were being discussed. Such matters were also considered by the provider's monitoring systems in operation. These included provider unannounced visits and annual reviews. Reports of the two most recent provider unannounced visits were available for the inspector to review during the inspection. The report of the most recent annual review for 2021 was provided the day following inspection. It was noted that this annual review focused on relevant national standards and provided for consultation with residents and their families. These monitoring systems indicated a good level of compliance which was also found during this inspection.

### Regulation 15: Staffing

While staffing was sometimes provided in line with the statement of purpose, there were times when staffing levels had been lower during the day time. Actual rosters in the centre were not being accurately maintained.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Records reviewed indicated that staff were provided with relevant training but it was noted though that two staff were overdue refresher training in de-escalation and intervention at the time of this inspection. While some formal staff supervisions had taken place recently, there was some inconsistencies in the frequencies of such supervisions

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider was conducting provider unannounced visit and annual which were reflected in written reports. These monitoring systems indicated a good level of compliance which was also found during this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose



A statement of purpose was in place that had been recently reviewed but it was noted that the description of rooms in the centre was not accurately stated.

Judgment: Substantially compliant

## Quality and safety

Residents had personal plans in place which were generally found to contain a good level of information. Efforts were being made to support the needs of residents but some improvement was needed around aspects of risk management and infection prevention and control.

Under the regulations, all residents should have individualised personal plans provided. Such plans are intended to set out the needs of residents and provide guidance for staff in meeting these needs. On this inspection it was seen that residents had personal plans in place which were informed by a clear assessment process. If a resident was assessed as requiring support in a particular area, a corresponding plan was put in place outlining the supports the resident required. Such assessments and plans were noted to have been recently reviewed from a sample reviewed by the inspector, while it was seen that these plans were also subject to multidisciplinary review and available in an easy-to-read format for residents. A process of person centred planning was used to help ensure that residents were involved in the development of their personal plans.

Amongst the information contained within residents' personal plans was guidance on how to support residents to engage in positive behaviour. This was particularly important given the needs of residents who were being supported in this centre. The inspector reviewed a sample of positive behaviour support plans and noted that they contained a good level of information on how to support residents in this area. Staff members spoken with also demonstrated a good knowledge of these plans. It was noted though that some positive behaviour support plans were overdue a review while there were some relevant matters related to one resident's behaviour that was not mentioned in their positive behaviour support plan albeit known by staff spoken with. Given the needs of the residents living in this centre, care was needed to ensure that any resident's behaviour did not adversely impact their peers.

This inspection did find that significant effort was being made ensure that this did not happen but incident records reviewed indicated that there had been occasions where residents were removed from a communal area due to the behaviour of another resident. Such occasions had the potential to negatively impact residents' full enjoyment of their rights in their home but it was acknowledged that this was being done to safeguard residents. A risk assessment process was being followed which did reflect the needs of residents in such areas. However, some improvement was needed in this regard to reflect certain risks present in the centre. For example,

the inspector was informed that one resident's risk assessment related to their behaviour had been closed even though accident and incident records reviewed detailed some recent behavioural incidents that had occurred. It was also noted that some ratings applied to risk assessments appeared low given the nature of some incidents that had occurred.

An overall risk register was in place for the designated centre which included risks such as COVID-19. Given the ongoing pandemic it was noted that measures were being followed to support effective infection prevention and control. These included staff wearing appropriate face masks and the presence of hand sanitiser within the centre while a self-assessment on infection prevention and control practices had been recently completed. Despite these, as highlighted earlier in this report, the inspector did observe some practices that could be improved upon such as the use of colour coded cleaning equipment and laundry management. In addition, to these the inspector also reviewed supplies of PPE and while most were found to be in date, some had passed their expiry date during April 2022. The centre did have a spill kit present also but when reviewing this the inspector also found a pack of face masks contained within that had recently expired.

#### Regulation 17: Premises

While the house and apartment visited were generally seen to be clean, homely and well maintained, some flooring was seen to be worn, some taps needed further cleaning while some external painting was also required.

Judgment: Substantially compliant

#### Regulation 26: Risk management procedures

Some risk present in the centre did not have a corresponding active risk assessment in place while the rating applied to some risks required reviewed given the nature of some incidents occurring in the centre.

Judgment: Substantially compliant

#### Regulation 27: Protection against infection

The use of colour coded equipment and the management of laundry required review. Some expired PPE was present in the centre on the day of inspection. A bin with used PPE in it did not have a bin bag.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were informed by a clear assessment process. Personal plans were noted to have been recently reviewed and were also subject to multidisciplinary review. A process of person centred planning was used to help ensure that residents were involved in the development of their personal plans while easy-to-read version of personal plans were also available.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some positive behaviour support plans were overdue a review while there were some relevant matters related to one resident's behaviour that was not mentioned in their positive behaviour support plan.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff members spoken with were aware of any safeguarding concerns in the centre. relevant referral were made in response to any safeguarding concerns with safeguarding plans put in place where needed. All staff had completed relevant safeguarding training.

Judgment: Compliant

### Regulation 9: Residents' rights

There had been occasions where residents were removed from a communal area due to the behaviour of another resident. Such occasions had the potentially to negatively impact residents' full enjoyment of their rights in their home.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Morenane House OSV-0001819

Inspection ID: MON-0031934

Date of inspection: 23/05/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To comply with Regulation 15 the actual staff roster will reflect the staffing level on duty. The hours the Person in Charge is in the designated centre will also be rostered and included in the staff roster.</p> <p>The designated centre does have a contingency plan and risk assessment in place in relation to a situation arising where the identified staffing levels in the Statement of Purpose cannot be maintained. This is operated only in the event all possible sources for obtaining staff have been exhausted.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: To regain compliance with Regulation 16 the two identified staff who require refresher training in de-escalation and intervention were scheduled for training on the 9th June (Day 1) and 14th July ( Day 2).</p> <p>Staff A. Attended day 1 MAPA training 9th June 2022 – Day 2 = 14th July 2022- Staff B. Unable to attend training on 9th June 2022 due to Covid 19. Training now rescheduled to 30th June 2022 and 14th July 2022.</p> <p>The Person in Charge will review the timetable of staff supervisions to ensure there is a consistent approach to the frequencies of supervisions for all staff.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Stataement of Purpose has been reviewed and updated to reflect an accurate description of all rooms within the designated centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>While the house and apartment visited were generally seen to be clean, homely and well maintained, some flooring was seen to be worn, some taps needed further cleaning while some external painting was also required</p> <p>To comply with Regulation17 the Registered Provider has consulted a decorator/painter for advice regarding the external painting and the management of the flooring as several options for replacing the flooring would require the residents to relocate for a period of up to 3 days. This would be very disruptive to all residents. External painting is scheduled to be completed by 30th September 2022 and the floor will be included in this schedule of works.</p> <p>The taps have been replaced.</p>	
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>To regain compliance with Regulation 26 the Person in Charge will review the risk register to ensure all identified risks have been identified and rated appropriately.</p> <ol style="list-style-type: none"> <li>1. Risk assessment relating to the refusal of medication for one resident was added to Risk register on May 24th 2022</li> <li>2. Risk assessment relating to the self-injurious behaviour for one resident added to risk register on May 24th 2022</li> <li>3. The likelihood was amended/increased on May 26th 2022 in one resident's individual</li> </ol>	



risk as it did not match with record of incidents reported on Xyea.

4. The risk register reviewed in total on June 14th 2022.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

To come into compliance with Regulation 27 the Person in Charge has reviewed the management of laundry and the use of colour coded equipment in use in the designated centre. The Person in Charge held a staff meeting on the 23rd May 2022 regarding the management of the resident's laundry. All staff have been informed that resident's laundry is separated, the laundry area is to be kept tidy and not present as a hazard in a small area.

All out of date PPE has been removed 24th May 2022 and PPE restocked.

Infection prevention and control precautions have been reviewed and all bins are now lined.

Mop buckets have been replaced.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

To come into compliance with Regulation 7 the Person In Charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behavior that is challenging and to support residents to manage their behavior.

One Positive Behaviour Support Plan has been reviewed on June 28th 2022 by Behaviour Analyst attached to St. Joseph's Foundation.

The remaining Positive Behaviour Support Plans will be updated by September 2022 when a Principal Psychologist has commenced employment.

Regulation 9: Residents' rights	Substantially Compliant
<p data-bbox="172 208 1428 353">Outline how you are going to come into compliance with Regulation 9: Residents' rights: To come into compliance with Regulation 9 the Registered Provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.</p> <p data-bbox="172 398 1428 701">Incident records reviewed during the inspection indicated that there had been occasions where residents were removed from a communal area due to the behaviour of another resident. Since a safeguarding incident on May 11th 2022 the identified resident is redirected to bus to sooth. This intervention has worked well. On identified days i.e. Wednesday the staff team ensures the bus is available to this resident and not out for service or any works as Wednesday can be a day when the resident's anxieties are heightened due to a scheduled visit home. This intervention reduces the impact of this resident's potential behavior on his peers</p>	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	06/06/2022
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	06/06/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	14/07/2022

	as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/06/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2022
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	14/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	01/07/2022

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	06/06/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/09/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	06/06/2022