



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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - Residential Community Services Tralee
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	05 May 2022
Centre ID:	OSV-0002920
Fieldwork ID:	MON-0027977

About the designated centre

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

St. John of God Kerry Services - Residential Community Services Tralee consists of two semi-detached houses, two detached houses and an apartment to the rear of one of the detached houses, all located in housing estates in a town. This designated centre provides a residential service for a maximum of 12 residents with intellectual disabilities. Some residents reside in the centres seven nights a week while other residents stay in the centre four nights a week. Both male and females over the age of 18 can avail of the centre. Each resident has their own bedroom and other rooms in the centre include bathrooms, living rooms, kitchens, dining areas, and utility rooms. Residents are supported by the person in charge, social care workers, health care assistants and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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 5 May 2022	10:15hrs to 18:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The one resident met during this inspection appeared happy in their home while positive feedback was generally provided by residents and their families. While the homes where residents lived were generally seen to be homely and well-maintained, some areas for improvement were seen during this inspection.

This designated centre was comprised of four houses and one apartment to the rear of one of the houses. Two of these houses and the apartment were first visited by the inspector during this inspection. These were generally seen to be clean, homelike, well-furnished and well-maintained although it was seen that the external of some houses and the apartment did require some painting. It was also observed that the flooring in the kitchen, utility room and one bathroom of one house required replacing. The inspector was informed that replacing this flooring had been recommended in a recent infection prevention and control audit and was due to be replaced in the week following this inspection.

Some bathrooms in these two houses and apartment were also seen and were generally seen to be clean. However, in one bathroom the inspector observed that the toilet was visibly unclean. In addition, while it was noted that only one resident used this bathroom, it was seen that its layout and fittings posed some challenges from an infection prevention and control perspective. For example, a grab rail present was observed to be rusted which could make it harder to effectively clean.

When the inspector visited these two houses and one apartment, none of the residents ordinarily living there were present at the time as they were either attending day services, at work or at their family homes. Later in the inspection though the inspector visited a third house where one resident was present. As the fourth house of this centre was not visited during this inspection this was the only resident who was met by the inspector during this inspection. This resident appeared happy when the inspector arrived at their house and used this time to play some hide and seek with the inspector requested to find the resident. After finding the resident they showed the inspector around their home.

It was observed that this house was very well-maintained, clean and homely with plenty of photographs of the resident on display although while present the inspector did observe a first aid kit in the kitchen with contents in it that had expired in 2018 and 2019. The resident had their own bedroom with a walk in wardrobe. In this the resident had lots of clothes hanging up and appeared proud of this. Items of interest for the resident were present throughout the house including trains and fire engines. While the inspector was present in this house, the resident was seen to move freely throughout the house and at one point was seen playing soccer with a staff member in the rear garden which had a goal post set present.

The staff members present with the resident at this time were observed and overheard to interact positively with the resident. For example, one staff member

was heard encouraging the resident to ask the inspector questions themselves. Following this the resident asked the inspector if he wanted a glass of coke which was accepted. The resident later returned to the inspector to take the glass back. During the inspector's time in this house this resident seemed happy overall and was seen to smile on occasions. The resident talked about an upcoming party they were going to and later left the house to go to the cinema which they appeared to be looking forward to.

As only one resident was met during this inspection, the inspector relied on HIQA pre-inspection questionnaires that had been issued to this centre in advance of this inspection to get more information on residents' view of the centre. Such questionnaires covered areas such as care and supports, general happiness, activities, rights, food and mealtimes, staffing and complaints. The inspector was provided with total of 16 such questionnaires some of which were completed by residents, by staff on behalf of residents or by families. It was noted that all 16 generally contained positive responses to all areas but all questions were not completed in one while in another it was indicated that a resident was unhappy about their safety and their relationship with other residents.

Aside from these questionnaires the provider also had its own ways to get residents' and their families' views. One such way was through the most recent provider unannounced visit to the centre carried out in January 2022 where an auditor of the provider had visited the houses of the centre. A report of this visit was read by the inspector and in this it was indicated that the auditor spoke to six residents during their visit with all six indicating that they liked living in their home. It was also indicated by residents that they liked their day services and activities they participated in. The auditor also noted that staff appeared responsive to and aware of residents' needs.

Residents also gave their views on the services they received in the designated centre to the provider through the annual review process that had completed for the centre in February 2022. As part of this resident completed surveys that covered areas such as community, home and friends. As with the HIQA pre-inspection questionnaires completed, residents generally gave positive responses to the areas queried by the survey. It was noted though that one resident indicated that they wanted a bathroom downstairs while another said that they would like to stay in on more weekends.

The outcome of family feedback was also contained within the report of annual review which had been gathered through questionnaires sent to families by the provider. Eight families had responded to these questionnaires and the annual review indicated no negative comments were reported with positive comments made including "very happy with the residential service provided" and "very happy with accommodation and staff". During the course of this inspection two relatives of one resident were spoken with by the inspector both of whom talked positively about the staff support provided in the centre particularly given the impacts of COVID-19.

In summary, the three houses and one apartment visited during this inspection were

generally seen to be homelike, well-maintained, well-furnished and clean. However, one toilet was seen to be visibly unclean while some external walls required painting. Positive feedback was generally provided by residents and families through surveys and questionnaires while the one resident met during this inspection appeared happy and comfortable in their home.

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

The provider was carrying out key regulatory requirements such as annual reviews and provider unannounced visits. Planned and actual staff rosters were maintained but there was some staff vacancies at the time of this inspection.

This designated centre was registered for a maximum capacity of 12 residents until October 2022 and had been previously inspected twice by HIQA in 2021 where concerns were identified regarding safeguarding and the suitability of the premises provided in one house. The provider had and was making ongoing efforts to respond to these areas. Since those inspections, the provider had submitted a registration application to HIQA seeking to renew the registration of the centre for a further three years but with a reduced maximum capacity of 11. The purpose of the current inspection to inform a decision on whether to grant this application or not.

In making this registration application, the provider had submitted various supporting documentation. This included evidence of appropriate insurance cover for the centre although it was noted that the insurance document provided was due to expire on 31 May 2022. As a required a statement of purpose was also provided which, under the regulations, must contain specific information such as the arrangements for reviewing residents' personal plans, the staffing arrangements in place to support residents, the admission criteria for the centre and details of the organisational structure in place.

The organisational structure as outlined the statement of purpose reflected the structure that was actually in operation for the centre. This structure provided for lines of accountability and reporting from staff working directly with residents in this centre to the board of directors for the provider. The same organisational structure was outlined in the most recent annual review conducted for the centre in February 2022. Conducting such a review is required by the regulations and is important to review the quality of care and support provided. The provider is also required to conduct their own unannounced visits to designated centres every 6 months and it was seen that one such visit had been completed in January 2022.

The most recent annual review and provider unannounced visit both reviewed the

staff support provided to residents. It was noted on this inspection that planned and actual staff rosters were being maintained as required by the regulations. The inspector reviewed a sample of rosters in one house which indicated that a consistency of staff was generally provided but when comparing a recent planned roster to an actual roster, it was noted that a planned staff shift had not been completely covered. This was highlighted by the inspector and it was indicated that this was because of an emergency situation. The inspector was also informed that the centre did have some staff vacancies amounting to 1.5 whole-time equivalent (WTE) of the staffing compliment as outlined in the statement of purpose. Such vacancies were being filled through relief and agency staff.

Regulation 15: Staffing

The centre did have some staff vacancies amounting to 1.5 WTE of the staffing compliment as outlined in the statement of purpose which was being filled through relief and agency staff. Planned and actual staff rosters were maintained.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

A clear organisational structure was in place for this designated centre while provider unannounced visits and annual reviews were being completed for the centre. Staff team meetings took place regularly where issues relating to the running of the centre could be discussed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the contract for the provisions of services for one resident which outlined the services to be provided and the fees to be paid. There had been

no admissions since the previous inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was provided for this centre that contained all of the required information. It was also noted that the statement of purpose had been recently reviewed.

Judgment: Compliant

Quality and safety

Residents had personal plans in place while efforts were being made to promote residents' rights. Some improvement was required regarding aspects of the premises provided and infection prevention and control.

A residents' guide was provided for this centre which outlined how residents were to be involved in the running of the centre. In keeping with this guide, residents' meetings were taking place regularly in the centre. The inspector viewed a sample of these from one house and noted that topics discussed with residents included complaints, safeguarding, rights and advocacy. It was also noted that where necessary residents were supported to access external advocacy services while issues were also referred to the provider's human rights committee for review. Assessments of residents' rights were found to have been carried out for three residents in the month before this inspection.

Such rights assessments were contained within residents' personal plans. When reviewing a sample of these it was seen that efforts had been made to present these plans in an easy-to-read format while residents were also involved in the development of these plans through a person-centred planning process. As part of this process goals were identified for residents to achieve with examples of such goals including trips away, attending shows, going on a helicopter ride and being active in the community. The sample of residents' plans reviewed also contained guidance for staff on how to support residents in various areas including intimate personal care and any assessed health needs.

In addition, it was noted that where necessary guidance was in place for supporting residents to engage in positive behaviour. It was noted though that when reviewing the personal plan of one resident that there was various different guidance documents present for the resident in this area. The inspector was later informed that staff were to follow the most recent document. Despite this when speaking with

a staff member supporting this resident, they did not demonstrate a full knowledge of the contents of the most recent document although in general they did appear to know the resident well and were seen to engage positively with the resident.

Information on safeguarding residents was available where required including relevant safeguarding plans which had been recently reviewed. No safeguarding concerns were identified in the three houses and one apartment visited during this inspection with records provided indicating that staff had undergone relevant training in this area. It was also indicated that staff had received training in infection prevention and control and during this inspection the inspector did observe some good practice in this area. For example, the inspector was requested to sign in and take his temperature when visiting different houses while staff on duty were seen to wear appropriate face masks. Given the ongoing COVID-19 pandemic it was indicated that commonly touched items were cleaned multiple times daily.

However, records provided of such cleaning covered door handles and light switches only but not some other commonly touched items such as keyboards and hand sanitiser dispensers while a recent gap in such records was found in one house. In addition, as highlighted earlier, the inspector observed that the toilet in one bathroom was visibly unclean. Records initially presented did not indicate that this bathroom had been cleaned in the days leading up to this inspection. The inspector was later provided with a cleaning record starting on 2 May 2022 indicating that the bathroom had been cleaned recently. In the feedback session for this inspection, the inspector specifically requested cleaning records that included this bathroom for March and April 2022 be provided the day after this inspection. While some cleaning records were subsequently provided they did not specifically include the requested bathroom.

Aside from this matter, the previous inspection of this centre in October 2021 had highlighted that in one house of this centre, a bathroom of a suitable standard was not in place for one resident while the same resident's use of the stairs in that house was not suited to their needs. These findings were based on assessments conducted by a physiotherapist and an occupational therapist. In response to this the provider indicated that it would look to carry out premises works on this house to make it more suited to meet the needs of residents of living there. While the provider was making progress on this matter, these works had not commenced at the time of this inspection and as a result the layout of that house remained unchanged.

Despite this it was noted that the houses and apartment which made up this designated centre had been provided with appropriate fire safety systems. These included fire extinguishers, fire alarms, fire blankets, emergency lighting and fire doors. Such doors are important in containing the spread of fire and smoke in the event that a fire takes place. Records reviewed also indicated that such fire safety systems were being serviced regularly to ensure that they were in proper working order. In order for residents to be promptly evacuated from the centre in the event of a fire, it was noted that residents had individual personal emergency evacuation plans (PEEPs) in place which outlined what supports, if any, residents needed to

evacuate.

Regulation 13: General welfare and development

Residents were supported to participate in various activities such as attending day services, having overnight trips away, going to the cinema, attending shows and participating in cooking classes. Support was also provided for residents to maintain personal relationships.

Judgment: Compliant

Regulation 17: Premises

Assessments carried out for one house highlighted that one resident's use of the stairs was not suited to their needs while a bathroom of a suitable standard was not in place for them. Some external painting was seen to be required for some houses.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as the terms and conditions relating to residency.

Judgment: Compliant

Regulation 27: Protection against infection

A gap were seen in recent cleaning records while some commonly touched items were not included in cleaning schedules. While the houses and apartment visited were generally seen to be clean one bathroom was seen to have a visibly unclean toilet and limited cleaning records for this bathroom were provided during the course of and after this inspection. It was also seen in this bathroom that a grab rail was rusted while the location of a bin required review. Some flooring had been identified as requiring replacing through an infection prevention and control audit. Some expired products were seen inside a first aid kit. Staff were seen to wearing appropriate face masks, hand sanitiser was available and the inspector was requested to check his temperature when visiting different houses. Relevant training

in infection prevention and control was also provided to staff.
Judgment: Substantially compliant
Regulation 28: Fire precautions
Fire safety systems were provided including fire alarms, emergency lighting, fire extinguishers and fire doors. Residents had PEEPs in place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents had individual personal plans provided for which were informed by relevant assessments while outlining the residents' needs and how to support these. A process of person-centred planning was followed with easy-to-read personal plans also available.
Judgment: Compliant
Regulation 6: Health care
Residents were supported to attend appointments with particular health and social care professionals such as general practitioners, dentists and opticians. Information around supporting residents with their health was contained within their personal plans.
Judgment: Compliant
Regulation 7: Positive behavioural support
While guidance was available within residents' personal plans on encouraging positive behaviour, a staff member spoken with did not demonstrate full knowledge of the contents of such guidance for one resident. One resident had various different guidance documents in place around positive behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

No safeguarding concerns were identified in the three houses and one apartment visited during this inspection. Guidance on supporting residents with intimate personal care was present in their personal plans while safeguarding training was provided to staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted through residents' meetings and were supported to access advocacy services where required. The provider had a human right committee in place while assessments of residents' rights were also conducted.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially 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 St. John of God Kerry Services - Residential Community Services Tralee OSV-0002920

Inspection ID: MON-0027977

Date of inspection: 05/05/2022

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: Regulation 15(1)</p> <p>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.</p> <p>Action Plan</p> <ul style="list-style-type: none"> Registered Provider has a recruitment plan in place and recruitment open day was organized to advertise vacancies within the organization. Completed 09/04/2022 PIC and PPIM will liaise with the HR Officer to plan for the recruitment of suitably qualified staff from this recruitment campaign to fill vacancies within the DC. To be completed by 30/10/2022 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Regulation 17(1)(a)</p> <p>The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of</p>	

residents.

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.

Regulation 17(7)

The registered provider shall make provision for the matters set out in Schedule 6.

Action Plan

- The Registered Provider has completed the tender process and identified the budget to complete works.

Completed 09/06/2022

- The Registered Provider has sourced alternative accommodation for one resident to reside while work is completed in their current premises in order to convert into two apartments.

Completed 01/06/2022

- Registered Provider will source alternative accommodation for remaining resident to reside while work is completed in their current premises in order to convert into two apartments.

Completed by 04/07/2022

- The registered provider will ensure that the renovation works are completed.

Completed by 30/09/2022

- Painting priorities have been submitted to the maintenance department and will form part of the 12 month schedule.

Completed by 31/04/2023

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

Regulation 27

The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Plan

- PIC to develop new cleaning schedule templates which includes all commonly touched items.

Completed 06/05/2022

- PIC to ensure that all areas identified in the cleaning schedule are cleaned each day and that this recorded on the daily cleaning schedule.

Completed 06/05/2022

- PIC to submit maintenance request to have identified grab rail repaired.

Completed 18/05/2022

- PIC to ensure the bin identified as needing to be replaced is purchased and in consultation with the resident the location of this bin is reviewed.

Completed 18/05/2022

- PIC to ensure flooring identified as needing to be replaced is installed.

Completed 15/06/2022

- PIC to ensure that expired products contained in the first aid kit identified during the inspection are replaced.

Completed 06/05/2022

Regulation 7: Positive behavioural support

Substantially Compliant

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

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 behavior that is challenging and to support residents to manage their behavior.

Action Plan

- PIC to audit residents file to ensure that only the most up to date behavior support plan is in place and all other guidance is archived.

Completed by 06/05/2022

- Positive Behavior Support Department to deliver a workshop on implementing the guidance for one resident to all staff working in house identified.

Completed by 30/06/2022

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	30/10/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/04/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/04/2023

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	15/06/2022
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	30/06/2022