



Report of an inspection of a Designated Centre for Disabilities (Mixed)

Issued by the Chief Inspector

Name of designated centre:	Ballytrim House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	04 June 2020
Centre ID:	OSV-0002523
Fieldwork ID:	MON-0028299

About the designated centre

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

Ballytrim House provides residential care and support to children and adults with a disability. The designated centre is clearly separated into an adults' area and a children's area, so that adults and children do not have contact with each other. The designated centre comprises a twelve bedded one-storey building located in a residential housing estate in a small town. Residents living at the centre have access to communal facilities such as sitting rooms, a sensory room, dining room, kitchen and outdoor children's play area. Each resident has their own bedroom with en-suite bathroom. The centre also has additional communal bathroom and toilet facilities. Ballytrim House is located close to local amenities such as shops, public houses and cafes. There are three vehicles available which enable residents to access other amenities in the surrounding area such as swimming pools and other leisure facilities. Residents are supported night and day by a staff team of both nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 June 2020	10:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

While the inspector did not have the opportunity to interact with the residents during the course of the inspection, the inspector observed residents being supported by the staff team and found that the interactions were positive. The inspector spoke with members of the staff team and it was evident that they had detailed knowledge of the residents' needs.

A review of residents' information in particular their personal plans and social care goals displayed that there had been improvements to the services being provided to residents and that residents were being supported to engage in activities of their preferences. However, the provider had failed to address all of the actions agreed following the previous inspection and remained unable to meet the needs of all residents living in the centre.

Capacity and capability

This risk-based inspection marked the third inspection carried out in the centre since July 2019. This inspection was focused on reviewing the actions from the previous inspection in October 2019. The overall findings from the previous inspection were that the provider's arrangements and management structures were not effective to ensure the safety and welfare of the residents on a sustainable basis.

The inspector observed that the provider had taken steps to address many of the actions identified on the previous inspections. There were, however, improvements required with regard to the provider's training and staff development and appropriate governance and management systems.

The inspector found that continued improvements had been made in the monitoring and oversight of the centre. However, despite these advances, the centre continued to be an unsuitable environment for residents. There continued to be incompatibility issues between the residents and the risk of incidents of violence and aggression remained. The impact of this is discussed further in the quality section of this report.

There was evidence of the provider progressing the planned discharge of a resident in the attempt to find a more suitable setting for the resident and to reduce the resident incompatibility concerns in the centre as per the compliance plan from the previous inspection. The provider had informed the authority of the delayed progress of the discharge and that it had been further postponed due to the current Covid-19 public health crisis. The provider had acknowledged the ongoing incompatibility issues between residents in the centre and the inspector was made aware of a funding request being submitted for another resident to transition to a

more suitable service. The provider was working towards addressing the risks in the centre caused by the compatibility issues but on the day of the inspection these risks still remained and the systems in place in the centre were not ensuring that the service provided was safe and appropriate to the needs of each resident.

There were, however, improvements in the consistent and effective monitoring of the centre and the centre was adequately resourced in terms of therapeutic services available to residents and input from the provider's multidisciplinary team. There was a clearly defined management structure in place that was led by the person in charge. There were systems in place that resulted in effective oversight of the centre from the provider's area coordinator, multidisciplinary team, and the person in charge. This was leading to positive developments to the service being provided to residents and the inspector reviewed monthly audits that were being completed by the person in charge, and the centres quality improvement plan.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations. There were also systems in place to respond to serious or adverse incidents and these will be discussed in more detail in the capacity and capability section of the report.

The provider and person in charge had made improvements to the staff team's training schedule. For the most part, the staff team had access to appropriate training, including refresher training as part of their professional development. However, the provider had given assurances to the chief inspector that all required staff training would be completed by the 29 February 2020. This had not been achieved and the current Covid-19 healthcare crisis had further delayed members of the staff team receiving training in Cardiopulmonary resuscitation (CPR) training.

There was a staff team in place that was appropriate to the number and assessed needs of the residents. The staff team was made up of a person in charge, staff nurses, and care assistants. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. A review of the planned and actual roster highlighted that there was a sufficient number of staff working in the centre each day. The provider had relocated a number of staff members from their day services to support the centre during the Covid-19 healthcare crisis. This had resulted in a consistent staff team working in the centre. A review of rosters prior to the relocation of the day service staff showed that the centre had regularly relied upon consistent agency staff to ensure that all shifts were completed and that residents were receiving continuity of care.

The inspector spoke with two members of the staff team during the course of the inspection. Both members spoke of the improved oversight in the centre and how increased input from the provider's therapeutic services had led to positive outcomes for the residents. The staff members spoke of being supported by the management team and by the provider's multidisciplinary team.

Overall, there was evidence of the provider and those supporting the residents

seeking to promote the best outcomes for each resident. However, the continued incompatibility issues between residents meant that the provider could not ensure that the service provided was appropriate to the needs of each resident.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part, the staff team had access to appropriate training, including refreshers training as part of their professional development. However, the provider in their compliance plan from the last inspection in October 2019 stated that all training would be completed by the by 29 February 2020. This had not been achieved and the current Covid-19 healthcare crisis had further delayed members of the staff team receiving training in Cardiopulmonary resuscitation (CPR) training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there was a clearly defined management structure in the centre and there were systems in place that ensured the effective monitoring and oversight of the centre. However, the incompatibility issues between residents resulted in the provider being unable to provide a service that was safe and appropriate to the needs of each resident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also

ensured that quarterly and six monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

Quality and safety

The provider had taken steps to improve the services being provided to residents, however, the provision of services for some residents was still largely based on safeguarding responses and not necessarily based on their needs or general welfare and development.

There were improvements required in regards to the provider ensuring that each resident's privacy and dignity was respected, that there were arrangements in place to effectively safeguard all residents and to promote general welfare and development of each resident. There were further improvements required in relation to the management of residents behaviours that challenge and the practices in place to reduce these.

Whilst further progress was required, the inspector observed that the provider and person in charge were making improvements to the service being provided to residents. The provider and staff team supporting the residents were seeking to promote the rights of each resident and had developed Individualised supports and programs in an attempt to do so. The provider's quality improvement plan identified the rights of residents as a priority goal and there was evidence of actions being taken to promote and support residents' rights and development. The provider could not, however, ensure that that each resident's privacy and dignity was respected in relation to, but not limited to, their living space and relationships.

A review of a sample of residents' assessment and care planning documentation demonstrated that residents had received assessments of their health and social care needs. A review of a sample of personal plans showed that goals were being set for residents in regards to social and independent living skills and that residents were being supported to engage in them by the staff team. There was also evidence of individualised support plans and wrap-around supports being introduced for some residents. The provider, however, remained unable to effectively meet the needs of each resident.

The previous inspection report highlighted practices that had been put in place to mitigate the risks and impact residents were having upon each other and towards staff. The control measures introduced included residents being supported outside of their homes for long periods each day, staggered mealtimes, and limited interactions between residents in their own home.

Some residents were being supported outside of their home for long periods as part of wrap-around services developed by the provider. On the day of inspection, two

residents were being supported in separate premises away from the centre in order to mitigate the adverse impact residents were having upon one another. The residents were aided by staff members that were familiar to them to engage in individualised programmes. One of the residents was spending long periods of time outside of their home and in some cases between eight and ten hours per day. The inspector reviewed multidisciplinary team meeting notes where this practice was discussed and noted that reducing the time the resident was out of their home was set as a goal. The progress towards achieving this goal was captured in the residents' nursing notes, the resident had been supported and encouraged to spend longer periods of time in their home prior to the Covid-19 health crisis. However, this practice was only taking place when another resident was out of the building and had not been completed in recent weeks.

The person in charge had initiated and carried out investigations in relation to incidents of actual, alleged, or where there had been suspicions of abuse towards residents. The person in charge had developed safeguarding plans for residents, these plans were subject to regular review. The inspector noted that staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The provider and the staff team had responded to the Covid-19 healthcare crisis positively and ensured that best practices had been implemented in the centre regarding protection against infection.

The provider had ensured that residents had access to therapeutic interventions and that the multidisciplinary team was coordinating the supports being developed for residents through psychiatry and clinical psychology input. A sample of residents behavior support plans were reviewed and they were found to be person-centered and to guide staff members to ensure all alternative measures were considered before a restrictive practice was utilised. Incidents of physical aggression between residents had reduced due to the control measures that had been developed. However, there still remained incidents where residents engaged in challenging behaviour towards the staff team on a regular basis.

The provider had also ensured that there were arrangements in place for the identification, recording, and investigation of and learning from serious or adverse incidents. The inspector reviewed minutes of meetings where adverse or serious incidents were discussed and the person in charge used collated data to display trends in adverse incidents to the inspector. The inspector reviewed a sample of these adverse incident reports and noted the severity of incidents between residents had reduced, however, the adverse impact of residents upon one another remained with some residents continuing to engage in threatening or intimidating behaviours towards other residents.

Overall, the provider and staff team supporting the residents were seeking to develop person centered supports for each resident and there was evidence of improvements in regards to resident goal setting and supporting residents' general

welfare and development. However, the quality and safety of care being provided to residents required further improvements. The residents living in the centre had a range of complex support needs that the provider was at the time of inspection unable to effectively meet.

Regulation 13: General welfare and development

Further improvements had been made in regard to the general welfare and development of residents. However, the provision of services for some residents was still largely based on safeguarding requirements.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, recording, and investigation of and learning, from, serious incidents or adverse events involving residents. However, there still remained incidents where residents engaged in physical aggression towards those supporting them on a regular basis.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider was taking necessary steps to protect residents at risk of healthcare associated infections.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents. However, the mix of residents residing in the centre and their impact upon one another remained and the provider continued to be unable to effectively meet the needs of each resident.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had developed systems to meet the behavioural support needs of residents. However, there were further improvements required in alleviating the cause of residents' challenging behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

The provider and the centre's staff team were implementing and regularly reviewing measures to reduce the impact of residents upon one another. However, the current mix of residents and their impact upon one another resulted in the provider and person in charge being unable to effectively safeguard all residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents were seeking to promote the rights of each resident and had developed Individualised supports and programs in an attempt to do so. The provider could not, however, ensure that that each resident's privacy and dignity was respected in relation to, but not limited to, their living space and relationships.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballytrim House OSV-0002523

Inspection ID: MON-0028299

Date of inspection: 04/06/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In order to bring this centre into compliance for this regulation, the following action will be completed:</p> <ol style="list-style-type: none"> 1. The Person in charge will facilitate all staff to complete Cardiopulmonary resuscitation training by December 31st 2020, pending the easing of current restrictions and resumption of face to face training. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to bring this centre into compliance with this regulation, the following actions will be completed:</p> <ol style="list-style-type: none"> 1. One resident will relocate to another centre by 30/11/2020, this will facilitate another resident to return to the centre during the day as they wish. 2. The Multidisciplinary team will complete compatibility assessments on all residents in the Centre, to inform future planning. This will be completed by 30/11/2020. 3. The multi disciplinary team will continue to monitor residents' safety via fortnightly safeguarding meetings / teleconferences in conjunction with the Safeguarding team. 	

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

In order to bring this centre into compliance with this regulation, the following actions will be completed:

1. One resident will relocate to another centre by 30/11/2020 this will facilitate another resident to return to the centre during the day as they wish.
2. The Multidisciplinary team will complete compatibility assessments on all residents in the Centre, to inform future planning. This will be completed by 17/08/2020.
3. The multi disciplinary team will continue to monitor residents' safety via fortnightly safeguarding meetings / teleconferences in conjunction with the Safeguarding team.
4. Residents' daily activities will remain under regular review by the named nurse, keyworker and Person in charge in conjunction with the multi-disciplinary team.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

In order to bring this centre into compliance with this regulation the following actions will be completed:

1. One resident will relocate to another centre by 30/11/2020 this will facilitate another resident to return to the centre during the day as they wish.
2. Psychology will provide continued support to review and monitor the effectiveness of individual behaviour support plans in conjunction with the named nurse, keyworker and person in charge.
3. The Multidisciplinary team will complete compatibility assessments on all residents in the Centre, to inform future planning. This will be completed by 17/08/2020.
4. The multi disciplinary team will continue to monitor residents' safety via fortnightly safeguarding meetings / teleconferences in conjunction with the Safeguarding team.
5. The Risk Assessment in relation to Violence and aggression will be monitored on a weekly basis by the Person in charge and Area co-ordinator.
6. The Person in charge will continue to monitor incidents within the centre on a weekly basis and liaise with Psychology and the Area co-ordinator to ensure effective Incident management within the centre.
7. Monthly Multi disciplinary meetings will be re-established for additional oversight and monitoring of the centre.
8. The staffing resource will continue to be monitored on a daily basis by the person in charge who will link with the Area co-ordinator when required to ensure familiar staff are

present in the centre.

9. The person in charge will continue to ensure that all staff complete mandatory training in relation to managing behaviours of concern

10. Post incident reviews have re-commenced for staff in this centre.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

In order to bring this centre into compliance with this regulation the following actions will be completed:

1. One resident will relocate to another centre by 30/11/2020 this will facilitate another resident to return to the centre during the day as they wish.
2. Psychology will provide continued support to review and monitor the effectiveness of individual behaviour support plans in conjunction with the named nurse, keyworker and person in charge.
3. The Multidisciplinary team will complete compatibility assessments on all residents in the Centre, to inform future planning. This will be completed by 17/08/2020.
4. The multi disciplinary team will continue to monitor residents' safety via fortnightly safeguarding meetings / teleconferences in conjunction with the Safeguarding team.
5. The Person in charge in conjunction with the named nurse and keyworker will continue to monitor and review resident's daily activity schedules.

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

In order to bring this centre into compliance with this regulation the following actions will be completed:

1. Psychology will provide continued support to review and monitor the effectiveness of individual behaviour support plans.
2. Post incident reviews have re-commenced for staff in this centre, learning from the post incident reviews will be incorporated into resident's behaviour support plans.
3. The staffing resource will continue to be monitored on a daily basis by the person in charge who will link with the Area co-ordinator when required to ensure familiar staff are present in the centre.
4. The person in charge will continue to ensure that all staff complete mandatory training

in relation to managing behaviours of concern.

5. The Person in charge will continue to monitor incidents within the centre on a weekly basis and liaise with Psychology and the Area co-ordinator to ensure effective Incident management within the centre.
6. Monthly Multi disciplinary meetings will be re-established for additional oversight and monitoring of the centre.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

1. One resident will relocate to another centre by 30/11/2020 this will facilitate another resident to return to the centre during the day as they wish.
2. The Multidisciplinary team will complete compatibility assessments on all residents in the Centre, to inform future planning. This will be completed by 17/08/2020.
3. The multi disciplinary team will continue to monitor residents' safety via fortnightly safeguarding meetings / teleconferences in conjunction with the Safeguarding team.
4. Psychology will provide continued support to review and monitor the effectiveness of individual behaviour support plans.
5. The staffing resource will continue to be monitored on a daily basis by the person in charge who will link with the Area co-ordinator when required to ensure familiar staff are present in the centre.
6. The Person in charge will continue to monitor incidents within the centre on a weekly basis and liaise with Psychology and the area co-ordinator to ensure effective Incident management within the centre.
7. Monthly Multi disciplinary meetings will be re-established for additional oversight and monitoring of the centre.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. One resident will relocate to another centre by 30/11/2020 this will facilitate another resident to return to the centre during the day as they wish.
2. The Multidisciplinary team will complete compatibility assessments on all residents in the Centre, to inform future planning. This will be completed by 17/08/2020.
3. The Person in charge in conjunction with the named nurse and keyworker will continue to monitor and review resident's daily activity schedules.
4. The staffing resource will continue to be monitored on a daily basis by the person in charge who will link with the Area co-ordinator when required to ensure familiar staff are present in the centre.

5. Monthly Multi disciplinary meetings will be re-established for additional oversight and monitoring of the centre.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	30/11/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/11/2020

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	30/11/2020
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2020
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under	Substantially Compliant	Yellow	30/09/2020

	<p>this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.</p>			
Regulation 08(2)	<p>The registered provider shall protect residents from all forms of abuse.</p>	Not Compliant	Orange	30/11/2020
Regulation 09(3)	<p>The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>	Not Compliant	Orange	30/11/2020