



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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group M
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	20 November 2019
Centre ID:	OSV-0003938
Fieldwork ID:	MON-0022553

## About the designated centre

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

In this designated centre a full-time residential service is provided to a maximum of seven residents; residents are adults assessed as having a moderate to severe disability. Residents may also present with additional support needs such as physical, sensory, medical or social. The provider aims to work with residents and as appropriate their families so as to provide residents with a safe home, with person-centred care and support linked to the local community in which the centre is located. This is a nurse led service where nursing care is provided to residents on a 24 hour basis. The overall staff team is comprised of nursing, care and household staff. The management structure is clinical; the person in charge is a CNM2 (Clinical Nurse Manager) supported in her management role by a CNM1.

The premises are a dormer type house located in a residential area of the village. Each resident is provided with their own bedroom and share communal, dining and sanitary facilities. The premises were purpose built and the provider had also reduced the original proposed occupancy to maximise the space available; this meant that the design, layout and available space were suited to the intended purpose and the individual and collective needs of the residents.

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

Number of residents on the date of inspection:	7
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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 - 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
20 November 2019	09:15hrs to 17:30hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

Seven residents live in this centre; the majority of the residents are from the surrounding locality and are therefore provided with the support that they need to continue living in their local community and in close proximity to their families. Residents present with a diverse range of needs with some residents requiring a high level of support and care from staff in the context of their physical and intellectual needs. In the context of these needs there were communication differences that ranged from good verbal ability to communication by gesture and facial expression. Residents had been prepared by staff for the inspection as it was announced but some residents were more at ease with the presence of the inspector in their home than others; this was acknowledged and respected. Other residents were interested in the presence of the inspector; one resident invited the inspector to view her bedroom and discussed the plans for the day in the day service. Recent birthday celebrations were discussed as was interest in shopping and fashion and how these interests were facilitated. Residents by word, gesture and general demeanour indicated their satisfaction with life in the centre. The inspector noted that residents looked well and were comfortable in their environment and with the staff on duty including members of the management team who were present to meet with the inspector. The centre was busy as staff and residents went about the normal routines of the centre such as going and coming from the day service; but while busy the general atmosphere was calm and supportive.

Because this inspection was announced residents and representatives were also afforded an opportunity to complete HIQA (Health Information and Quality Authority) questionnaires. These questionnaires seek feedback on resident and representative experience of the service. Three completed questionnaires were returned; the feedback from these three respondents was consistently positive as to the standard of care and support received and the kindness and competency of the staff.

## Capacity and capability

The inspector found that this was an effectively and consistently managed service; the focus of management was the provision of safe, quality care, support and services to each resident living in the centre. The provider had effective systems of oversight and was proactive in driving continuous improvement so as to make the service better and safer. Effective governance was reflected in the high level of regulatory compliance found on this inspection. Notwithstanding any funding

challenges the provider ensured that the service was adequately resourced to deliver on its objectives.

The inspector met with each person participating in the management of this service. Individual roles, responsibilities and reporting relationships were understood; accessible, supportive and constructive working relationships were described. For example the person in charge confirmed that she had access as needed to senior management; staff confirmed the presence and support received from the person in charge. The person in charge though she had other areas of responsibility was evidently from her knowledge and records seen consistently engaged in the management and oversight of the service.

The purpose and function of the service and the assessed needs of the residents informed staffing levels, staff skill-mix and staffing arrangements. For example there was a nurse on duty at all times; there was a current slight deficit in nursing hours but the provider assured the inspector that these hours were in the process of being filled. A review of the staff rota confirmed that nursing staff were on duty at all times and the staffing levels and skill-mix were as described to the inspector.

The staff team was established and considering the staffing levels (there was a minimum of three staff on each day) a relatively low number of staff were employed. This ensured that residents and staff were familiar with each other and residents received continuity in support and care. The person in charge convened regular staff meetings; the management structure provided for day to day supervision and formal supervisions were also completed.

Staff training including attendance at refresher training was monitored; staffs own responsibility to attend training was discussed at staff meetings. Overall the inspector found that staff attendance at and the scope of the training provided reflected mandatory training requirements and the purpose and function of the service. Staff spoken with and observed had the knowledge, skills and attitude needed to perform their work to the expected standard. There was a deficit however in the provision of training in responding to behaviour of risk or concern; this is addressed in the next section of this report.

The provider had several systems for reviewing the appropriateness, quality and safety of the care and support provided to each resident. For example the daily oversight referenced above, internal and external audits such as of residents finances and the management of medicines, access and input as needed from the MDT (multi-disciplinary team) and the annual and six-monthly reviews as required by the regulations. The inspector found that these systems of review were meaningful and purposeful and while overall satisfactory practice was found, reviews also led to reflection, change and improved practice and outcomes for residents, for example in the use of restrictive practices and in developing the social dimension of residents lives.

The inspector was advised that no complaints had been received for sometime prior to this inspection. The inspector did see that the provider actively sought feedback from residents, staff and residents' representatives. Residents and their

representatives were advised of the complaints process, how to complain and who to complain to, for example at weekly house meetings and at the annual family forum convened by the provider. Any of the feedback referenced or recorded was consistently positive and would support the finding that no complaints were received.

#### Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection the provider submitted a complete and valid application seeking renewal of the registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge was aware of their role and responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The person in charge had the autonomy and support needed from the provider to effectively manage the centre. The person in charge had day to day practical support from the CNM1.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels, skill-mix and the deployment of staff reflected the stated purpose and function of the service and the number and assessed needs of the residents. A planned and actual staff rota was maintained.

Nursing care was provided for at all times.

Residents received continuity of care and support from a regular staff team.

Judgment: Compliant

## Regulation 16: Training and staff development

Overall staff were provided with training that supported them to provide a safe and effective service to residents. Staff had training in safeguarding of adults, safe administration of medication, fire safety and manual-people handling. Attendance at refresher training was monitored. Supervision to support staff in their work was understood and implemented informally and formally. The inspector saw that staff accessed and used guidance issued by HIQA to inform and evaluate the provision of care and support.

Judgment: Compliant

## Regulation 21: Records

The inspector found that any of the requested records as listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) were in place. The records were well maintained.

Judgment: Compliant

## Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

Effective management systems were in place to support and promote the delivery of safe, quality care and services.

The centre was monitored and audited appropriately and consistently so as to bring about improvement where needed and to ensure the service provided was safe and appropriate to the assessed needs of the residents.

Judgment: Compliant



### Regulation 3: Statement of purpose

The statement of purpose contained all of the required information; for example a statement as to the aims and objectives of the centre and the facilities and services to be provided to residents. The record was reviewed and amended to reflect changes, for example changes in the management structure and it accurately described the service provided. The record was available in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

There were adequate arrangements for ensuring that HIQA was notified of incidents and events that occurred in the centre such as any injury sustained by a resident or the use of restrictive practices.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider actively sought feedback from residents and their representatives and used this feedback to inform its own reviews of the quality and safety of the service. Through discussion the provider ensured that residents and their representatives were aware of its complaint policy and procedures and how to access and use them if needed.

Judgment: Compliant

## Quality and safety

As discussed in the first section of this report this service was consistently and effectively managed; the provider was consistently seeking to improve. In addition the inspector found that there was good access and strong input from the MDT into the care and support provided to each resident. The centre was based in the heart of the local community which was for the majority of residents their place of origin. All of these factors combined and complemented each other so that residents received an individualised, safe, quality service that met their needs and wishes but

also sought to promote their general welfare and development. What was evident on inspection was the clarity and systematic approach to the provision and oversight of care and support; this provided assurance as to appropriateness, effectiveness and consistency.

The care and support provided was based on the assessment of each resident's needs, abilities and wishes. The assessment findings informed the personal plan; that plan was kept under review. Review was annual as required by the regulations but also based on the records seen review was undertaken as needed, for example if staff noted a change in needs or were concerned for any aspect of the support provided, for example the suitability of equipment. Each review was informed by good MDT representation; different disciplines were seen to work together collaboratively so that the best evidence based decision was made for the resident. Any recommendations made at these reviews were tracked and staff were clear when asked as to the status of recommendations, for example a request for new seating and the discontinuation of a specific support device.

The personal plan included the process for agreeing and progressing resident's person goals and objectives. The provider had invested in this process in the appointment of a designated person with relevant skills and qualifications. This resource was available to staff and residents to ensure that goals were meaningful and of value in the context of residents' needs, wishes and ability, the support that they needed and the lives that they wished to lived. This work was informed by the practice of social role valorisation (SRV) designed to bring about positive change and valued roles in society where challenges or obstacles to this may exist, perhaps as a consequence of a disability. This approach complemented the model of day service provision that was operated. The provider's day service operated in close co-operation with the local community day-service where residents attended events and programmes. This approach and model supported continued community inclusion and integration for residents, continued contact with friends and family who lived and worked in the local community. This model has been recently short-listed in a national competition designed to acknowledge community initiatives particularly those that supported and demonstrated inclusiveness.

Residents and their representatives were consulted with in relation to the services, care and support provided; for example at the annual review of the personal plan. In addition weekly and monthly meetings between residents and staff were convened and one resident attended the advocacy forum operated by the provider. Topics discussed with residents included works to improve fire safety, changing bedrooms to facilitate these works, any staff changes, the upcoming HIQA inspection, upcoming social events and events that had been enjoyed in the past week. However, at verbal feedback of the inspection findings the inspector advised that these records did not reflect the individualised nature of the service or the knowledge that staff had of how each resident engaged and communicated and expressed their choices. The person in charge committed to review the format so that it better represented the voice of the resident be that verbal or other.

Overall staff reported that residents enjoyed good health; the arrangements that the provider had in place supported this. Nursing assessment and care was available to

residents every day in the centre; in addition clinical nurse specialists (CNS) inputted as needed for example the CNS in nutrition and the CNS in health promotion. Residents had access to their choice of General Practitioner (GP) who in some cases had been their GP all of their life. As discussed above residents had ready access as needed to the MDT such as speech and language therapy, physiotherapy, occupational therapy and psychiatry. Residents had access to national screening programmes if applicable and annual influenza vaccination. The provider hoped to support and care for residents at the end of their life; their end of life wishes were established and recorded so that they would receive the care that they wished for.

There was policy and procedure that supported safe medicines practice. Medicines were supplied by community based pharmacies; each pharmacy was facilitated to audit practice in the centre, for example medicines supplied and prescriptions held were reconciled. Nursing staff had responsibility for the management and administration of medicines. The inspector was assured that this did not place restrictions on residents' routines, for example where there was a prescribed rescue medicine. Review of resident well-being and of the effectiveness of their care included the review of prescribed medicines.

There were times when residents were challenged by events or circumstances and that resulted in behaviour of risk largely to themselves but perhaps others. These events, the behaviour and how to support the resident at this time were detailed for staff in communication plans and in behaviour support plans if these were warranted. Though resident's needs were diverse they lived and socialised together compatibly.

The inspector found that staff had a strong awareness of practice and routines that was restrictive; work had been completed and was progressing on reducing such restrictions so that any necessary were a last resort and used only to promote resident safety, for example the use of bed-rails or restricted access to some foods as they posed a choking hazard. The person in charge had used recent HIQA guidance to audit practice; there was evidence of other risk based assessment tools and oversight was maintained by MDT and the restrictive practice committee. However, though the likelihood of it being used in this centre was low, some staff were due training and refresher training in the management of behaviour that challenged including training on de-escalation and intervention techniques.

Residents presented as relaxed and content in their home and with staff. In the context of residents assessed communication needs staff were attuned to and described cues that would indicate to them if a resident was upset or anxious about something. Staff had completed safeguarding training; staff were aware of their individual responsibility to protect residents and to report any concerns that may arise for resident safety. Other factors that supported good safeguarding practice were the regular input and presence of family and the MDT and the visibility of residents in their local community.

There was a low recorded number of incidents that had the potential to result in injury and harm to residents. The person in charge described how review of incidents was completed as they occurred, monthly and quarterly. The purpose of

review was to establish cause, response and any action needed to prevent a re-occurrence. Measures taken to promote resident safety without restricting their independence included weekly environmental visual checks to identify any hazards such as for risk of slips, trips and falls; falls-risk assessments, supervision and the individualised provision of equipment such as slings for hoist-transfers.

The provider was proactive in ensuring that its fire safety systems were effective and protected residents and staff in the event of fire. Simulated evacuation drills did test the adequacy of evacuation procedures. Given the number and assessed needs of residents a simulated night-time evacuation drill had demonstrated a high level of manual and people handling that created risk for residents and staff; the evacuation was not timely. This finding was acted on and work was nearing completion on the provision of doors in four bedrooms that would allow for full bed evacuation out of the building on to newly laid hard surfaces; the most highly dependent residents were to be allocated these bedrooms. In addition the inspector saw that the building was well equipped with fire resistant door-sets, emergency lighting and a fire detection system; these systems were appropriately tested and maintained. All staff had completed regular fire safety training. The procedures to be followed in the event of fire were readily available and prominently displayed.

## Regulation 10: Communication

Communication differences were assessed and residents were supported and assisted to communicate in accordance to their needs and wishes. How each resident communicated and expressed their wishes and choices was clearly detailed in communication passports recently devised by speech and language therapy staff. Staff spoken with clearly described to the inspector how by gesture, facial expression and general demeanour residents told staff how they were feeling or what it was they wanted or did not want. The person in charge advised that staff had recently advocated for a smart television and internet access for residents and that both requests had been approved.

Judgment: Compliant

## Regulation 11: Visits

Staff said and records seen indicated that there were no restrictions on visiting the centre. Feedback from representatives reported flexibility when visiting the centre and in arranging visits home. Ordinarily a private area was available to visitors if required.

Judgment: Compliant

### Regulation 13: General welfare and development

There was strong evidence of community inclusion and participation and of maintaining and developing friendships and relationships in a very ordinary way. Residents' accessed community based services and amenities on an almost daily basis. Residents had ongoing access to family and home and good support from family. Staff described the immediate and wider local area as welcoming, inclusive, respectful and protective of the residents.

Judgment: Compliant

### Regulation 17: Premises

The premises were purpose built and therefore suited to the assessed needs of the residents; all facilities for residents were provided at ground floor level. The provider continued to modify and improve on the suitability of the premises; for example the fire safety works to improve evacuation procedures and the relocation of the laundry to better support infection prevention and control. The premises were well-maintained and in good decorative order; it was safe and secure but in a way that did not impact on its welcoming and homely presentation. Its location supported the model of community inclusion and integration operated in this centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents did have specific dietary needs and preferences. The inspector saw that the care and support provided was informed by knowledge of resident's likes and dislikes and clinical input and oversight from the speech and language specialist (SLT) and the CNS in nutrition. The care and support necessary for resident well-being was set out in nursing care plans and SLT plans. Staff spoken with were familiar with each resident's requirements with regard to diet and fluids of altered consistency and with indicators that may suggest that plans were not effective. There was evidence of intervention when such concerns arose, for example any weight loss noted.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide had been recently reviewed and contained all of the required information such as how to access an inspection report and how to make a complaint.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. The approach to risk management was seen to be individualised and dynamic, for example potential risk associated with premises work was assessed and managed. Learning from incidents and making changes to prevent a further incident was understood as was the need to control risk while making sure controls did not impact unduly on residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector observed practice and facilities that supported good infection prevention and control. All staff completed infection prevention and control training including the principles of good hand hygiene. Staff had access to the equipment that they needed and confirmed that they used it. Wash-hand basins were supplied with soap dispensers, sanitising gel and disposable hand-towels. Bins seen had lids that were pedal operated. Dedicated household staff were employed. The provider had since the last inspection relocated the laundry away from food preparation areas.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire safety systems and was finalising work to improve its

procedures for evacuating residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had policy and systems that sought to ensure that resident health and well-being was promoted and protected by safe medicines management practice.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and abilities and outlined the care and supports required to maximise their well-being, safety, personal development and quality of life. The plan was developed based on the findings of an assessment; the plan and its effectiveness was the subject of regular review by staff and the wider clinical team.

Judgment: Compliant

### Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. Each resident had access to the range of healthcare services and the care that they required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some staff were due training and refresher training in the management of behaviour that challenged including training on de-escalation and intervention techniques.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had policies and procedures that sought to protect residents from all forms of abuse and harm.

Judgment: Compliant

### Regulation 9: Residents' rights

This inspection findings reflected a service where the privacy, dignity, rights and diversity of each resident was seen to be respected and promoted. Residents and their representatives were regularly consulted with; attending mass was important to some residents and this was facilitated with some residents participating in the rituals of the mass. One resident was the representative on the advocacy forum. Different levels of support and routines were provided in accordance with individual needs and choices.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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. Vincent's Residential Services Group M OSV-0003938

Inspection ID: MON-0022553

Date of inspection: 20/11/2019

## 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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Six additional staff have received this training since the inspection on 20.11.2019. All remaining staff are scheduled to have same completed by end of January 2020.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	31/01/2020