Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Woodlawn Manor Nursing Home
Name of provider:	WL Woodlawn Care Services Ltd
Address of centre:	St Doolaghs House, Malahide Road, Balgriffin, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	18 February 2025
Centre ID:	OSV-0008662
Fieldwork ID:	MON-0045836

About the designated centre

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

Woodlawn Manor Nursing Home is a purpose built designated centre built in 2023 and is spread over three floors, including a basement level for laundry and catering services. It is located in a suburban village in North Dublin. They provide 24 hour nursing care to male and female residents over the age of 18 with low, medium, and high dependency needs. They provide both short and long term care. There are places for 96 residents, with 96 single en-suite bedrooms. The centre has a range of communal areas inside, and enclosed garden area in the centre of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	69

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
Tuesday 18 February 2025	08:30hrs to 16:55hrs	Karen McMahon	Lead
Tuesday 18 February 2025	08:30hrs to 16:55hrs	Niamh Moore	Support

What residents told us and what inspectors observed

This inspection took place over one day and was unannounced. The inspectors spoke with a number of residents and relatives and spent time observing residents' routines and care practices in order to gain insight into the experience of those living in the centre. Residents spoke positively about the care they received within Woodlawn Manor Nursing Home. Many residents spoken with confirmed they enjoyed the food on offer and reported that staff "will do anything for you".

Woodlawn Manor Nursing Home is a purpose built designated centre for older people in Balgriffin, Dublin 17. It is registered to accommodate 97 residents and there were 69 residents living in the centre on the day of this inspection. The centre is set out over three floors, with resident accommodation on the ground and first floors. Residents had access to a dining room and an activity room on each floor. There was additional communal spaces available for residents, such as a quiet room, a visitor's room, an oratory and a café on the ground floor. The first floor also had a relaxation and a visitor's room. The basement floor contained areas such as the laundry, kitchen and staff changing facilities.

Residents' accommodation was provided in single ensuite bedrooms. Inspectors observed that residents had personalised their rooms with family photographs, flowers and other personal items. There was appropriate storage, including wardrobes and chest of drawers, in each room for residents to store their clothes and personal possessions. Residents told inspectors that they were happy with their bedrooms and their cleanliness.

The premises was designed and laid out to meet the needs of residents'. Residents' had free access throughout the building, and many were seen to enjoy the communal areas and outdoors. However, inspectors noted there were pin-codes on the communal bathrooms which prevented residents accessing these rooms without a staff member. Inspectors raised this with management and the coded access was removed during this inspection. The premises was well-maintained, however a malodour was present in some areas of the building, such as some of the bathrooms and a smell of urine was noticeable in a stairwell. In addition, further oversight was required to ensure that the heating in all parts of the designated centre was suitable for residents. Two residents during this inspection told inspectors that they were cold.

Residents had access to a safe enclosed courtyard, that had a large grass area and colourful plants that brightened up the area. This space was well maintained and had suitable paving for residents to safely walk around. There was suitable seating for those who wished to sit outside. The outside area was accessible through the dining room and sitting room on the ground floor.

There were information boards which included details for residents on the complaints procedure, advocacy services, activities available and upcoming events such as residents' birthdays.

Inspectors observed the lunch-time dining experience. Residents could attend the dining rooms or have their meals in their bedroom if they preferred. Menus were presented on the tables including in pictorial format. Frequent drinks and snacks were provided throughout the day. There was sufficient staff available to provide assistance to residents in a timely manner. Residents were offered a choice of main courses such as chicken a la king or shepherds pie and desserts such as fruit trifle or jelly and ice-cream. However, inspectors were told that on the day of the inspection, residents requiring a Level 5 diet (minced and moist) were not provided with the same choice as the residents on other modified diets or on a regular diet.

Inspectors observed staff engaging with residents in a kind and respectful manner at all points of contact. There were two activity staff working on the day of this inspection and they were seen to facilitate activities as per the activity schedule. However, many residents lacked social engagement during this inspection with limited meaningful activities taking place. Many residents were seen to be asleep in the activity rooms . One resident told inspectors that they did not attend the communal areas because the only activity offered was watching television which they could do in their bedroom.

There was evidence of residents' meetings being held monthly, and a recent residents' survey had a quality improvement plan in place to respond to residents' feedback. For example, following complaints of food being cold, two portable bain-marie were purchased to ensure that meals served in bedrooms were hot.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection followed up on the compliance plan from the last inspection in November 2024 and reviewed both solicited and unsolicited information received since then. Inspectors found that overall the management systems in place had strengthened, while improvements were seen in the oversight and it was evident the provider was working towards improved compliance with the regulations, some further action was required in areas such as auditing, documentation oversight, training and complaints management.

WL Woodlawn Care Services Ltd is the registered provider for Woodlawn Manor Nursing Home. There are four company directors. One of the company directors was

the person delegated by the provider with responsibility for senior management oversight of the service.

A company director and two clinical nurse managers facilitated this inspection. Other staff included an additional clinical nurse manager, a housekeeping manager, nurses, healthcare assistants, catering, housekeeping, laundry, activity coordinators and reception staff. Inspectors were told that as a result of a recent recruitment campaign a new person in charge and five staff nurses were due to commence in the coming weeks. On the day of the inspection, inspectors found that there were sufficient staffing resources available.

Improvements were seen in the establishment of a training matrix. There was evidence that some staff had attended mandatory training on topics such as safeguarding and infection control. All staff nurses had up-to-date training on medication management. Sixty one percent of staff had up-to-date training on managing behaviour that is challenging. This training provided staff with the appropriate skills and knowledge for their role and how to manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, not all staff had completed the required mandatory training. This is further discussed under Regulation 16: Training and staff development.

Learning had been identified and improvements were being made in response to the last inspection of the centre. There was evidence of senior management oversight in place. Meetings and audits were taking place and key data on topics relevant to the service were being tracked. Safeguarding awareness and investigations had improved and inspectors were informed that training was ongoing with staff relating to person-centred care planning. However, additional oversight was required to ensure evidence of progress on all required improvements, as some recurring issues persisted. This is further discussed under Regulation 23: Governance and Management.

Inspectors reviewed the records of incidents and accidents, and found that notifiable incidents had been submitted to the Office of the Chief Inspector as required. However, further oversight of incidents was required to ensure timely management as there were 32 open incidents on the day of this inspection, with some dating from September 2024.

The complaints procedure was on display in many areas throughout the centre. There was a complaints policy available which was due to be reviewed with the incoming person in charge in the weeks following this inspection. Contact details for advocacy services were also on display in the centre. Inspectors reviewed the complaints log and while there was a record maintained of all complaints, the inspectors found that not all complaints were being investigated and responded to in line with the registered provider's policy. This is further discussed under Regulation 34: Complaints procedures.

Regulation 15: Staffing

Inspectors found that the staff numbers and skill mix were sufficient to meet the assessed needs of the 69 residents on the day of inspection. Rosters evidenced that there was a minimum of three staff nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix found that there were some gaps in the mandatory training for staff. For example:

- 74 percent of staff had up-to-date manual handling training, the remaining staff required training.
- 79 percent of staff had up-to-date fire safety training, the remaining staff required training.

It is acknowledged that training sessions were booked for these topics.

Judgment: Substantially compliant

Regulation 23: Governance and management

Further oversight was required to ensure that the service provided is safe, appropriate, consistent and effectively monitored, for example:

- Further measures were required to ensure that the designated centre was at a comfortable temperature. Following the last inspection, the registered provider had maintained a log for the temperature of bedrooms. However, there was no oversight of the temperature of communal areas. Inspectors noted these areas were cold on the day of the inspection, with some residents informing inspectors that they were cold.
- While audits were taking place the results did not show evidence of informing quality improvement. For example, the quality improvement plan for a chemical restraint audit completed in January did not identify the recurrent findings which were outlined in an action plan following an audit in December. Furthermore, there was no quality improvement plan to address the findings for the physical restraint audit carried out in January.
- The process for the review and management of residents' individual care needs, assessments and care plans required further oversight. For example, inspectors reviewed a sample of assessments and care plans and found that

the care plans did not reflect the assessed needs of the resident. This is further discussed under Regulation 5: Individual assessment and care plan.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The required notifications set out in Schedule 4 of the regulations had been submitted to the Chief Inspector, as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed a sample of three complaints, two of which were closed and one remained open. While it was evident that an investigation had commenced for each complaint, the complaints procedure within the centre had not been fully followed in all cases. For example:

- The investigation into one complaint was not fully completed as all parts of the complaint had not been investigated and concluded.
- One complaint did not have evidence that the following were provided to the complainant;
    - a written response informing the complainant whether or not their complaint had been upheld,
    - the reasons for the decision and any improvements recommended and
    - details of the review process.

Judgment: Substantially compliant

Quality and safety

The inspectors found that improvements had been made to the standard of care that residents were receiving, since the previous inspection. Residents were now supported and encouraged to actively enjoy a good quality of life. Staff working in the centre were committed to improving the quality of care being provided to residents. However, action was still required with care planning, premises and residents rights, to ensure compliance with the regulations.

Staff had received relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), since the last inspection, however there was still a significant number of staff outstanding completion of this training. Nonetheless, improvements had be made to the use of restraint in the centre and, where it was in use, it was used in line with national policy. Consent forms and appropriate risk assessments, with regular reviews, were now in place for all residents who had a restrictive practise in place, which was an action taken in response to the findings of the previous inspection. Furthermore, all residents on the first floor were able to freely mobilise around the unit and access all communal spaces in the centre. Previously, locked doors on one section on this floor restricted access for residents to move in and out of the unit freely, and a bedroom had been poorly converted to a sitting room for these residents to use as a communal space. This room had now been reverted back to a bedroom as per the conditions of registration.

Seven, randomly selected, care plans were reviewed on the day of inspection. While significant improvements had been made since previous inspection findings, there were still some gaps identified in the care plans. These findings will be discussed further under Regulation 5; Individual assessment and Care planning.

Residents reported to feel safe within the designated centre. Residents' had access to television, newspapers and radios. Residents were supported to exercise their civil and political rights. Activities such as crosswords, art and listening to music on youtube were seen to take place during this inspection. However, inspectors reviewed the activity schedule and found that there was limited opportunities to engage in meaningful activities other than watching mass, films and music on the television.

Improvements had been made to the up keep of the premises. New flooring had been completed on the first floor and there was a maintenance log in place to ensure areas of wear and tear were being responded to and actioned. However, inspectors observed that some communal areas were not used thorough out the day of inspection. Inspectors observed that the doors to these areas were closed with the lights off and appeared uninviting to both residents and visitors. One resident reported that there was a lovely cafe but that they never used it as they did not think it was operational as a communal space and never see anyone using it.

Regulation 12: Personal possessions

One resident was unable to retain control over their personal possessions due to confused residents wandering into their room and taking their personal possessions. In response to this management, in the centre, had taken items from the resident to store in the office and the resident had to seek these items from office staff every time they required them. Two residents had requested keys to their lock their bedrooms, when they were not there, but had not been given them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Not all care plans, reviewed on the day of inspection, reflected the specific health, personal or social care needs of the resident. Furthermore, a number of care plans were not updated in response to the changing needs of the resident. For example;

- One resident who had recently been involved in a safeguarding incident had it documented in their care plan that they had no issues with safeguarding to date.
- The cognition care plan for one resident with a diagnosed mild intellectual disability and a mini mental score of 20/30, which is suggestive of some cognitive impairment, stated that the resident had no cognition issues.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Only 61 per cent of staff had completed training in managing behaviours that challenge, despite a high number of resident who display responsive behaviours residing in the centre.

One resident who displayed behaviours that challenge had documented restrictive actions for the management of their behaviour. For example; their care plan stated that the resident had been informed they were not allowed to engage in this behaviour in public places.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors did not see any evidence that the residents were provided with an opportunity to participate in activities in accordance with their interests and capacities. For example:

- Activities identified on the activity schedule included watching mass, films and music on the television, these activities were task-led by the routine of the centre rather than the residents' needs and wishes.
- Feedback observed in the minutes of a recent residents' meeting identified that some residents reported to be hoping for more engagement and improved activities such as days out.
- A recent residents' survey reported that only 24 percent of residents had access to voluntary groups, community, amenities, clubs and events and 33 percent of residents reported that they could go out to shops or events if they wish, or attend religious services. This indicated a low level of satisfaction with the current activity provision available.

Judgment: Not compliant

Regulation 17: Premises

While the upkeep of the premises was kept to a high standard some oversight systems required attention to ensure all areas of the premises conformed to the matters as set out in schedule 6 of the regulations. For example:

- While temperature checks were being carried out in bedrooms, no temperature checks were being carried out in communal areas or corridors, many of this areas were noticeably cold throughout the day of inspection. This finding was supported by some residents who said they found areas of the centre cold at times.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Woodlawn Manor Nursing Home OSV-0008662

Inspection ID: MON-0045836

Date of inspection: 18/02/2025

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training matrix is in place to track and manage mandatory and non-mandatory training for all staff. The training matrix has been reviewed and updated to reflect the correct training within the centre. Staff training ongoing, with further training booked for March, April, and May, so all staff will have access to and complete all mandatory training.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All residents' bedrooms have an individualized thermostat in site, which ensures the preferred temperature. The temperature in bedrooms and communal areas is monitored by staff on a daily basis and audited each month. It is also double-checked with an infrared thermometer, thus ensuring a comfortable environment which the resident can change if they wish. Audit on chemical and physical restraints has been reviewed, with a quality improvement plan in place to address all findings regarding restraints. Each resident has an individualized care plan based on an ongoing comprehensive assessment of their needs, which is implemented, evaluated, and reviewed in a timely	

manner, reflecting their changing needs and outlining the support required to maximise their quality of life in accordance with their wishes.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Complaints log/register is in place, which records all complaints, the investigation undertaken, and any action that resulted. It has been kept updated with all relevant documents.

All complaints are recorded, acknowledged, investigated, and any action taken is responded to within the given timeframes as per policy and procedure, with details of the review process.

The complaints policy and procedure has been updated.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Residents are facilitated to have a have choice to access keys for their bedrooms.

Residents who are wandering are being supervised to prevent them from removing other residents' personal possessions/clothing from their rooms.

Regulation 5: Individual assessment and care plan	Substantially Compliant

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

All care plans are being updated in response to the changing needs of the residents, reflecting their health, personal, and social care needs.

.

Care planning training has been booked.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The number of residents who display challenging responsive behaviours has reduced in the centre.
The care plan reflects the management of care for residents who display such behaviours.
Staff training for managing responsive behaviour commenced and further training booked for March 2025 onwards.
Staff skill mix and allocation of staff reviewed to meet residents needs.
Responsive behaviour will be managed in the least restrictive way.
Where restraint is used it is only used in accordance with the current national policy.
Where possible consent is obtained in compliance with the capacity legislation for restraint and documented evidence to support this.
All potential new admissions to the centre will be pre assessed by PIC.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.
The centre is now being managed in a way that maximises residents' capacity to exercise personal independence and choice in their daily lives, with routines, practices, and facilities promoting residents' independence and preferences.
Residents are consulted and kept informed. They are also provided with facilities for occupation and recreation and given a choice whether to engage or participate in activities according to their will and preference.
Activity team to be developed and managed by activity co-ordinators.
Regular meetings with PIC and activity co-ordinators to plan future events.
Activity schedules are planned weekly by the activity coordinators in consultation with the residents.
All residents under 65, activity care plan is discussed and are offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.
Residents are facilitated to exercise their choice with regard to political, voting, and involvement in the community in accordance with their wishes.
All residents have access to independent advocacy services.
Residents are encouraged to express their will and preference to ensure that their rights are upheld within the residential care setting, choice is an integral component within the centre.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Temperature checks on communal area are being included as part of our checks and audits.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/04/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to	Substantially Compliant	Yellow	31/03/2025

	the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	30/04/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	30/04/2025
Regulation 5(1)	The registered provider shall, in so far as is	Substantially Compliant	Yellow	30/09/2025

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/09/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in	Substantially Compliant	Yellow	30/09/2025

	a manner that is not restrictive.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2025