



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

Issued by the Chief Inspector

Name of designated centre:	Gortacoosh Accomodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	20 July 2021
Centre ID:	OSV-0005870
Fieldwork ID:	MON-0033662

About the designated centre

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

This designated centre was established in early 2019 and is designed and operated to meet the specific needs and preferences of two residents for whom this centre is home. Each resident has their own separate self-contained living space within the house. The service aims to meet the needs of adults with a disability and / or dual diagnosis. Residents have staff support at all times. Residents are encouraged to be independent in everyday living but staff support is provided for those areas that require support and assistance. A process of person centred planning informs the support provided with and for residents and ensures that the service is matched as closely as possible to the assessed needs and preferences of the person. The service is open and staffed on a full-time basis; the model of care is a social model. The staff team is comprised of social care staff; day to day supervision and management is provided by the team leader and the person in charge. The service is located in a rural but populated area. A busy town that offers a range of community and social amenities is nearby and residents have access to their own dedicated transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 20 July 2021	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met both residents on the day of inspection and spoke with four members of staff. The inspector reviewed pre-requested information in the staff office of this house. Social distancing was observed in a well ventilated area and the inspector wore a face mask and attended to hand hygiene. Interaction with residents was confined to periods of less than 15 minutes at a time. All staff wore face masks.

Sadly, one resident had passed away since the previous inspection. A new resident had recently taken up residency. Some aspects of this residents transition had been expedited in adherence to public health guidelines and as a result their transfer into the service was done over a shorter period. With staff support, the resident had managed the transition very well. Restrictive practices in the designated centre ensured that residents lived separately but it was evident that residents had no difficulty taking part in planned outings and recreational activities together. The person in charge indicated on foot of this observation that the staff team would plan further integration between the residents within the house.

Residents presented as happy and comfortable with the service. Residents stated that they liked living in their home. All interactions between staff and residents were observed to be respectful and unhurried. Residents spoke highly of staff and the activities staff supported them with pre the pandemic and currently as restrictions were lifting.

Residents spoke of living in the designated centre. Residents were happy in relation to their attendance at day services as well as taking part in organised activities within the designated centre with the support of staff. One resident did miss attending the day services of another registered provider but hoped to resume in the near future. Residents showed the inspector photographs of chosen activities they had engaged in. Activities included painting, art, baking, walks in the community, gardening and eating out in restaurants. These photographs and records were compiled in an activities log for each individual resident. Some residents spoke of special relationships they maintained outside of the designated centre and were aware of the current pandemic restrictions which restricted their visits and their open access to the community. On the day of inspection, both residents attended a café in the nearby town and attended a wildlife walk which was a regular activity they enjoyed. Residents planned to visit a tourist attraction later in the evening to feed birds.

One resident had recommenced home visits on a Sunday that were subject to a risk assessment and supported by staff. A resident had also recommenced visiting churches which was important to them. This resident was also frequently visited by their sibling. Both residents enjoyed going for a hot towel shave. One resident had taken up river fishing with the direct support of their key worker.

Residents also used their electronic tablets to play games, puzzles, watch films and play the music of their favorite singer. The inspector found that each resident's well-being was maintained to a good standard.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, the inspector found that the service was very well managed. Changes had been made by the registered provider to the overall governance of the designated centre resulting in a more robust management structure, increased levels of direct staff supervision and additional performance reviews and monitoring of the staff team. Managers from other designated centres were allocated to address and further enhance supports to assist induction and support additional learning for all staff. Residents had adequate staff resources to provide one to one levels of direct support which afforded residents choice and self determination with activities of preference. The registered provider had responded to adverse incidents within the service to ensure that services were improved and sustainable to the benefit of residents. Regulatory compliance was noted to be maintained at a good level.

The registered provider had in place a current statement of purpose. Minor clarifications were sought on the day of inspection and the person in charge provided this information and subsequently resubmitted the information to support the application to register process.

The staff rosters on the day of inspection were consistent with the staffing information outlined in the statement of purpose. Residents were afforded direct one to one staff support across the 24 hour day. This allowed residents to self determine and choose activities that were meaningful to them.

Notifications made to the Health Information and Quality Authority in the current year had highlighted a number of staffing issues. The registered provider had responded immediately by resourcing and supporting the service with an additional team leader, installed a new person in charge and arranged for experienced staff from other designated centres to assist staff with identified knowledge gaps. The employment of the additional team leader meant that a team leader was in place each day. Direct staff supervision was improved through the placement of senior managers in the designated centre. Staff were subject to performance reviews on a fortnightly basis and all progress was communicated to the Regional Operations Officer on a weekly basis. Documentary evidence reflected that staff meetings with managers were occurring on a weekly basis. Senior managers were also attending the service as part of unannounced visits and also conducted additional audits to ensure staff knowledge and practices were in line with the assessed needs of the

residents and regulatory requirements. Six monthly audits and an annual review of the quality and safety of the service had been undertaken and an action plan devised to address issues which the person in charge was named as the person responsible to complete the actions.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was effected by the current COVID-19 restrictions. The training matrix records of 17 staff were reviewed. 6% of staff required refresher practical training in fire and safety. In the absence of face to face training, the registered provider had ensured that all staff had undertaken annual virtual training in relation to fire and safety awareness. 12% of staff needed current training in the management and prevention of aggression. All staff had received training in relation to safeguarding vulnerable adults. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easily understood. The registered provider has insurance documents on site that demonstrated that the service was adequately insured.

The registered provider had in place a complaints policy. This policy was in an easy to read format and was clearly displayed in the premises. Residents also had direct access to a named advocate. Complaints were accurately logged within the registered providers main data base but there was no evidence that the satisfaction of the complainant was recorded in relation to how the complaint was dealt with.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted all required regulatory documents to support its application to register the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in

a full-time role.
Judgment: Compliant
Regulation 15: Staffing
The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.
Judgment: Compliant
Regulation 16: Training and staff development
The person in charge ensured that all staff had access to appropriate mandatory training, however fire and safety training and managing behaviours that challenge training was required for a small proportion of staff.
Judgment: Substantially compliant
Regulation 19: Directory of residents
The registered provider had in place a current directory of residents that reflected all statutory required information.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had evidence of appropriate insurances in place for the designated centre.
Judgment: Compliant
Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a signed contract clearly illustrating the terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had informed the Chief Inspector of all adverse incidents that had occurred in the designated centre within three days of occurrence and all incidents had been investigated and appropriately addressed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents, however the procedure did not capture whether the complainant was happy with the outcome of their complaint.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found evidence of a good quality service. The provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. The person in charge, managers and staff worked effectively and were committed to continuous improvements in the delivery of service.

The premises was clean, bright and homely. There were communal spaces to accommodate residents as well as individualised private areas and gardens. Each room was furnished with comfortable furnishings and residents had inputted to the personalisation of their own bedroom. The premises overall was in a good state of repair and the external gardens were well maintained. Minor painting works were required to some internal wall of the premises, the kitchen cupboards and the main freezer was missing compartment doors while other doors were cracked.

Personal care plans were in place and reflected clear information about each resident. Goals identified in the plans were meaningful and had been identified with the resident and their family. The personal care plans reviewed reflected the residents' goals, personal development and wishes. Some goals and activities had been amended to reflect the impact of the pandemic. Each resident had an identified key worker and key worker and resident sessions were accurately and regularly recorded. Each resident had a communication passport and up-to-date intimate care plan.

The registered provider ensured there was access for residents to avail of recreation and activities of choice. There was evidence of inclusion with the wider community and residents spoke about these activities and their engagement with the community prior to COVID-19. Many of these activities had been curtailed due to the COVID-19 pandemic, however, residents were starting to access community activities with the support of staff. This was subject to risk assessment and in line with current public health guidelines. Each resident had been assessed prior to taking part in activities and one resident who had attended structured day services off site, was hopeful of recommencing. Residents' participation in activities was recorded, including whether each resident enjoyed the activity participated in. Both residents had an active interest in farming, livestock and birds. Plans were in place to purchase chickens. While both residents lived in separate living areas, both appeared to enjoy attending outdoor activities with each other and the support of staff. Staff were mindful of the successful transition of one of the residents and hoped that the continued integration of both residents would lead to a reduction in restrictive practices and the opening up of the house into one large living units as opposed to two separate units.

Health care plans were reviewed by the inspector and were noted to be current and accurately reflected each resident's health status. All relevant information was consistent with that captured in the residents' hospital passports. General practitioners had suspended the provision of an annual health check up due to the

pandemic but residents had been subject to direct medical review when required.

Positive behavioural support plans were reviewed for both residents. Files reviewed had an updated behavioural support plan in place. There was written evidence of the resident and staff actively working to the same behaviour reduction plan. All events were clearly recorded on a daily events sheet and these informed discussion and planning at quarterly review meetings. Restrictive practices employed in the designated centre had been notified to HIQA. Televisions in the designated centre were secured within locked frames and out of reach. This was a restrictive practice not notified to HIQA. This practice appeared both historical and institutional with little evidence or basis for its application. The person in charge undertook to risk assess and review the practice.

Residents had both choice and variety in the food they ate, which was all freshly prepared within the designated centre and included a range of fruit and vegetables. Residents had access to the kitchen and dining area with staff supervision and baking was a preferred activity.

The provider had up-to-date risk assessments and a risk register. The assessments related to all areas highlighted in Regulation 26 and ensured that residents were protected from harm. The designated centre had a vehicle specifically for the residents use. One tyre was noted by the inspector to be worn and there was written evidence that staff had already booked the vehicle for a tyre check. Three new tyres were put in place during the course of the inspection.

The risk register had been recently updated to include assessment and actions relating to COVID-19. It was evident that residents and staff were familiar with infection prevention strategies to reduce the risk of infection. Staff hand hygiene practices and the use of personal protective equipment (PPE) was observed to be of a good standard. The designated centre was clean and staff had a regular routine and record log of additional cleaning applied to regularly touched areas. All staff had undertaken training in areas of hand hygiene, breaking the chain of infection and the use of PPE. The registered provider had a nominated lead worker representative had recently revised a Covid-19 self assessment and readiness plan. The registered provider also had a separate staffing contingency plan. One to one meetings with residents included discussion on hand hygiene and physical distancing.

Each resident was supported by staff to take medicines as they were prescribed. All medicines were stored separately for both residents. Medicines were dispensed in blister packs. Errors were recorded and the person in charge persistently followed up issues seeking to reduce such errors by regular auditing and staff retraining. Errors did not impact on residents safety and in the main related to the counting and checking of stock numbers and balances.

Effective fire safety arrangements were in place in the centre with all equipment being regularly serviced to ensure it was in full working order. A registered contractor had serviced all fire equipment in the current year. Residents participated in quarterly fire drills which ensured they could be effectively evacuated from the centre in circumstances such as when minimum staffing levels were on duty. Each

resident had a personal emergency evacuation plan in place. The most recent fire drill undertaken had recorded that one resident did not partake in or respond to the drill. Staff had recorded that no further action was required and that the residents PEEP would be updated. The PEEP had not been updated. The person in charge assured the inspector that an action would be applied and the residents PEEP would be updated immediately.

Residents had adequate storage for their personal possessions and residents were encouraged to use the laundry facilities on site. Residents could communicate with their family by phone and also had access to the Internet. Notices in the designated centre were in an easy-to-read format and staff on duty were represented by photographs on the notice boards.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents needs.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had control and access to their personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in recreation activities of their choosing.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents. Some internal paint works were awaited.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system in place, however attention was required to the follow up actions arising

from fire drills and the updating of personal emergency evacuation plans.
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
The person in charge had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The residents had a individual care plan that was subject to review by their nominated key worker.
Judgment: Compliant
Regulation 6: Health care
The registered provider ensured that the residents had an appropriate healthcare plan in place.
Judgment: Compliant
Regulation 7: Positive behavioural support
The registered provider had behaviour support plans in place to inform residents care plans, however, not all restrictive practices in place in the designated centre had been notified to HIQA.
Judgment: Substantially compliant
Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

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
Capacity and capability	
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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 Gortacoosh Accomodation Service OSV-0005870

Inspection ID: MON-0033662

Date of inspection: 20/07/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training needs analysis was undertaken by PIC to identify where gaps in training are. Staff have been allocated training hours on rota in order to complete training outstanding. Any staff currently on prolonged period of leave will complete all trainings prior to their return to the service.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaint logged in the service relates to a resident that has since passed away. There was no evidence of the complainant's satisfaction with the resolution of the complaint. The current complaints log in the service has been amended to reflect outcomes of complaints and the complainant's satisfaction with the outcome. When logging complaint on the online system, the outcome of the complaint and the complainants response to be logged there also. Social story and easy read on complaints available to residents also.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance work has been scheduled for completion by early September. This includes:</p> <ol style="list-style-type: none"> 1- painting of interior of house. 2- Removal of any devices that are no longer used such as key pads etc. 3- Quotes being considered for kitchen doors to be replaced. 4- Removal of encasings on televisions. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following from Fire Drill where one resident did not evacuate, the PEEP for this individual has been updated. The PEEP gives details as to what to do in the event that resident will not evacuate. Fire Drill evacuation simulations are completed quarterly and any actions arising from these are communicated to manager for PEEP to be updated and communicated to the team.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Restrictive Practice in use for mounted and encased televisions, this was reported by PIC through quarterly notifications on 31/7/2021. Plan in place to remove encasing from televisions in all areas of the house. Televisions to be moved from current high positions where necessary. This will take place before the end of August one contractor is available to carry out the work. Both residents will be made aware of the plan also.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	27/08/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	13/09/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and	Substantially Compliant	Yellow	13/09/2021

	maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	21/07/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	21/07/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	31/08/2021

	national policy and evidence based practice.			
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