



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

Issued by the Chief Inspector

Name of designated centre:	Solas Na Gréine
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	26 January 2022
Centre ID:	OSV-0002990
Fieldwork ID:	MON-0035121

About the designated centre

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

This is a residential service providing full-time care and support to three adults with disabilities. The centre comprises of a large two storey dwelling in a mature housing estate in Co. Louth. Communal facilities include a spacious fully furnished sitting room, a well equipped kitchen cum dining room and a separate laundry facility. Each resident has their own bedroom, which are decorated to their individual choice, style and preference. Communal bathroom facilities are provided on both floors of the house. There are mature gardens to the front and back of the premises and ample private and on street parking is available. The centre is in walking distance to local facilities such as shops, pubs and restaurants It is also close proximity to a number of large towns and villages. Private transport is provided a and a local bus service is available to residents who wish to avail of trips further afield or avail of community based facilities in Dublin, Drogheda and Dundalk. The staffing arrangements for the centre consist of a person in charge, who is an experienced and qualified Clinical Nurse Manager III (CNM III). There is also a house manager, who is an experienced and qualified CNM 1, staff nurses and a team of qualified and experienced social care professionals/health care assistants. There are also systems in place to ensure the residents social and healthcare needs are comprehensively provided for and as require access to a GP and other allied healthcare professionals form part of the service provided. Residents are also supported to have meaningful and important roles in their community and have a range of work options and day service placements available to them. This service operates in a culture of person centeredness and consultation with the residents, is responsive in the meeting their assessed needs and residents very much see it as their home

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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
Wednesday 26 January 2022	09:15hrs to 17:15hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. However, there were improvements required in relation to staffing, governance and management, notification of incidents, protection against infection, and fire precautions. These issues are discussed further in the next two sections of the report.

The inspector had the opportunity to meet and spend time with all three residents that lived in the centre. Some residents in this centre attended a day service on different days of the week, staff spoken with confirmed that the aim, in some cases, was to return to full time day services when they were back running at full capacity. Residents appeared contented in each others company and engaged in friendly conversation with each other. They were observed relaxing and at times interacting with staff. They were observed spending time watching television, having their lunch or preparing lunch for the following day.

One resident had a part time job and appeared to enjoy preparation in advance of starting work. The resident was observed cleaning the centre's vehicle and getting the necessary items needed to do their job. On their return from work they said their work had gone well, they had enjoyed the day and they had gone for lunch with staff.

The other two residents went for a drive in the afternoon to two nearby towns in search of particular items of interest for them to purchase. Residents also purchased some beverages while out which they chose to drink when they were back home. They told the inspector on their return that they had a nice time and had gotten everything they had wanted.

Residents told the inspector that they liked living in the house and two of the residents said they were best friends and liked spending time together. One resident said they got to do what they liked each day, that staff listen to them and gave them choices. They said if they did not want to do something they did not have to.

There were two staff on duty on the day of inspection. Staff spoken with demonstrated that they were knowledgeable on the residents' care and support needs required. The inspector observed residents and staff engagement which was found to be responsive and respectful. Staff were seen to encourage residents to take their time doing tasks and not rush them.

On entering the house, the inspector saw that the physical environment was clean and in good decorative and structural repair.

There were many DVDs, art supplies, games, jigsaws and magazines available for use. Each resident had their own bedroom that was individually decorated to their

personal preferences. There were adequate storage facilities for their personal belongings and there were personal items and pictures displayed in their bedrooms. Each resident had recently redecorated their bedrooms all having chosen their own preferred decor. One resident was extremely proud of how the room turned out and took great pride showing off their room to the inspector. Each resident gave the inspector a tour of their room and showed off items of personal interest to them.

The property had a front garden with some potted plants and a berry tree. There was a modest back garden which contained a ring toss game which residents had enjoyed during the summer months and also an outdoor seating area. One resident was in the process of decorating the back garden with festive decorations in advance of Valentines day as this was one of the residents preferred times of the year. The resident was busy in the afternoon creating different art and crafts to decorate the back garden with.

As part of this inspection process residents' view were also sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Each resident had completed a questionnaire either by themselves or with some staff support. Feedback was positive with residents stating that they felt safe, had staff support to achieve goals, that they were happy with choices provided to them with regard to what they ate, wore, and activities they participated in.

The inspector had the opportunity to speak with one family representative over the phone to gauge their views on the service provided to their family member. They reported that they were happy with the service provided saying that it was a good service. They said their family member was very happy living there and that they were given choice about their care. They said that staff kept them informed about their family member's care when needed. They said they felt comfortable talking to staff or a manager if they had any problems.

As part of the annual review the provider had given residents and their representatives the opportunity to give their thoughts on the service provided to them. Feedback received indicated that people were very satisfied with the service.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, the governance and management arrangements had ensured that a safe and quality service was delivered to residents. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. There were some improvements required in relation to staffing, governance and management, and notification of incidents.

There was a statement of purpose available that was updated regularly. It contained most of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any missing information in the statement of purpose prior to the end of the inspection.

There was a defined management structure in place which included the person in charge who was employed in a full time capacity and had the experience and qualifications to fulfil the role. They appeared familiar with the residents care and support needs. There was an experienced house manager that supported the person in charge in the management of the centre.

The provider had carried out an annual review of the quality and safety of the centre. While there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis, the audit completed in July 2021 had not been on site and was not fully unannounced as prescribed by the regulations. This would not give an accurate representation of what an unannounced on site visit to the centre would provide.

From a review of the annual review and the six-monthly visits the inspector found that any actions identified had been followed up on and in the case of the most recent audit in January 2022 the person in charge had ensured a quality improvement plan was in place with some identified actions already completed. There were other local audits, reviews and visits conducted within the centre in areas, such as medication, finance, infection prevention and control, and health and safety audits. Actions identified from the previous Health Information and Quality Authority (HIQA) inspection had been addressed by the time of this inspection.

From a review of the rosters the inspector saw that there was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre. The inspector reviewed a sample of staff files and found that the person in charge had ensured that most of the required documents and information under Schedule 2 of the regulations were present for employees in order to ensure recruitment procedures were safe. However, in the case of one staff their references including a recent employer reference was not available on file.

Staff had access to necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. For example, staff training included, fire safety training, positive behaviour support training, safeguarding of vulnerable adults, medication management, and infection prevention and control trainings. Refresher training was booked in for certain staff over the coming weeks.

There were formalised supervision arrangements in place and staff spoken with said they felt supported and would be comfortable bringing matters of concern to the person in charge if required. There were also staff meetings occurring in the centre every six to eight weeks.

From a review of incidents that had occurred in the centre since the last inspection,

the person in charge had not notified the Chief Inspector of Social Services in line with the regulations with regard to occasions in which a physical restrictive procedure was used in the centre.

Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the experience and qualifications to fulfil the role. They appeared familiar with the residents care and support needs.

Judgment: Compliant

Regulation 15: Staffing

From a review of the rosters the inspector saw that there was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre.

The inspector reviewed a sample of staff files and found that the person in charge had ensured that most of the required documents and information under Schedule 2 of the regulations were present for employees in order to ensure recruitment procedures were safe. However, in the case of one staff their references including a recent employer reference was not available on file.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. For example, staff training included, fire safety training, positive behaviour support training, safeguarding of vulnerable adults, medication management, and infection prevention and control trainings. Refresher training was booked in for certain staff over the coming weeks. There were formal supervision arrangements in place for staff as per the organisational policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and an experienced house manager that supported the person in charge in the management of the centre.

The provider had carried out an annual review of the quality and safety of the centre which included consultation from residents and family representatives. From a review of the annual review and the provider six-monthly visits the inspector found that any actions identified had been followed up on and in the case of the most recent audit in January 2022 the person in charge had ensured a quality improvement plan was in place with some identified actions already completed. There were other local audits, reviews and visits conducted within the centre in areas, such as medication, finance, infection prevention and control, and health and safety audits. Actions identified from the previous HIQA inspection had been addressed by the time of this inspection.

While there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis, the audit completed in July 2021 had not been on site and was not fully unannounced as prescribed by the regulations. This would not give an accurate representation of what an unannounced on site visit to the centre would provide.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available that was updated regularly. It contained most of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any missing information in the statement of purpose prior to the end of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre since the last inspection, the person in charge had not notified the Chief Inspector of Social Services in line with the regulations with regard to occasions in which a physical restrictive procedure was used in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, residents were receiving good quality care and supports that were individualised and focused on their needs. However, some improvements were required in relation to protection against infection and fire precautions.

There were arrangements in place to assess residents needs and review the efficacy of the support plans in place with input from allied healthcare professionals as appropriate. There were personal plans in place for any identified needs and these included plans to support residents with specific health care needs. Residents were supported by staff to set goals for themselves for 2022.

Residents' health care needs were seen to be assessed and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (G.P), physiotherapy and chiroprody as required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Where required, residents had access to members of a multidisciplinary team to support them to manage behaviour positively. These included a behavioural clinical nurse specialist and a psychiatrist. There were positive behaviour support plans in place as required to guide staff as to how best to support the resident and staff spoken with were familiar with the strategies within the plans.

There were minimal restrictive practices in place such as a manual handling belt and it was assessed as clinically necessary for the resident's safety. While it had not been originally classified in the centre as a restrictive practice this was dealt with under regulation 31: notifications.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated, reported to the relevant statutory agency and where necessary, a safeguarding plan was developed.

The inspector found that there were adequate systems in place to promote residents' rights. These included, rights checklists completed for residents by staff, weekly house meetings, residents consultation in six monthly provider visits and the annual review. Residents communicated that they had opportunities to make choices about their care and how they spent their day.

There was a residents' guide prepared and a copy available to each resident that contained all the required information as set out in the regulations.

From a walkabout of the centre the inspector found the house to be homely and of an adequate size to meet the needs of the residents. It was observed to be in good decorative and structural repair.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. The inspector observed that the centre's vehicle was recently serviced, was insured and had an up-to-date national car test (NCT). There was a policy on risk management available and the centre had a recently reviewed risk register in place. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. Learning from incidents were brought to team meetings for shared learning.

The inspector reviewed arrangements in relation to infection control management in the centre. There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19, with a contingency plan in place. Staff had been provided with several relevant infection prevention and control trainings. Personal protective equipment (PPE) was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre. However, there was some slight mildew observed in two areas. Some documentation required review such as COVID-19 risk assessments, the centre's self-isolating plan and the centre's COVID-19 response plan.

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. Staff had received training in fire safety and there were fire evacuation plans in place for residents. Fire evacuation drills had been conducted using minimum staffing levels to ensure all residents could be evacuated. However, two fire containment doors did not close fully by themselves. This was brought to the attention of the person in charge on the day of inspection and was rectified prior to the end of the inspection. One residents bedroom was propped open by the resident themselves with a metal bar along the ground to allow them easier access to their bedroom. This identified issue required improvement to ensure the resident could evacuate safely and were protected from the spread of fire and smoke in the event of a fire.

Regulation 17: Premises

From a walkabout of the centre the inspector found the house to be clean, homely and of an adequate size to meet the needs of the residents. It was observed to be in good decorative and structural repair.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide prepared and a copy available to each resident that contained all the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. The inspector observed that the centre's vehicle was recently serviced, was insured and had an up-to-date national car test (NCT). There was a policy on risk management available and the centre had a recently reviewed risk register in place. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. Learning from incidents were brought to team meetings for shared learning.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19, with a contingency plan in place. However, some COVID-19 risk assessments did not contain all up-to-date information as well as the centre's self-isolating plan. The centre's COVID-19 response plan required review as not all information was up-to-date and some areas required more guidance for staff such as what to do in the event of a suspected or confirmed staff case. There was some slight mildew observed around two residents bedroom windows with some on the back one resident's blind.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. Staff had received fire safety training and there were fire evacuation plans in place. However, two fire containment doors did not close fully

by themselves. The person in charge ensured that this was rectified prior to the end of the inspection.

One residents bedroom door was propped open by the resident themselves with a metal bar along the ground to allow them easier access to their bedroom. This identified issue required improvement to ensure the resident could evacuate safely and were protected from the spread of fire and smoke in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had arrangements in place to assess residents needs and review the efficacy of the support plans in place with input from allied healthcare professionals as appropriate. Personal plans were in place for any identified needs and these included plans to support residents with specific health care needs. Residents were supported by staff to set goals for themselves for 2022.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were seen to be assessed and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (G.P), physiotherapy and chiropody as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had access to members of a multidisciplinary team to support them to manage behaviour positively. These included a behavioural clinical nurse specialist and a psychiatrist. There were positive behaviour support plans in place as required to guide staff as to how best to support the resident and staff spoken with were familiar with the strategies within the plans. There were minimal restrictive practices in place such as a manual handling belt and it was assessed as clinically necessary for the resident's safety.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

There were systems in place to safeguard residents' finances with staff completing money checks and a finance audit was completed every quarter. Residents had intimate care plans to guide staff on how best to support them and inform staff of their preferences.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate systems in place to promote residents' rights. These included, rights checklists completed for residents by staff, weekly house meetings, residents consultation in six monthly provider visits and the annual review. Residents communicated that they had opportunities to make choices about their care, how they spent their day and that staff listened to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Solas Na Gréine OSV-0002990

Inspection ID: MON-0035121

Date of inspection: 26/01/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has liaised with Human Resources to ensure that all staff files contain necessary documentation as per Schedule 2.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits of the center carried out on the provider's behalf on a six-monthly basis are now being carried out un-announced and on-site as per regulations.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification of the use of a restrictive device will be submitted going forward, also clarity around the use of same as an enabler versus a restriction will be given to staff.	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Risk assessments relating to Covid and a Covid response plan have been amended. Works to rectify the condensation issue causing mildew in two bedrooms has been scheduled.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The work has been commissioned for an automatic door closure to be fitted in the resident's bedroom.</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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	31/03/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/03/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/03/2022