



Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group B
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	28 February 2022
Centre ID:	OSV-0003925
Fieldwork ID:	MON-0030627

About the designated centre

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

The centre provides residential accommodation for six adults with an intellectual disability. The centre is located in a campus-based setting providing various facilities for people with intellectual disabilities in addition to residential accommodation. Accommodation is in a single storey attached house. The house had two sitting rooms, a kitchen, six bedrooms, wheelchair accessible sanitary facilities, office and storage facilities. The designated centre is staffed with a team of nurses, care staff and a service manager on a 7 day week basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Monday 28 February 2022	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed for Group B to monitor compliance with the Health Act 2007. The inspector was greeted by the person in charge on arrival at the centre. A brief conversation was held with the person in charge in relation to the current status of the centre. This included the well being of the six resident currently residing in the centre.

While speaking with the person in charge in the living room one resident joined them. Many of the residents within the centre communicated through nonverbal means and chose not to interact with the inspector during the day, this was respected. Interactions between staff and residents were observed to be respectful and jovial in nature. Staff were observed to be aware of nonverbal cues and gestures from residents.

One resident was met by the inspector when they were in their bedroom. They were watching their favourite movie and on their television. This resident smiled and laughed with the person in charge when speaking of their family visits and their favourite things to do. The resident had recently commenced home visits again following easing of restrictions due to the COVID 19 pandemic.

One resident spent time during the day sitting in their favourite seat inside the front door. They loved building blocks, art and spent long periods of their day making new building blocks pieces and colouring pictures. This resident called into the office to the inspector a few times during the day to proudly show their artwork and to ask to take building blocks apart. The resident also communicated their activity to staff throughout the morning, and were looking forward to a one to one activity in the afternoon..

From discussion with staff and from review of documentation it was evident that activation in the centre was completed within the centre or on the amenities available on the campus such as the church. One resident had not had a community activity since November 2021. Personal goals developed did not promote community inclusion as many goals continued to promote in house activation. Shopping was completed online and a hairdresser visited the centre. Residents were supported to have one-to-one activation sessions with a staff member during the week.

Residents' were supported to have their bedrooms decorated in an individualised manner. Residents had photos of their loved ones on the wall and personal items of choice. Given the complex support needs of resident's their bedroom was a relaxing space where they could spend time listening to music or have a sensory session. One resident's bedroom had recently moved to a sunroom to provide privacy and remove the need for a shared bedroom. However, this meant that there was a reduction in the communal space for all residents. The living arrangements for residents were currently under review by the governance team.

The inspector had the opportunity to meet and interact with members of the governance team appointed to the centre. The person in charge had a good awareness of the support needs of the residents in the centre and of their regulatory responsibilities. There was evidence of clear communication with the governance team to ensure areas requiring improvements were addressed. Some improvements were required in the monitoring of systems. This included infection prevention and control and community activation.

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 designated centre.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within St. Vincent's residential services Group B. Overall, a good level of compliance was evidenced. Some areas of improvement were required in the areas of infection prevention and control and community activation to ensure residents were supported to lead a meaningful and safe life.

The registered provider had appointed a clear governance structure to the centre and with clear lines of accountability and responsibilities. The person in charge was suitably qualified and experienced to fulfil their governance role. They held responsibility in this centre and one other on the campus. The person in charge provided direct support for residents with allocated governance time appointed. As the person in charge was not included on the staff roster it was unclear if this allocated governance time was consistently completed. The person in charge reported directly to the person participating in management.

A number of regulatory required duties were completed and overseen by the person in charge including the review of the statement of purpose and the ongoing review of the directory of residents. Notification of incidents required review by the provider. A number of restrictive practices present within the centre had not been reported quarterly as required. A number of centre specific monitoring systems were also implemented. These included barriers to hand hygiene, personal plan audits and health and safety audits. Some improvements were required to ensure all monitoring systems were utilised to identify and address areas requiring improvement. For example, the hygiene audit had not identified the need for increased cleaning of the fridge. Also, where a compliance of 60% was identified in a hand hygiene assessment, no follow up was completed.

Six monthly unannounced visits to the centre and the annual review of the service provision were undertaken by a delegated person and areas for improvement were identified. The most recent six monthly audit was currently in progress by the allocated person participating in management. The annual review had been

undertaken in January 2022 with the report available for review on in April 2022. It was noted in the annual review that a number of factual inaccuracies were present and the person in charge was currently addressing this. Overall a comprehensive review of the quality and safety of care and support in the designated centre was demonstrated. As part of the annual review, residents and families were communicated with to address any concerns or areas which they felt required improvement. Overall, the feedback received from families was positive.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider had not been effected by the COVID-19 restrictions. The training records of all staff were reviewed. Some gaps were evident in training needs with clarification required as to what training the provider deemed mandatory for a staff to work with the centre and support the residents in a safe and effective manner. The person in charge oversaw the supervision of the staff team allocated to Group B. this was completed through formal supervisory meetings, annual appraisals and regular staff meetings.

The provider had in place a complaints policy and all complaints were well documented in a complaints log, which was up-to-date. How to make a complaint was displayed, in an easy to read format, in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured sufficient staffing was allocated to the centre. A core staff team was in place to promote continuity in supports. Given the governance remit of the person in charge the rota did not incorporate their location and role on a given day.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had not ensured that all staff were supported to access training deemed mandatory to meet the assessed needs of residents.

Effective measures were in place for the appropriate supervision of staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The person in charge had ensured the development and review of the directory of residents.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure had been appointed to the centre. The registered provider had ensured the implementation of the annual review of service provision and a six monthly unannounced visit to the centre. Where actions had been identified these were not always addressed in a timely manner given the time between the review and the report.

Centre specific monitoring tools and checklists were completed to maintain daily oversight of operations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development review of the statement of purpose including the information required under Schedule 1. However, some minor requirements were required in areas such as the age range of individuals residing in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all notifiable incidents had been reported in accordance with the regulations including the use of restrictive practices within the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure was in place, including accessible information for residents and an organisational policy

Judgment: Compliant

Quality and safety

Group B presented as a warm and homely centre based on a large campus on the outskirts of a city. Residents' were supported to have their bedrooms decorated in an individualised manner. One resident's bedroom had recently moved to a sunroom to provide privacy and remove the need for a shared bedroom. The conversion of this room to a bedroom had reduced the communal areas available for all residents with a review of living arrangements under review by the governance team. A garden was present to the front of the house with a surrounding wooden fence. This fence was damaged and required review to ensure it was in a good state of repair.

It was evidenced during this inspection that the service provided to residents currently residing within Group B was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of the daily life. Residents were observed interacting with staff in a positive and jovial manner. Residents were observed to be supported in the area of activation and meaningful activities within the house and on campus. From review of documentation it was evident that community socialisation was not occurring for residents in the centre. A number of residents had not participated in a community activity for a number of months.

Each resident had been supported to develop and review an individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated

guidance from relevant members of the multi-disciplinary team. As previously stated , goals were, focused on in house or campus based activities.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies. Staff spoken with were aware of the procedures to adhere to should a concern arise.

The registered provider had ensured measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. Each resident had relevant individual risk assessments in place to identify personal risk and ensure effective control measures were in place to minimise the impact of the risk. Clarification was required with respect to areas of responsibility within risk assessments. For example, a staff member not present on the staff rota and statement of purpose was allocated responsibility for implementation of additional actions, but their role in the centre was not clear.

The measures the registered provider had in place to ensure residents at risk from a health-care-associated infection were protected required review. A cleaning schedule was in place for staff to adhere to the staff team and residents maintaining oversight of the cleanliness of the centre. However, this was only completed by appointed household staff and therefore no cleaning recorded when they were on leave. As part of a walk around it was noted that a large amount of food residue was present on the door surround of a fridge. This was addressed immediately by the person in charge. It was also noted that resident's equipment was not being cleaned in accordance with centre guidance. Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of face masks, social distancing and hand hygiene. Clear guidance was in place should a resident or staff present with symptoms. While audits were completed in the areas of infection control actions required were not consistently addressed. For example, where non-compliance in the hand hygiene audit was identified no action was completed to address this.

The registered provider had ensured that effective fire safety management systems were in place. All residents spoken with could clearly articulate the evacuation procedures which corresponded to the fire evacuation plan and personal emergency evacuation plan in place. One fire door on the corridor of the centre was locked with no key available to open in the event of an emergency. This door was currently being used as a storage area.

Regulation 13: General welfare and development

Activation for residents was focused within the centre and on the campus grounds. Residents had not been supported to participate in community activation for a

number of months. Personal goals which had been developed for residents did not promote community participation.

Judgment: Not compliant

Regulation 17: Premises

The centre presented as warm and homely with the residents observed to be comfortable in their environment. Some minor work was required to ensure the area was in a good state of repair both internally and externally. This included painting of the centre and repair to the external fence.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place.

Systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies required review. Comprehensive individual risk assessments were in place and regularly reviewed. Clarification was required with respect to people responsible within risk assessments.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had not ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. The centre presented as clean and with a cleaning schedule in place to maintain this level of cleanliness at all times. However, this was only completed by appointed household staff and therefore no cleaning recorded when they were on leave. As part of a walk around it was noted that a large amount of food residue was present on the door surround of a fridge. This was addressed immediately by the person in charge. It was also noted that resident's equipment was not being cleaned in accordance with centre guidance.

Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of facemasks and social distancing. While audits were

completed in the areas of infection control actions required were not consistently addressed.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place. All residents spoken with could clearly articulate the evacuation procedures which corresponded to the fire evacuation plan and personal emergency evacuation plan in place. One fire door on the corridor of the centre was locked with no key available to open in the event of an emergency. This door was currently being used as a storage area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place with each resident being supported to have a comprehensive personal plan in place. All reviews of each residents personal plan incorporated guidance and recommendations from members fo the multi disciplinary team.

Individual personal preferences were taken into account and respected in the development and review of personal plans.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured residents were supported to avail of appropriate health care in accordance with their personal plan.

Judgment: Compliant

Regulation 8: Protection

The inspector observed on the day of inspection that there were systems in place to ensure residents were protected from harm. All staff spoken with were clear on the process to follow and the governance team were actively addressing any areas of concern.

Following an incident staff and management had implemented measures to promote the safety of residents, this included multi disciplinary input, staff training and resident awareness.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions in their home which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group B OSV-0003925

Inspection ID: MON-0030627

Date of inspection: 28/02/2022

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 and PPIM will ensure that the roster of the PIC is clearly noted on the roster every day.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will review all staff training records and link with the Providers training coordinator to ensure all staff scheduled for training and refreshers as appropriate. The PIC will ensure that all staff training is up to date.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Providers Service Manager for the center has linked with the Quality and Risk officer regarding the timeframe and delay between carrying out the annual review and receiving	

<p>the written report to the PIC. The Quality and Risk Officer has assured that this delay will be addressed for future reports and that reports will be received in a timely manner.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC and PPIM have reviewed the Statement of Purpose to include all relevant information, changes and updates to include age ranges of individuals living in the centre.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC the PPIM and staff team, at a team meeting, will review all restrictive practices in place in the center. The restrictive practice log will be updated to reflect these restrictions. The PIC will contact the Chairperson of the restrictive practices committee, and with the multi-disciplinary team all restrictions will be reviewed and included on the restrictive practices register for the center and documented for each resident. All restrictions and notifiable incidents will be notified to the authority by the PIC.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: The PIC and PPIM will arrange a meeting with all staff with the Providers Transforming Lives Coordinator to deliver input to the team in the center regarding the value and importance of community inclusion in a meaningful way. The PIC will link with all key workers regarding the review of all personal goals for residents to ensure all reflect and promote community inclusion. The PPIM will meet with the Providers day service manager to ensure that across day service supports that community access is focused upon also for each resident so that all</p>	

have one set of goals that full teams work together to support. Residents will be supported to attend hairdresser off the campus in community hair salons. All resident since inspection have been supported to access events and facilities in the community.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: The PIC will link with the maintenance manager and date will be scheduled for all minor works painting required to be completed across the center. Repair of the garden fence has been completed.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PPIM will arrange a date for the Providers Health and Safety officer to attend the center and provide training to all staff and PIC re risk assessments. This training will include detail regarding identification of those employees that hold responsibility within risk assessments and how this is actioned and managed by team members in the centre. The training will also include detailing to staff their roles and responsibilities when identified as responsible persons in the risk assessments.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Provider post inspection has reviewed the cleaning and systems around same. The Infection Prevention Control committee have circulated a detailed cleaning log and recording system that in the absence of a designated household staff that staff on the unit document and record cleaning completed. All staff cleaning resident's equipment will document and record same in the cleaning log

for same. The PIC and night manager will link with all staff regarding this. The PPIM and PIC will link with the lead nurse for infection control regarding the follow up of audits, where audits reflect actions required follow up will occur, this will be led by the PIC and who will seek the appropriate support to ensure improvements are noted. The PPIM will review all audits with the PIC and ensure corrective action is in place for areas highlighted for action.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The storage area fire door post inspection now has an accessible key available at the door at all times.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	28/02/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/06/2022
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community	Not Compliant	Orange	30/06/2022

	in accordance with their wishes.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	27/05/2022
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	30/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2022
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	20/05/2022

Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/06/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	01/03/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/05/2022

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.	Not Compliant	Orange	30/07/2022
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