



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

Issued by the Chief Inspector

Name of designated centre:	Drumcooley
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	12 September 2022
Centre ID:	OSV-0004919
Fieldwork ID:	MON-0032885

About the designated centre

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

This designated centre is operated by Sunbeam House Services Limited and is based in Bray County Wicklow. The designated centre is a respite service that also provides day services for two female residents that present with complex needs. The designated centre is a two storey, four-bedroomed house located in a residential area. It is designed with specifications, decor and furniture to meet the specific needs of residents that use the service. Each resident has their own bedroom and use of a sensory room, changing room, bathroom facilities, kitchen, dining room, sitting room and back garden. The designated centre is staffed by a team of social care workers and care assistants and is managed by a full-time person in charge.

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 (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 12 September 2022	09:50hrs to 16:45hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

Due to the respite nature of the designated centre, and the needs of residents this inspection was short-notice announced prior to the inspection.

This designated centre provides respite and day services for two residents, who are also offered a weekend of respite every second weekend. The inspector met the two residents who were attending respite in the designated centre during the day of the inspection. The inspector spent brief time in the presence of the two residents, respectful of their wishes.

Throughout the day, staff were engaged in an ongoing manner with residents, to support their needs and ensure effective supervision in order to manage risk. Each resident was supported by two staff members during the day-time. On the day of inspection, residents were being supported by a permanent staff employed by the provider, and three temporary agency staff members. There were currently four staff vacancies on the staff team.

The inspector overheard interactions between residents and staff during the day, which were positive and person-centred. Staff were heard to support residents in line with their written plans. For example, giving the choice of going for a shower, and asking the resident to come into the bathroom area if they were happy to have a shower at this time. Staff were seen to give residents time and space to make their decisions, for example, encouraging residents to go into the living room, and giving space for them to decide this when they were ready. While there were a number of environmental restrictions in place throughout the centre, there were no physical restraints in use and the staff team were seen and heard to be promoting a low arousal attitude to the supports for residents.

The communal space available for residents in the designated centre consisted of a living room with double doors into a dining room, hallway and toilet and utility room. Upstairs there were two private bedrooms for residents, a bathroom with shower and bath and a changing room. Residents did not access the kitchen area downstairs, due to identified personal risks. Staff took their breaks in the kitchen area, and there was a small work space upstairs for staff administrative work, along with a small spare bedroom that had a workstation and space for filing.

Some parts of the designated centre required improvements to enhance their appearance, and also to ensure effective cleaning. For example, carpet on the stairs and landing was stained and not well maintained, some sinks had a build up of lime scale and sealants around tiles and sinks required repair. There was a tear in the material of the changing plinth, and a new plinth had been ordered and awaiting delivery. Some parts of the designated centre required a deeper clean, such as corners of bathrooms, water marks on walls and high spaces that had cobwebs. Due to the way that the centre was staffed and operated, there was limited time during the shift when staff were not actively engaged in supporting residents to carry out

other tasks, such as cleaning.

Residents demonstrated through their own communication style and behaviour, that they did not always want to be in each other's company. This proved a challenge for the team within the current environment and space available. To manage this, residents were supported to go out of the centre for activities at different times of the day. For example, one resident went out on the bus in the morning with their staff support, and in the afternoon a different resident went out with staff. There were some limitations on the premises, that did not promote the environment being the least restrictive as possible. For example, the kitchen was small and contained a table and chairs, filing cabinet, bins, notice board and other kitchen items, it was not possible for items identified as a risk of being ingested to be locked in a press due to the space available. However, in another environment, this could be reviewed and less restrictive interventions put in place.

The designated centre had environmental restrictions in place, to protect residents from known risks. While there was oversight of restrictive practices and an internal committee who reviewed restrictions on a yearly basis, improvements were required to the local oversight and documented rationale for restrictions. For example, to ensure every individual restrictive practices had a clearly defined risk that it was addressing. This would further promote best practice in relation to the use of restrictive practices, and the efforts made to reduce them, where appropriate. Similarly, some previous environmental restrictions, while not in use, had not been removed, for example a stair gate at the top of stairs. The person in charge and management team were going to review this.

Overall, the designated centre was operated in a manner to provide for regular respite care for residents with complex needs. The environment had been designed in a manner to support identified risks, and there was an agreed high level of staff support to meet residents' individual and collective needs. Residents had support of the wider multidisciplinary team to support their assessments and plans. Improvements were required to stabilising the staffing resources, and to making some improvements to the building.

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.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured a good quality and safe respite service. Improvements were required in relation to the resources available in the designated centre with respect of staffing resources and premises.

Residents were each supported by two staff members during the day, this meant that the centre was staffed with four staff daily. There were four staff vacancies at the time of inspection, which resulted in a high amount of agency staffing, utilised in the centre, in order to provide a continued respite service to residents. To promote consistency, the person in charge had identified and booked four regular agency staff to only work in this location and had made arrangements for those staff to receive additional training from the provider in key areas. That being said, the specific needs of residents required consistent and suitably skilled and experienced staff members, which the provider had difficulties recruiting. For example, on the day of inspection residents were supported by one permanent staff and three agency staff members.

The staff team were managed and supervised by a full-time person in charge. The person in charge was based in the designated centre for part of the week. They were also responsible for one other designated centre and one other area of care within the organisation and split their time between their three areas of responsibility. To support this arrangement, there was a part-time deputy manager who worked two days a week, and assisted the person in charge with the operational oversight. While this supported the person in charge with their areas of responsibility, the requirement for the person in charge to be present during the week had increased due to the need to supervise and lead less familiar temporary staff members. This required further review by the provider to ensure the arrangements were robust.

The person in charge reported formally and informally to a senior manager, the staff team met together with the person in charge on a monthly basis, and had one-to-one supervisions regularly throughout the year.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. Along with this, there were local auditing and review systems in place.

On review of the findings of audits in the designated centre, it was not seen that the provider was taking timely action to address areas in need of improvement. For example, premises issues that posed health and safety risks such as concrete steps, had been noted on two previous audits but had not yet been addressed by the provider. While the local management team were raising issues and requesting items of work to be addressed, they had not resulted in action being taken as yet.

Overall, the provider and person in charge had ensured a continued service for residents during periods of reduced resources, however improvements were required to ensure a stable and consistent staff team were available to work in the designated centre, and some improvements on ensuring actions from audits and reviews were addressed in a timely manner.

Regulation 15: Staffing

For a number of months, the designated centre had inconsistent staffing due to four staff vacancies for permanent staff employed by the provider. There was a high amount of temporary agency staffing required each week. The provider had begun recruiting for permanent positions to address this.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were provided with access to training, along with refresher training to support them in their roles. The provider had identified the required training that was needed in this designated centre to meet residents' needs, and there was oversight of staff training to ensure plans were made in advance to book training that was required.

The provider had included temporary agency staff members in their training plans, to support them while working in this location. For example, training in safe administration of medicine.

Judgment: Compliant

Regulation 23: Governance and management

There was an established governance structure and oversight systems in the designated centre, including annual review, unannounced visits on behalf of the provider and other routine audits and reviews. There were clear lines of reporting and escalation of information about the designated centre to the provider.

While audits and reviews were carried out on behalf of the provider, and areas for improvements were self-identified, actions to bring about improvement had not been made in a timely manner.

While the provider had arrangements in place to support the person in charge with three areas of responsibility, there was currently an increased requirement for on-site supervision and leadership due to the staffing resources available.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a written policy for complaint management, and a procedure to be followed in the event of a verbal or written complaint made by residents or their representatives.

Where complaints had been raised, it was seen that they were managed in line with the complaints process and details of the outcome were recorded. There was a local complaint officer in the designated centre and systems in place to review how complaints were managed.

Judgment: Compliant

Quality and safety

There were policies, procedures and local practices in place to promote people's safety while availing of respite in the designated centre. For example, pathways for managing safeguarding concerns or allegations, to manage and reduce risks, to protect residents from infection and fire safety systems. Some improvements were required to the fire safety equipment, to ensure containment measures could easily close in the event of an emergency and improvements were needed to some aspects of the cleaning and upkeep of the premises.

The designated centre provided a bespoke respite and day service to meet the specific needs of the two residents. The provider had ensured customised furniture and appliances were in place and each resident had their own bedroom during their respite stay with adequate space for their belongings. Residents had been provided with a specific room in which their personal hygiene needs could be met with privacy. The person in charge outlined that a new plinth had been ordered for this room, as it was torn in parts. There was a gap in the privacy screening on the window, which meant that residents' privacy and dignity could be affected during personal care.

The small sensory room upstairs, was not used by residents, who preferred to use other parts of the house. It was being changed to provide an additional work space for staff and management. While the house was designed to meet residents' needs, due to changes in residents' wishes to spend time together, it was often a challenge for staff to have adequate space to give each resident time apart. To support this, residents' daily plans were managed in a way to offer residents time outside of the centre, so that others could have time at home.

Staff had received training in safeguarding vulnerable adults, and there were pathways in place for managing any safeguarding risks or concerns. The provider had followed the national safeguarding policy for any concerns that had been raised,

and reported appropriately in line with their own policies. There were plans in place to support residents who did not always want to be in each others company, and which could at time pose a risk.

There was a system in place to ensure residents' needs were assessed and their supports drawn up in written plans. From the assessments and plans reviewed, the inspector found that they were clear and specific to each individual resident. Since the previous inspection, residents had been supported to access further assessments by allied health and social care professionals, for example, behaviour support specialists and dentists. There were recently written behaviour support plans in place, which were inclusive of increasing residents' ability to communicate their needs and wishes. The plans that were reviewed, once implemented, would promote a more comprehensive approach to positively supporting residents' behaviour and reduce risk further.

There were a number of restrictive practices in use in the designated centre, to promote residents' safety. Restrictive practices had proved effective at mitigating high personal risks for residents. While it was understood why some restrictions were required, documentation to show the exact risk and rational for each individual restrictions required improvement.

Regulation 10: Communication

Each resident had a communication passports as well as hospital passports. There was a concise written guidance on how residents expressed pain, hunger, happiness and other emotions.

The new behaviour support plans were focusing on using communication tools to support residents' communication, for example plans to introduce objects of reference and visual choice boards. Residents had been referred to speech and language therapists for assessments and guidance on communication supports, and plans made for this to occur in the coming weeks.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and furnished to meet the needs of residents. In general, the designated centre was well maintained. The provider had self-identified some aspects of the premises that where still in need of address, such as steps in the garden, replacing carpet and tiling.

Some parts of the designated centre required a deep clean.

While the premises had been set up to cater for the respite needs of residents, the space available for residents who now wished to spend time apart was more limited. The provider had long-term plans that they were working towards to address this.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had centre-specific plans and control measures in place to manage the risk of COVID-19, which identified the procedures to be followed in the event of staff or people availing of respite becoming unwell.

The person in charge had contingency plans for the event of people contracting COVID-19 while in respite, if there were barriers to them returning home. Including the staffing and isolation plans if this occurred.

There was adequate supplies of Personal Protective Equipment (PPE) for standard precautions, and in the event of an outbreak in the centre, and identified areas for donning and doffing of PPE should this be required.

Staff had completed training in infection control and hand hygiene, and there was hand sanitiser available throughout the building.

Aspects of the premises required deeper cleaning, for example, the carpet on the stairs which the provider had plans to remove and replace with other flooring.

Due to outstanding repairs works, some parts of the centre could not be effectively cleaned, for example, broken tiling that had been replaced with cement, and poor sealing around tiles and sinks which hampered the ability to clean effectively.

Staff were constantly engaged with residents during their stay, which made it a challenge to ensure all aspects of the centre were routinely cleaned to a high standard.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had put in place fire safety systems in the designated centre, along with policies, procedures and plans to manage the risk of fire.

There was a fire detection and alarm system, emergency lighting, fire fighting equipment and fire containment measures in the designated centre. These were routinely checked by staff through daily and weekly checklists, and serviced

regularly by a relevant fire professionals.

Fire exits were easily accessible, kept clear, and well sign posted. Some external doors were locked with a key, and the provider had plans to explore if thumb-turn locks would be suitable to reduce the need for a key in the event of an emergency.

There were two staff working at night time on a waking night shift, to support the safe evacuation of people in the event of a fire or emergency. And records of the support requirements of each person in the event of an emergency were maintained and updated as required.

While the provider had fire doors throughout the building, some doors were kept open to improve accessibility. This meant that doors could not close automatically in the event of a fire. The provider had identified the requirement for door holders which would release in the event of an alarm sounding, but these were not yet put in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

People availing of respite had specific care and support plans to guide their support while staying in the designated centre.

There were referral pathways in place for residents to access assessments or reviews by allied health and social care professionals, either provided through the service or externally through primary care. Since the previous inspection, there were improvements noted in the availability of comprehensive assessments by behaviour support specialists and other allied health and social care professionals to inform care and support plans.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care support while staying in the designated centre, as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider. The staff team provided support to residents' family members to assist with health appointments or information.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents availing of respite had input and assessment by relevant professionals to guide their supports in positively managing behaviour. There were recently updated behaviour support plans in place which were both proactive and reactive and focused on improving communication skills.

While it was evident that certain restrictive practices were needed to protect residents from known risks, improvements were required to the documentation of restrictions and their use. For example, to ensure each individual restrictive practice was noted, along with the specific risk it was mitigating, and records of when and how often restrictions were in place or removed. i.e length of time bedroom door was locked for. This would demonstrate if restrictions were used for the shortest period of time possible, and also evidence what alternatives had been explored, which would be in line with best practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had ensured that there were appropriate policies, procedures and reporting structures in place to support the management of potential safeguarding issues in the designated centre.

Any incidents of a safeguarding nature, had been recorded and reported in line with National Policy. any known safeguarding risks had been assessed and safeguarding plans put in place, where necessary.

Staff had received training in the protection of vulnerable adults, and knew how to manage an allegation or suspicion of abuse

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Drumcooley OSV-0004919

Inspection ID: MON-0032885

Date of inspection: 12/09/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider recognises and acknowledges that a consistent, suitably skilled and experienced staff team is of most benefit to the clients. Notwithstanding the national staffing crisis, the provider continues to advertise, seek agency input (to place staff fulltime), engage with learning institutions, run employment fairs, seek staff from other jurisdictions and to make every effort to fill these vacancies. The PIC has successfully recruited for two of the full-time posts. Adverts have been placed to recruit for the two remaining vacancies. Completion Date: 31/01/2023</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: At present, the post of PIC incorporates 3 different centres. The Deputy PIC hours will be increased from 2 days to 5 days per week to enhance governance and management. Completion Date: 31/01/2023</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

The concrete steps will be removed and a deep clean of the unit will be carried out. Staff will be given additional hours to carry out thorough cleaning duties. Completion Date: 21/10/2022

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

A new bath has been ordered and the sealants will be repaired during installation. Completion Date: 28/02/2023.

Limescale will be removed from the sinks. Completion Date: 30/11/2022.

A new privacy screen has been installed. Completed Date: 13/10/2022.

The linoleum in the bathroom will be replaced. Missing floor tiles in utility room and kitchen will be replaced with safety flooring. Carpet on the stairs will be replaced with safety flooring. Completion Date: 31/03/23.

Repairs to the plinth will be carried out. Completion date: 18/11/2022.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: There is a requirement for a door holder which would release in the event of an alarm sounding. Completion date: 31/05/2023.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Doors are no longer locked during daytime hours and the stair gate has been removed.

Completed 12/10/2022.

Thumb lock for the front door to be installed. Completion date: 31/12/2022.

The PIC continues to work closely with the Multi-Disciplinary Team who are recommending sensory items to divert the clients as well as providing assistance with communication.

The Behaviour Support Specialist provides support and advice towards developing robust Positive Behaviour Support Plans for both clients. Completion by 31/12/2022.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/01/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	21/10/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21/10/2022
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	31/01/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any	Substantially Compliant	Yellow	31/01/2023

	concerns regarding the standard of care and support.			
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.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2023
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 national policy and evidence based practice.	Substantially Compliant	Yellow	31/12/2023