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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Clarehaven
Name of provider:	Health Service Executive
Address of centre:	St Canices Road, Finglas, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	02 August 2022
Centre ID:	OSV-0007745
Fieldwork ID:	MON-0037552

## About the designated centre

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

Clarehaven Community Unit is located in Glasnevin. The centre was refurbished in 2019 and provides residential care for 47 older persons who are of medium, high and maximum dependency. The centre accommodates both male and female residents who are primarily over the age of 65. The centre consists of two single storey buildings which are divided into two units, Clarehaven and Seanchara. There is a variety of twin and single rooms, and communal areas include living rooms, visitor rooms and a hairdressers. Clarehaven Community Unit aims to provide a quality holistic service to older persons, delivered by skilled professionals that are person centred and recognise the rights and needs of each individual and their family.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	34
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 2 August 2022	08:30hrs to 18:10hrs	Margaret Keaveney	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, the general feedback from residents was one of contentment living in the centre and satisfaction with the care and services provided. Overall the atmosphere in the centre was calm and relaxed. Residents looked well cared for and happy. Those residents who were unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.

On arrival the inspector was guided through infection prevention and control measures necessary on entering the designated centre, which included a signing-in process, hand hygiene and the wearing of a face mask.

Clarehaven Community Unit consists of two units, called Clarehaven and SeanChara. The centre was clean and pleasantly decorated, with residents' artwork and craftwork decorating many areas. Overall, the design and layout of the centre of the centre enhanced the quality of life for residents living in the centre. There were an adequate number of comfortably furnished communal areas, which were bright spaces, and the inspector observed many residents socialising in these areas throughout the day. Comfortable seating was placed in alcoves along corridors to allow residents to sit and rest as they moved freely throughout the centre, and many of these areas were furnished with fish tanks and a selection of books for residents to enjoy. There were wide corridors throughout the centre which were fitted with handrails and clear, colour-coded directional signage to orientate residents to key areas of the centre.

Residents had free access to a number of safe, internal gardens and courtyards from communal areas. One area was well-maintained with raised beds for residents to plant in, and mature trees and seating which allowed residents to enjoy the outdoors and good weather. Birdhouses made by residents adorned garden walls and outdoor activities were also held in this area, which residents said they enjoyed. The inspector met with one resident who had been provided with lettuce and tomato plants which they attended to daily and appeared to get great enjoyment from. However, the inspector observed that other communal areas required some attention, with bare flower beds and inadequate resident seating observed. The inspector also noted inappropriate storage of equipment in some of these outdoor settings, which impacted on the sense of calm and well-being in these areas.

Overall, residents' bedrooms were seen to be comfortable spaces, and residents were very positive about their bedrooms, including those in multi-occupancy bedrooms. Residents were encouraged to personalise their bedroom spaces with soft furnishings, pictures and photographs to reflect their life and their hobbies and interests. Personalised memory boxes were also in place outside bedrooms to help orientate residents to their rooms. All bedrooms provided adequate wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it to store their

valuables, and residents in multi-occupancy bedrooms were afforded privacy during personal care and when they chose, with privacy curtains in place for them to use.

Residents had opportunities to partake in a variety of scheduled group activities in each unit Monday to Friday, which included, amongst others, art classes, bingo with prizes and live piano sessions. The weekly activities schedule was advertised on communal notice boards, to allow residents time to choose what to participate in if they so desired. Activities staff also accompanied residents on walks in the garden areas and in the locality. Residents were also provided with opportunities to go on external outings to places of interest, such as Howth, the Phoenix Park and Donabate. The inspector was informed that, throughout the COVID-19 pandemic, the centre's two mini-bus drivers had taken residents on driving tours of Dublin city for their entertainment and stimulation. On the day of the inspection, a small group of residents had visited the National Botanical Gardens and enjoyed a fish and chips lunch, which one resident said that they had greatly enjoyed. Residents were also encouraged to go on external outings with their families, as and when they liked.

Staff had created a Cultural Club to promote the respect, kindness and dignified care of residents and the staff working in the centre. A day of multi-cultural celebrations was planned in the month following the inspection, with staff of different cultural backgrounds providing food, dance and song for residents' enjoyment. The inspector observed that preparations for the day had already begun with different national flags adorning some communal areas.

Residents' rights were respected, with mass facilitated in each unit on a weekly basis and residents also told the inspector that they could decide when to get up and go to bed. Residents spoken with said that the food in the centre was good and that they enjoyed the variety of food on offer. Dining room notice boards displayed the daily menus, however pictorial menus were not available to residents with cognitive impairments. The person in charge committed to reviewing this gap in facilitating all residents' right to choice.

The inspector spent time observing residents and staff engagement, and found it to be informal, relaxed and friendly. Early in the day the inspector observed a nurse manicuring residents' fingernails in a communal area. The inspector spoke directly with four residents who said that staff were kind and caring towards them, with one resident commenting that she was 'treated so well'. At the time of inspection, some residents were in their bedrooms others were in the communal areas watching television and chatting together, while others were observed to move freely in and out of the garden.

Residents who spoke with the inspector said that they felt safe living in the centre. They also told the inspector that if they had any concerns or complaints, they were dealt with quickly and that they were comfortable highlighting any such issues to staff members.

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 the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that residents living in Clarehaven Community Unit received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. Overall, the registered provider demonstrated good compliance with the regulations. However, action was required in contracts on the provision of services, documentation pertaining to managing behaviours that challenge, the premises, and infection control practices in the centre.

The Health Service Executive HSE is the registered provider of Clarehaven Community Unit. There was an established governance and management team in the centre which consisted of the Director of Nursing, and two Assistant Directors of Nursing, one of whom held the role of person in charge. The person in charge worked full-time in the centre and was well supported by an experienced team of staff, which included clinical nurse managers, nursing staff, health care assistants, activities staff, and domestic and maintenance staff.

The management team had monitoring systems in place to ensure quality and safe services and facilities were provided to residents. The inspector observed that, when required, action plans on systems findings were subsequently developed and actioned. The senior nurse management team met regularly, through a number of meeting forums, to review clinical and non-clinical data gathered. However, despite having such a range of monitoring systems in place, some of these management systems had not identified issues that could impact on residents' quality of life and well being. For example, audits and monitoring data had not identified that the configuration in multi-occupancy bedrooms impacted on providing residents with adequate private space.

The registered provider also had a comprehensive safety statement and an emergency plan in place which outlined the measures to be taken in the case of an emergency such as a gas leak or fire.

A comprehensive annual review of the quality of the service in 2021 had been completed by the registered provider, in consultation with residents and their families. The review identified many areas for improvement and development in 2022, which included further staff training on nutrition and dementia care to meet the needs of residents living in the centre.

From a review of rosters and observations on the floor, the inspector found that there were sufficient staff resources to meet the assessed clinical and social needs of the residents living in the centre. The rosters also showed that agency staff and the centre's own staff covered any gaps in rotas due to unexpected leave. The registered provider employed three activities coordinators who organised and led a range of activities for residents to enjoy between Monday to Friday. Clinical nurse managers worked in a supervisory capacity in each of Clarehaven and Seanchara

units, providing training and assistance to staff, and in overseeing the care of residents.

The inspector reviewed the centres training matrix and found that mandatory training in fire safety, safeguarding vulnerable adults, manual handling and infection prevention and control had been completed by staff. Relevant staff had also completed training in cardio-pulmonary resuscitation training, medication management and antimicrobial stewardship. Staff were appropriately supervised with a formal induction programme in place for all new staff, with the induction length varying from one to two weeks depending on their role.

Staff also completed annual practice development plans to assist them in assessing their performance and identify areas for development. The registered provider had recently supported two healthcare assistants to train as manual handling trainers, to support other staff members, while a number of staff nurses were trained as Infection Prevention and Control leads and in wound management.

The inspector reviewed four contracts for the provision of services and found that they were not in line with the regulations, as they did not clearly specify the terms and conditions of the residency. Also two contracts viewed did not specify the fees to be charged for additional services.

Residents spoken with were aware of how to raise a complaint at a local level, and said that they felt comfortable doing so if required. A low number of complaints were received by the registered provider, and the records reviewed showed that each complaint received had been investigated promptly and the outcome recorded. The inspector viewed the complaints procedure on display in the centre and saw that, in its current format, the information it contained was not easily accessible to residents and their families. When discussed with the Director of Nursing, they developed a clearer version of the procedure by the end of the day, and committed to displaying it in both units of the centre.

### Regulation 15: Staffing

There were sufficient staff resources to meet the assessed needs of the residents living in the designated centre on the day of the inspection.

A review of the rosters showed that there were a minimum of four registered nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development



The training records reviewed showed that mandatory training was up to date for staff working in the centre.

There was a formal induction programme in place for new staff and practice development plans were completed by the senior nurse management team annually with staff.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, this was a well-resourced centre, overseen by a management team who were committed to delivering effective care to residents.

There was a range of systems in place to monitor the effectiveness and suitability of care and wellbeing of residents living in the centre. Where these systems identified areas for improvement, the inspector saw that action plans were put in place to complete the required work.

An annual review of the service had been completed for 2021, and residents were consulted on the report.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed four contracts of care between the resident and the provider and saw that they did not clearly set out the terms and conditions of their residency. For example;

- It was not clear what party the resident was entering into the contract with, as Clarehaven Community Unit was not clearly specified in the contracts viewed
- Two contracts viewed did not contain the fees for additional services. The inspector was informed that the fees appendices had been removed and given to the residents, and/or their families. However, there was no documented record of this.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The Director of Nursing was the nominated person to oversee the management of complaints, and there was evidence of effective management and recording of all complaints received.

The complaints procedure was revised on the day of the inspection, and an accessible and effective procedure was available to residents and their families.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Resident's health and social care needs were being met and there were effective arrangements in place to assess residents' needs and respond effectively when they changed. Improvements were required in relation to documentation for residents displaying behaviours that challenge, premises and infection control.

The inspector viewed a sample of resident records and saw that pre-admission assessments were completed and care plans were developed within 48 hours of resident's admission. The inspector saw evidence that for most residents their needs were continuously assessed. As these needs changed, residents' care plans were updated to reflect the changes, which ensured that staff were effectively guided on how to provide the best care to residents. The inspector observed that a number of care plan templates were used to guide staff on how to care for residents, such as in the use of restraint and in safeguarding residents, and that these care plans were personalised with supplementary care notes on individual resident's needs. The care plans reviewed also showed that residents had timely access to appropriate healthcare specialists, to meet their assessed needs.

A restraint register was viewed by the inspector which was audited on a monthly basis by senior nurse managers. The inspector also viewed a sample of records for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and found that the quality of records varied. A number of records reviewed gave a clear and concise description of resident responsive behaviours, the known triggers for such behaviours and the interventions required to support the individual concerned. However, the inspector also found examples in records where there were inadequate assessments and guidance for staff on the interventions being used to care for some residents. This is further discussed under Regulation 7 below.

The designated centre had clear policies and procedures in place for the prevention of and responding to allegations of abuse. The policy had been disseminated to all staff in the designated centre, and records showed that all staff working in the centre had attended training in safeguarding vulnerable adults from abuse. Staff

who spoke with the inspector were clear about their responsibility to keep residents safe and knew how to report any concerns or allegations in relation to abuse. A review of resident's records showed that appropriate measures were in place to protect residents from abuse.

The inspector saw that snacks were provided to residents which included fresh fruit. Residents had access to fresh drinking water, and drinks were provided at regular intervals throughout the day. At lunch time and tea time, there was a second choice of meal on the menu. Menus were displayed on notice boards in the dining rooms and the inspector observed residents being asked about preferences.

Overall, the inspector found that the premises provided a safe and suitable environment for residents with a variety of needs. It was kept in a good state of repair, and was clean and suitably decorated. There was adequate private accommodation for residents in single occupancy bedrooms and adequate communal areas for all residents. However, the inspector identified issues with regards to the premises that required attention, in order to ensure that it met the needs of residents. This is further discussed under Regulation 17 Premises below.

The registered provider had adequately resourced the designated centre with infection control measures, such as sufficient cleaning staff and equipment and supplies of personal protective equipment (PPE). There were effective arrangements in place for the monitoring of cleaning schedules to ensure that they were adequately completed. Other infection prevention and control practices had been implemented to manage or prevent infection in the centre. These included use of transmission-based precautions for residents and regular hand hygiene audits. However, some improvements were required to ensure that infection prevention and control practices in the centre were effective. These are further discussed under Regulation 27 below.

## Regulation 17: Premises

The registered provider was required to action works with regard to the premises, to ensure that it promoted a safe and comfortable living environment for all residents. For example,

- The floor space for some residents in a sample of double occupancy bedrooms measured less than 7.4m<sup>2</sup>, which did not afford these residents adequate private space.
- The inspector observed that in two treatment rooms, oxygen cylinders were not safely secured and there were also no warning notices in the vicinity to alert that caution was needed due to the storage of oxygen in these areas.
- Boxes of personal protective equipment were inappropriately stored on the floor of a storage room, which was not fitted with shelving. There was also an unidentifiable malodour from this room.
- Inappropriate storage in some external areas of the centre could impact on

the safety of residents using these areas
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
<p>Residents had access to fresh drinking water, refreshments and snacks throughout the day. A choice of meal was available at all mealtimes, and the food was seen to be wholesome and nutritious.</p> <p>Residents with specific dietary needs were appropriately catered for.</p>
Judgment: Compliant
<b>Regulation 27: Infection control</b>
<p>Improvements were required in the oversight of infection control practices within the centre which could impact on the safety of residents. For example,</p> <ul style="list-style-type: none"> <li>• There was inappropriate storage of clean items in one sluice room, such as clean bins that were not in use and clean commodes. This practice poses the risk of infection cross-contamination.</li> <li>• Three staff were observed to inappropriately wear their surgical masks under their chins, in areas frequented by residents, which could pose a risk of cross-contamination to residents and was not in line with the centre's own risk assessment on the prevention of COVID-19 transmission in the centre.</li> <li>• The inspector observed that the personal hygiene items, of residents in multi-occupancy bedrooms, were unlabelled in storage cabinets, which created a risk of cross-infection from one resident to another.</li> </ul>
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and care plan</b>
<p>The inspector reviewed a sample of residents' care plans and observed that they were detailed and person-centred, and that they were updated as a resident's condition changed and in line with regulatory requirements.</p>
Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

In the sample of residents' records reviewed, the inspector observed that restraint was not being used in line with national policy. For example;

- The inspector reviewed documentation for one resident who mobilised with purpose, with this behaviour being managed by the resident wearing a device to alert staff if they exited the building without support. The documentation did not evidence that alternatives to using this device had been trialled. There was also no care plan developed to direct staff on how to care for the resident while wearing the device.
- For another resident who had environmental restraints in place, appropriate consent on their use had not been obtained.

Judgment: Substantially compliant

## Regulation 8: Protection

Safeguarding policies and procedures were in place, and staff had received training and were knowledgeable about their responsibility to protect residents. Reported allegations or incidents of abuse were appropriately investigated and managed by the person in charge.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Clarehaven OSV-0007745

Inspection ID: MON-0037552

Date of inspection: 02/08/2022

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:                      The Contract of Care has been reviewed to make it clear that the resident is entering into the contract with Clarehaven.</p> <p>All contracts of care are checked to make sure that there is a documented evidence of fees payable for any additional services provided. Action completed on 30/08/22</p> <p>The original schedule of fees is retained in the contract appendices and a copy is provided to the resident and their family.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:                      HSE Estates and management have reviewed measurements and will reconfigure the shared rooms to ensure each resident’s private space meets the standard requirement. This action will be completed by 31/01/2023.</p> <p>Residents were given a choice to move out of any current shared accommodations where an individual’s bed space measured less than 7.4m<sup>2</sup> however some resident’s and families have stated that they do not wish to move from their current accommodation. Oxygen cylinders are now safely secured and appropriate signage is displayed on the door to indicate oxygen storage. This action was completed on 30/08/2022.</p> <p>Personal protective equipment boxes have been removed from the floor, we are in the process of reviewing this storage space. This action will be complete by 31st January 2023.</p> <p>Inappropriate storage items has been cleared from the garden. This action completed on</p>	



30/08/22.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Extra bins and commodes have been removed from sluice room. Action completed on 30/08/2022.</li> <li>• The Importance of proper use of PPE regularly discussed with staff members through handover time, safety pause and staff meetings. All staff have completed training in the use of PPE. Action completed on 30/08/2022.</li> <li>• Residents in multi-occupancy bedroom have their personal hygiene items labelled and stored appropriately. This action completed on 30/08/2022.</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• Restraint free working group meeting conducted on 16/08/22 to discuss the inspection findings. This is also discussed with nursing team through handovers and safety pause discussions to ensure ongoing compliance.</li> <li>• Nursing team are in the process of reviewing all documents related to behavior management and restraints. This action will be completed on 30/09/2022.</li> </ul>	

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	30/08/2022

Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/08/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2022