Health Information and Quality Authority

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:	Brownstown/Clonmullion/French Furze
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2022
Centre ID:	OSV-0001995
Fieldwork ID:	MON-0034655

About the designated centre

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

This designated centre provides residential services to three adults with an intellectual disability. The centre comprises of three houses in different locations in Co. Kildare; two bungalows and one two-storey house. One bungalow consists of a living room, kitchen, lobby, bedroom with en-suite, a store room, staff bathroom, staff office/bedroom and a bathroom. There is a garden space out the front of this house. The other bungalow consists of a living room, kitchen-dining room, a bedroom, staff office/bedroom and a bathroom. The two-storey house consists of a living room, kitchen-dining room, utility room, sensory room, staff bathroom, three bedrooms (two are staff bedrooms), a recreation room, a bathroom and a garden space out the back of the house. The person in charge in this centre divides their working hours between the three houses within this designated centre, and another designated centre. Social care workers and care assistants are employed to work in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Thursday 9 June 2022	10:00hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet all three residents and members of their support team, as well as observing some of the residents' routines, and interactions between the residents and staff. Staff were observed speaking with the residents in a calm, friendly and supportive manner. Examples were observed during the day of how the choices and preferred activities of the residents led the structure of their day. Staff were cognisant of the residents' support needs in their routine, for example, a kitchen appliance was being serviced on one resident's return to their house, so staff extended the activity in the community so that they would not be distressed by the noise and extra people.

The inspector advised the service management of this inspection the evening beforehand. This was done to establish the optimal order to visit the houses to meet with residents and their support teams based on their separate routines. The residents opted not to engage with the inspector and this was respected, however staff explained the purpose of the visit and supported residents to go about their day as normal. The support staff described what the residents were doing for the day and demonstrated a good level of knowledge of the residents' interests, personalities and support requirements. There was a casual, friendly rapport between the staff and residents, and evidence that resident preferences for particular members of the team was taken into account when developing staffing rosters. One staff member supported a resident to trim and manage their hair in the morning. Other residents were being supported to attend their places of employment, run errands, go shopping, play golf and walk around the area. The centre was featured with pictures and schedules of activities and staff on duty that day.

Residents had personal development goals in progress, including specific objectives such as attaining access to their bank accounts, or planning foreign holidays, to ongoing supports such as being independent when accessing the community or using local amenities. Two of the residents attended paid employment with which staff provided support.

This designated centre consisted of three single-occupancy suburban houses. The layout of the houses were suitable for the support need and safe navigation of the residents. Residents had access to garden or yard space, multiple communal areas and suitable bathroom facilities. Each resident lived in a private bedroom which was furnished according to their personal preferences. While some minor work was required to all three houses to maintain a comfortable and homely living space, one of the three houses in particular required improvements in decorative appearance, repair to doors and floors, plaster and paint for the walls, and replacement of furniture which was broken, stained or torn. All three houses required upgrades to fire containment features and evacuation routes to keep residents and staff safe in the event of fire.

The staff had access to suitable vehicles to optimise access to the community. The provider was in the process of attaining additional vehicles for the provider group which would not be assigned to a specific house. These would be used in the event that one of the centre's vehicles is off the road, following a period in which the residents' activities were limited due to the vehicle being serviced.

The next two sections of this 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 inspector found that the service was suitably resourced with staff and equipment to deliver support for residents' assessed needs. Some improvement was required to ensure that service audits were effective in identifying areas in need of development.

The provider had conducted their annual review for 2021 as well as auditing the provider's own compliance with the regulations. Following these reviews the provider set out measurable, time-bound action plans to be completed to address identified deficits, such as gaps in training, documentation, and recording of incidents. Actions taken following these reviews were observed in effect by the inspector. The provider conducted regular infection control audits separate to these.

Some aspects of the designated centre identified as in need of improvement during this inspection had not been identified on the provider's own audits. For example, the provider had found themselves to be fully compliant in regulations including premises, infection control and fire safety, despite substantial deficits in the premises and infrastructure which will be referred to later in this report. Review was also required in ensuring that the provider was meeting their obligation to inform the chief inspector of events and practices required by the regulations within the stated timeframes.

At the time of the inspection, the provider had a small number of vacancies in the staffing complement for which interviews were scheduled. Despite these gaps, the inspector found evidence indicating that between regular staff working overtime and a consistent complement of relief personnel, the impact on support continuity was mitigated for the residents. This was also the case in the staffing records during a time when a number of staff members were absent due to potential or actual risk of COVID-19. Worked staffing rosters were generally well-maintained, and the record could readily identify full names, hours worked, and in which of the locations the staff member was based for that shift.

The inspector reviewed the records related to complaints made in the designated centre and found there to be evidence that the outcome of the complaint was

relayed to the complainant and that action was being taken to prevent the matter from reoccurring.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the residents. Staffing resources had been sufficient to ensure that gaps due to vacancies and absences were covered without adversely impacting upon the continuity of resident support.

Judgment: Compliant

Regulation 23: Governance and management

Staff were aware of the structures for on-call management support which the person in charge was off-duty.

The provider had conducted their annual review of the service as well as regular audits of the quality and safety of the service. Some improvement was required to ensure that these reports reflected on the experiences and commentary from the residents and their representatives. Improvement was also required in the effectiveness of these audits in identifying area in need of development.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider had not notified the chief inspector of events which had occurred in the designated centre within the required time frames. While the provider had reduced administrative burden on front-line staff by not requiring them to separately document every observation of recurring and long-present injuries, the provider had also stopped notifying the chief inspector of injuries in the designated centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in the centre. Records indicated how the outcome was relayed to the complainant and what action would be taken going forward to reduce the likelihood of recurrence.

Judgment: Compliant

Quality and safety

The inspector found evidence to indicate the residents' wellbeing and welfare was supported in their home and that their choices and preferences for routines and activities were respected in their daily support. Some development was required in the review of support plans and risk control measures to ensure that they were effective in achieving the intended outcome. Improvement was required in the maintenance of the premises to provide a clean, homely living space. Improvement was also required in the fire safety infrastructure of the premises.

The inspector reviewed a sample of resident plans to support them in their assessed needs and personal objectives. Overall the plans were maintained to be accurate and changed based on the progression of goals and changes to the residents' routine and circumstances. Some of the support plans, particularly regarding positive behaviour support, were generic in their descriptions of resident presentation and lacked functional analysis of how the resident presented and what causes and triggers were relevant for each type of response. Staff maintained incident records to review the types and frequency of incidents at home and in the community, which were appropriately detailed to be used at shift handover. However the trending or analysis of these incidents was not evident when plans were being revised and updated during annual review meetings.

A low number of restrictive practices were active in the designated centre, and where restrictive practices were used, the rationale for introducing them was documented. Some development was required to provide evidence on how alternatives or easing of restrictions had been trialled, and the evidence for their continued use without any change, as per the provider's own policy and procedure.

The designated centre was suitably equipped with emergency lighting along evacuation routes, suitable signage and maps, and fire extinguishers which had recently been serviced. All three of the houses required improvement to ensure that evacuation routes were suitably contained with doors equipped to contain the spread of flame and smoke in the event of fire. Improvement was required in ensuring that gaps in features for detecting and containing fire and smoke were identified and that emergency exit routes could be unlocked efficiently by residents, staff and visitors.

The layout and design of the designated centre was suitable for use by all residents. The houses were equipped with appropriate shower and bathroom space, and communal areas in two of the houses were appropriately furnished. Residents had

access to safe and pleasant outdoor space which provided an appropriate level of privacy. One of the houses had large black surveillance cameras installed in the kitchen, hallway and living room which had been neither active nor required for its occupant for a number of years.

Two of the houses were in an overall good state of maintenance, décor and furnishing, however the third house required substantial maintenance, repair and cleaning work to provide a pleasant and comfortable living space in the resident's home, as well as ensuring that environments and surfaces could be effectively cleaned and sanitised.

Medicine was suitably stored and staff were knowledgeable of each prescription's function and protocols. Where errors had been made in the administration or recording of medicine, there was a clear record of the cause, level of risk, and what learning would be taken away from the event.

Staff were observed following good practice related to infection control. Suitable precautions were carried out with the inspector on arrival and staff consistently wore appropriate face coverings in the designated centre. Cleaning equipment such as mops, buckets and vacuum cleaners were themselves clean and were stored in a dry, sheltered location. Kitchens, bathrooms and vehicles were generally clean and items such as food and medicine was properly labelled and kept within expiry dates. Bins were clearly identified for the correct type of waste. The centre's infection control policy advised staff on what to do when managing waste, laundry or spills which carried an infection risk.

Regulation 11: Visits

Residents had suitable communal space within their houses to accommodate visitors. Suitable precautions were being followed to mitigate risks related to people entering the houses during the COVID-19 pandemic.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found evidence on how the staff team were making arrangements for suitable bank account access for residents who did not yet have it, in consultation with the residents' representatives.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to access employment, education, recreation and personal development opportunities in accordance with their assessed support needs and personal choices.

Judgment: Compliant

Regulation 17: Premises

The three houses were overall suitable in their design and layout, however one house featured camera surveillance equipment which was not required in that occupant's living space.

One house of the designated centre was not clean and was not kept in a good state of repair and maintenance. Some examples observed by the inspector in this house included:

- Living room couches which were heavily torn with exposed wood and springs.
- Couches and mattresses which were stained, with dirt, dust and debris.
- External walls which were damaged and cracked.
- Ceilings and walls with flaking paintwork.
- Brown stains and grime build-up along walls and skirting boards.
- Mildew build-up on the wall of a resident bedroom.
- Damaged sealant around a bathroom sink.
- Extractor fans and light fixtures with heavy dust and cobwebs.
- Walls scored and damaged by furniture and general wear and tear.
- Rust and flaking paint on radiators.
- Doors and door frames which were splintered and peeled.
- Damaged floorboards in one room.

Environmental audits and the system for reporting maintenance issues were not effective in identifying the work required. Aside from the damaged floorboards, there was no evidence available that the items listed above had been identified to the appropriate personnel or scheduled for repair or replacement.

Judgment: Not compliant

Regulation 20: Information for residents

Suitable easy-read information was observed being used to communicate information to the residents during this inspection, including activities for the day

and which staff were on-duty. The service had a residents' guide which outlined information about the centre required under the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Practices for keeping the residents, staff and visitors safe from infection risk were observed in practice, including management of waste, laundry, cleaning equipment and personal protective equipment.

Some of the premises issues identified earlier in this report impacted on the ability of surfaces and environments to be effectively cleaned and sanitised. Some areas of the designated centre were visibly dirty, dusty, rusted or had a build-up of mildew.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Evacuation routes in the designated centre were not equipped to contain the spread of fire and smoke in the houses. With the exception of the kitchens, doors were not equipped with closing devices or smoke seals. One kitchen door did not close properly when tested on inspection, and this had not been identified through routine checks by staff.

One area of the designated centre containing the washer and dryer appliances, was not equipped to detect and give warning to staff in the event that fire or smoke originates in the laundry area.

Some doors and gates along emergency exit routes had key-locks and padlocks with no emergency keys available for people who did not carry a key on their person.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Good practice was in effect for the storage, administration, documentation and disposal of medicines, and incidents of medication errors were well-reviewed and used as learning opportunities.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident support plans were person-centred and updated to incorporate changes in circumstances. Some improvement was required in how the provider documented their evidence used to evaluate the effectiveness of support plans in achieving their intended purpose and how they incorporated the commentary and experiences of the staff along with the resident or their representatives.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some development was required in ensuring that staff guidance provided on behavioural support was clear on the specific details and frequency of behaviours presented during times of distress and anxiety, reflecting the person-centred and evidence-based knowledge of the front-line team.

There were a number of examples discussed with the inspector in which the specific behaviour described by the staff members of what the resident does, why they do it, and how often they do so, was not clear when reading the support plans. Staff commented that some behaviours described were more common than others, and some behaviours listed had never occurred to their knowledge. Staff maintained incident records to review the types and frequency of incidents at home and in the community, however there was limited evidence to demonstrate how the trends and analysis of these records were being used to update and revise the contents of behaviour support plans.

Improvement was required in the record of evidence used to justify the continued use of restrictive practices and the findings of alternative or reduced measures trialled.

Judgment: Substantially 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Brownstown/Clonmullion/French Furze OSV-0001995

Inspection ID: MON-0034655

Date of inspection: 09/06/2022

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audit completed in May 2022 and report finalized with staff team in June 2022. Annual review updated process for 2022 will be complete by Jan 2023.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All non-serious injuries will be notified as required from July 2022 in the NF39D. A review of potential restrictive practices, which were considered and documented were not implemented therefore did not require recording - this review was completed in June 2022.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Living room couches are replaced on a regular basis in line with the needs of the person who lives there, and the couch has been replaced again in June 2022. Couches and mattresses have been cleaned in June 2022. External walls damaged and cracked will have remedial work completed by the end of September 2022.	

Ceilings and walls where required will be painted by the end of Sept 2022.

Walls and skirting boards cleaned June 2022.

Mildew will be treated in room required by the end of Sept 2022.

Damaged sealant around bathroom sink repaired in Sept 2022.

Extractor fans and light fixtures cleaned June 2022.

Identified Walls repaired in september 2022.

Radiators replaced where required in Sept 2022.

Doors and door frames reviewed in line with fire doors being installed pending HSE funding by December 2023.

Damaged floorboards repaired Sept 2022.
CCTV and signage removed by end of July 2022.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
New furniture ordered for delivery in July 2022.

Deep clean completed in premises by external company scheduled for July 2022.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire doors will be installed on all required doors pending HSE funding by December 2023.

Risk register updated to reflect current control measures in place by July 22.
Fire evacuation plans reviewed by the end of July 22.

Fire drills records were updated to accurately reflect the location on electronic records of fire drill completed in quarter 1 2022.

Smoke alarm installed in shed in one location by end of June 2022. This is added to weekly check list.

Kitchen fire door to be repaired by the end of July 2022.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The team will evaluate and document the effectiveness of all support plans in achieving their intended purpose. The commentary and experiences of the staff along with the resident or their representatives will be included in detail in the residents next reviews. This will be completed by Jan 2023.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: When Restrictive practices are reviewed we will document more clearly the evidence and rationale employed in decisions to continue, alter or cease such practices by the end of Oct 2022. We will more clearly document how we analyse incident data to ensure Behaviour support plan is accurate and fit for purpose by the end of Sept 22. Staff will be supported to be involved in the development of the plan and check in to ensure they understand the plan will be completed by the end of October 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/07/2022
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.	Not Compliant	Orange	31/12/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/09/2023
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/06/2022

	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.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/01/2023
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	31/07/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Substantially Compliant	Yellow	31/07/2022

	building fabric and building services.			
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/06/2022
Regulation 31(3)(d)	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 injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/07/2022
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	31/01/2022

	circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/10/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Substantially Compliant	Yellow	30/10/2022

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/10/2022