



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group M
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	09 September 2021
Centre ID:	OSV-0003938
Fieldwork ID:	MON-0033807

About the designated centre

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

In this designated centre a full-time residential service is provided to a maximum of seven residents; residents are adults assessed as having a moderate to severe disability. Residents may also present with additional support needs such as physical, sensory, medical or social. The provider aims to work with residents and as appropriate their families so as to provide residents with a safe home, with person-centred care and support linked to the local community in which the centre is located. This is a nurse led service where nursing care is provided to residents on a 24 hour basis. The overall staff team is comprised of nursing, care and household staff. The management structure is clinical; the person in charge is a CNM2 (Clinical Nurse Manager) supported in her management role by a CNM1. The premises are a dormer type house located in a residential area of the village. Each resident is provided with their own bedroom and share communal, dining and sanitary facilities. The premises were purpose built and the provider had also reduced the original proposed occupancy to maximise the space available; this meant that the design, layout and available space were suited to the intended purpose and the individual and collective needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 - 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
Thursday 9 September 2021	9:00 am to 5:00 pm	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to monitor the compliance of the registered provider with the regulations under the Health Act 2007. Since the previous inspection an application to vary had been submitted to HIQA to increase the footprint and capacity of the centre to allow for an isolation unit to be placed under the remit of Group M. Should a resident within the organisation display symptoms of COVID 19 they were admitted to this area with the support of a familiar staff team.

On arrival to the centre the inspector first visited the residential home. They were greeted by the appointed clinical nurse manager. To allow them to complete a medication round the inspector reviewed documents in the office. Following this the inspector was brought around the centre and met with a number of residents and staff. As it was early in the morning the centre was a hive of activity. The staff greeted the inspector and introduced each resident.

It was observed that each resident's bedroom was decorated in accordance with their unique interests and hobbies. For example, family photographs and favourite GAA jerseys were on display. Residents were observed relaxing in their bedrooms or watching TV in the living room. To support residents with their activation during COVID 19 staff were allocated to activities during the day. Plans were in motion to reintroduce the local day service to residents.

The inspector had the opportunity to meet and chat with a number of residents on the day of inspection. One resident met with the inspector and the person in charge. This resident brought the inspection to the kitchen to show them their new cookery book. Within their personal plan they showed the inspector the plan they had in place when they were learning to cook white sauce. They had a plan to go to the shops the following week to buy a new mixer and more ingredient to cook their favourite cake. Following this chat, the resident brought the inspector to their room to show them their favourite things. They asked the inspector to leave so they could do their activities in their room. They called to the office later in the day to say good bye to the inspector.

The inspector met with a resident on their way to their favourite spot on the corridor. Staff informed the inspector that the resident loved this spot to relax as they could see the garden and also see who was coming and going in the centre. The resident stopped and showed the inspector the staff board which had photos of the staff that were on duty. The pointed out who was on duty today. The resident was smiling and interacting with staff in a jovial manner.

Residents were coming and going throughout the day on various activities. The inspector ensured that their presence did not have an impact on these activities. One resident was going for a social outing to get a cup of tea, another group of resident were going out for their lunch. One resident was supported in their

bedroom to relax and follow their individual plan around relaxation.

Throughout the inspection the inspector observed staff interacting with residents in a positive and jovial manner. The governance team ensured to link regularly with the residents to ensure they were happy with their service. It was clear all staff present on the day of the inspection were known to the residents and they were comfortable in their presence. The staff and governance team were very aware of the needs of the residents, their likes and dislikes and the importance of meaningful activation.

In the afternoon the inspector visited the isolation unit under the governance of Group M. No resident was present in this area on the day of inspection. Following discussion with the person in charge it was noted that where a resident presented with symptoms of COVID 19 or following discharge from a general setting they were immediately admitted to the isolation area. However, consultation with residents was not clear and if an effort was attempted to provide the required support to the individuals in their own home. For example, it wasn't clear if the process of supporting the resident to isolate in their bedroom with staff support had been assessed for residents residing in the centre. Within Group M, it was noted that a resident could be supported to isolate in their own home with measures in place to support all residents. However, within the organisational plan it was decided that all residents had to transition to the isolation unit, thus not promoting a person centred approach.

Some areas for improvements were observed within the isolation unit. A number of bedrooms did not promote the privacy of residents. A large window was present on the bedroom doors which had not been covered, therefore a full view of the interior of the bedroom was present. One bedroom had two large skylights present with no blinds which could cause a resident difficulty sleeping in on a morning.

Within the residential area of the centre the use of restrictive practices was reviewed regulatory with rights restoration plans in place. Through the use of a restrictive practice register the use of all restrictions was monitored to ensure it was utilised in the least restrictive manner for the shortest duration required. The use of restrictive practice was not documented within the isolation unit. The regulations reviewed as part of the inspection will be discussed in more detail throughout the remainder of the report.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to the resident within St. Vincent's Residential Services Group M. Overall, a good level of compliance was evident. The appointed individual also had a good knowledge of the needs of the residents. Whilst they held additional governance responsibilities in a number of centres, through the implementation of monitoring systems this role was

completed in an effective manner to drive service improvement and to maintain a safe and effective service. During the COVID 19 pandemic an application to vary had been submitted by the provider to increase the footprint of the centre to incorporate a COVID 19 isolation for suspected COVID 19 cases.

It was evident that there were management systems in place to ensure that there was effective oversight of the designated centre, and that it provided a safe service to residents in line with their assessed needs. Effective governance arrangements were in place to ensure the service continued to provide a good quality service to residents.

A clear governance and management structure was in place, which outlined the lines of authority and accountability in the centre. This included the person in charge, who held the necessary skills and qualifications to fulfil the role. The person in charge was supported in the day to day operations of the centre by an appointed clinical nurse manager. There was clear evidence of communication within the governance structure appointed to ensure non compliance were identified and addressed in a timely manner.

The registered provider had ensured the implementation of regulatory required monitoring systems. An unannounced visit by the provider to the centre within the previous six months had been completed by a delegated person in July 2021. The most recent annual review of service provision had been completed in December 2020. A comprehensive report was generated following these review and an action plan was in progress to address any areas that been identified for both the residential and isolation areas of the centre. Feedback had been obtained from the residents and their representative. It was evident that oversight of the designated centre was maintained through the completion of the designated centre's annual review and unannounced six monthly visits to the designated centre. Additional monitoring systems completed included a review of incidents and safeguarding concerns in the designated centre. Where areas of improvement were required, these were supported by an action plan.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. The staff team were supported to complete mandatory training. This included safeguarding vulnerable adults from abuse, support in the area of behaviours which challenge and infection control. The person in charge had ensured all staff were supported to attend and receive all required training and additional training which would provide support to the residents' current assessed needs. However, an effective system was not in place to ensure all staff allocated to isolation unit had completed all required training, such as infection control.

The registered provider had ensured an effective complaints system was in place. Residents were supported to submit a complaint as required, with photos of the complaints office visible through the centre including their contact details. Keyworker meetings were completed to ensure residents were aware of the procedure to follow if they did wish to make a complaint.

The person in charge had ensured the development and review of the directory of resident for the area of the centre provided full time residential supports. However, within the area for isolation a directory of residents had not been developed. The person in charge was not aware if a resident had transitioned from another centre that this was recorded locally.

Regulation 14: Persons in charge

The person in charge was full time and had the qualifications, skills and experience necessary to fulfill their role in the designated centre

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. The provider had an actual and planned rota in place which demonstrated continuity of staff.

Nursing care was allocated to the centre in accordance with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had not ensured that staff providing supports within the isolation unit had completed mandatory training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had not ensured the establishment of the directory of residents. Improvements were required to ensure information specified under

<p>schedule 3 was present and correct in all areas of the centre.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 23: Governance and management</p>
<p>The registered provider had ensured there was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems in place ensured the services provided were safe and appropriate to residents needs.</p> <p>Some improvements were required to ensure all areas of non compliance were addressed.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The provider had prepared in writing a statement of purpose containing the information as set out in schedule 1 of the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The person in charge had given in writing to the chief inspector details of any adverse incidents in the designated centre, within the allocated time frame.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The registered provider had an effective complaints procedure in place that was appropriate for residents.</p>
<p>Judgment: Compliant</p>

Quality and safety

It was evidenced during this inspection that the service afforded to the residents currently residing within Group M was person centred in nature. Residents were consulted in the day to day operation of the centre through keyworker meetings and in all areas of their support needs where possible. Residents spoke of being happy in the centre and knowing who they could speak to if they needed additional support or guidance to ensure their rights were being respected. Improvements required in the service provided within Group M focused on the area providing isolation supports to individuals presenting with suspected COVID 19 symptoms.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Following an application to vary an area had been added to Group M which oversaw the isolation of individuals whom displayed suspected COVID symptoms. This area was located on the main campus. Where a resident presented with symptoms of COVID 19 they were immediately admitted to the isolation area throughout the organisation. However, consultation with residents was not clear and if an effort was made to provide the required support to the individuals in their own home. The admission of a resident to the isolation unit did not take into account the preference of the individual resident.

On the day of inspection no resident was present in the isolation unit. A donning and doffing area had been identified with each resident being provided with their own room and support staff team on admission. Not all rooms in this area were ensuite with shared bathrooms required if the area was at full capacity. Whilst a cleaning schedule was in place this focused on the cleaning regime post discharge rather than day to day cleaning. In some bedroom, measures to promote privacy required review. A large window was present on bedroom doors providing a clear view to the interior of the room. Where restrictive practices were in place such as the use of bedrails, or door locks for safety these were not recorded whilst residents resided in the isolation unit.

Each resident had a comprehensive personal plan in place which they were supported to complete and review. These plans incorporated a holistic approach to support needs and incorporated guidance and recommendations from relevant members of the multi-disciplinary team including speech and language and behaviour support. Each resident was supported with goals, ranging from skills training to social activities. Staff were observed supporting the residents to achieve these goals. Through completion of a regular keyworker meetings and reviews there was clear evidence of the progression of goals. A number of goals had been adapted due to COVID 19 restrictions. Residents spoke of enjoying their activities in the local community. As part of admission to the isolation unit each residents personal plan

was updated to take into account any change in circumstance or need.

Overall, the design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre consisted of one main house and the COVID 19 isolation house as discussed previously. The environment had been adapted to meet the needs of the each resident. Each resident had an individualised bedroom which was decorated in accordance with their wishes. A large garden was in place with safe areas for the residents to engage in relaxation or gardening activities. Residents with whom the inspector met appeared very comfortable in their home. The centre was clean and overall, well presented and accessible. Photos were on display of new activities residents had completed during the pandemic.

The registered provider had effective systems in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with appointed designated officer for guidance and support. The intimate care supports needs of each resident was documented within each personal plan in a respectful and dignified manner.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. On the day of inspection it was noted that a piece of equipment was blocking a fire exit. This was addressed immediately by the person in charge.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for education and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed to meet the assessed needs of residents, of sound construction and was clean and suitably decorated. however, arrangements to ensure residents privacy within the isolation unit required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place and that systems were reviewed and present for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic. Improvements were required to ensure guidance for staff was clear with respect to the cleaning systems required within the isolation unit.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant

members of the multi-disciplinary team.
Judgment: Compliant
Regulation 6: Health care
The registered provider ensured there was appropriate health care provided to each resident.
Judgment: Compliant
Regulation 7: Positive behavioural support
The person in charge ensured that if required appropriate supports were in place to support and respond to behaviour that is challenging. Where a restrictive practice was in use this was done so in the least restrictive manner for the shortest duration required. However, within the isolation unit the use of restrictive practices was not monitored or recorded within the restrictive practices log. This required review.
Judgment: Substantially compliant
Regulation 8: Protection
The registered provider ensured that each resident was assisted and supported to develop knowledge and self awareness required for keeping safe.
Judgment: Compliant
Regulation 9: Residents' rights
The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs. Where a resident presented with symptoms of COVID 19 they were immediately admitted to the isolation area. However, consultation with residents was not clear

and if it an effort was attempted to provide the required support to the individuals in their own home.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group M OSV-0003938

Inspection ID: MON-0033807

Date of inspection: 09/09/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All records of training in place and on centre database. Same provided to PIC of isolation area and discussed with staff when they completed orientation to isolation area.</p> <p>The isolation area of this center has been removed from its registration since inspection, application to vary the registration accepted by the authority.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of residents was updated and reviewed to reflect all occasions that a resident leaves the designated centre for any overnight stay. Directory of residents compiled by PIC of isolation area as residents are admitted/discharged.</p> <p>The isolation area of this center has been removed from its registration since inspection, application to vary the registration accepted by the authority.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Prior to the closure of isolation area the PIC completed orientation checklist for all staff when they commenced in isolation area to ensure all training is completed.</p> <p>The issues identified relating to the isolation center are no longer present. The isolation area of this center has been removed from its registration since inspection, application to vary the registration accepted by the authority.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Glass panels in bedroom doors in isolation area were covered to ensure privacy for all individuals. Issues around protection of privacy in the isolation area are no longer present .The isolation area of this center has been removed from its registration since inspection, application to vary the registration accepted by the authority.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning logs and checklists updated to include all items of equipment in each room. Individual checklists and guidance for each individual admitted to the isolation area were implemented post inspection.</p> <p>The isolation area of this center has been removed from its registration since inspection, application to vary the registration accepted by the authority.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Any use of restrictive practices in the isolation area had been logged since inspection. The isolation area of this center has been removed from its registration since inspection, application to vary the registration accepted by the authority.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Covid contingency plan has been developed for all residents in the centre to ensure residents rights are respected including consultation with each individual and all options available to isolate in their home should the need arise.</p> <p>The isolation area of this center has been removed from its registration since inspection, application to vary the registration accepted by the authority.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10/09/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	10/09/2021

	to ensure it is accessible to all.			
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	06/10/2021
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	10/09/2021
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	10/09/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical,	Substantially Compliant	Yellow	10/09/2021

	chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	06/10/2021