



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

Issued by the Chief Inspector

Name of designated centre:	Seirbhis Radharc Arainn
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	11 February 2021
Centre ID:	OSV-0004955
Fieldwork ID:	MON-0030148

About the designated centre

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

Seirbhís Radharc Árinn provides a full-time and respite residential service to eight male residents with a mild to profound intellectual disability and or autism. Seirbhís Radharc Árinn is made up of three rural houses close to a village in a coastal area. One house is separated into three self-contained dwellings, and the other house's design and layout incorporates separate accommodation for one person. One house is currently unoccupied. The service has eight beds in total between two houses, and provides care to people from 18 years of age to end of life. The service can accommodate people who present with complex needs such as physical, medical, mental health, mobility, communication and or sensory needs. The physical design of all three buildings renders them unsuitable at present for use by individuals with complex mobility needs or people who use wheelchairs. Residents are supported by a staff team that includes social care leaders, social care workers and support workers. Staff are based in the centre during the day and at night-time to support residents. There is transport available on-site for residents to access community based activities.

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 11 February 2021	10:15hrs to 16:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health, well-being and social care needs of residents who lived at the centre was provided in a person-centred manner. Residents who the inspector spoke with during the day of inspection appeared happy and content with the supports that they were receiving.

The designated centre comprised three houses within close proximity to each other. One house was unoccupied, and at the time of inspection there were seven residents who received full-time care between the other two houses. One resident received respite care, and the inspector was informed that they were at home with family on the day of inspection. During this time of the COVID-19 pandemic, the inspector spent time reviewing documentation and meeting with the person in charge and service co-ordinator in an office that was not part of the designated centre. The inspector got the opportunity to speak on the telephone with three residents who lived in one house, and visited the other location at the latter part of the day. While there the inspector met, and spoke with four residents while adhering to the public health guidelines of the wearing of face masks, limiting time spent and social distancing.

Overall, residents appeared happy and content with the services provided and staff working with residents appeared knowledgeable about their individual needs. The inspector spoke on the telephone with three residents from one house during the day. Residents spoke about activities that they were doing at this time including; baking, going for walks to the seashore, watching DVDs and viewing Mass on the television. One resident spoke about an achievement of losing weight and maintaining this at this time, and said that they were looking forward to returning to their slimming class when 'the virus' was gone. They said that they loved to relax by watching DVDs and said that they have a television in their bedroom, which they loved. In general, residents said that they were doing well at this time and that they liked living at the centre; however one resident said that they were not feeling well and expressed a wish to go visit their home. The staff member supporting them and person in charge explained to the inspector how the resident was being supported at this time with their requests, and supports given were also observed in care notes.

At the latter part of the day, the inspector visited one location where four residents lived. Residents had moved into this new location last year. This building facilitated two residents to have their own apartments and two residents shared an apartment. The inspector briefly visited each apartment within the building, and met with all four residents while adhering to the public health guidance of mask wearing and social distancing.

The apartments were noted to be clean, homely and decorated with personal items such as art work, photographs, framed jigsaws and furnishings of particular sports teams. Residents appeared comfortable and content in their environment and with

staff supporting them, and the atmosphere in the centre was very pleasant. One resident spoke about how they liked living in their apartment and showed the inspector a technological device that allowed them to call for staff support if they required it while they were alone, and stated that this was very useful. The resident spoke about using technology to have meetings with support staff. They spoke about how they loved sport and it was noted that they had a large television and comfortable living area decorated with accessories and furnishings of their favourite sports team and they appeared very happy to demonstrate the workings of a new recliner chair that they had in their living area. The inspector was informed about the talents of another resident in completing complex jigsaw puzzles in record times, and the resident told the inspector how they liked to gift the jigsaws to people when they were framed. The resident appeared excited to show the inspector their office space where they stored their jigsaws. It was noted that the resident had their own key for this room which allowed for safe storage and a private work space for them to complete their interests. On viewing the room (from the hallway) the inspector observed that it contained several items of interest to the resident. Another resident spoken with said that they were doing okay at this time, adding that they were missing going out in the community doing their preferred activities such as playing golf, having a drink in the pub and eating out. They also said that they missed having a view out of the front of the house, which they had in their old home. However, they showed the inspector how the move had facilitated them to have their own specific room for clothes and personal items. They were observed to be spending time doing art work, and it was noted that their apartment was decorated with beautiful art pieces that they had created. When the inspector complimented the artwork, they were informed that the resident had displayed their art in an exhibition locally and had sold some pieces.

Overall, residents spoken with appeared content, although some stated that they were missing family and community activities at this time. Residents spoken with appeared to have a good understanding of the COVID-19 pandemic and public health restrictions, with some residents talking about the vaccinations. When asked, most residents said that they liked living in their home, and felt safe there. Residents also said that they would go to the person in charge if they were not happy about something and that they would be supported in this regard.

In addition, the inspector spoke on the telephone with two staff members who were working on the day and met with one staff member while visiting the apartments. Staff members said that overall residents were getting on well at this time; but that some residents were missing their community based activities such as playing golf, going out for a drink, attending music concerts and meeting with family. The staff members spoke about alternative activities that residents were taking part in at this time, and the inspector was informed that one resident had recently taken an interest in photography and had got a new camera for Christmas so that they could pursue this new interest. Staff were observed to be knowledgeable about residents and their needs, and it was evident from speaking with staff that they were familiar with residents' various support needs and personal choices. Each location had their own transport which facilitated residents to go for drives in the community if this was something they chose, and some residents said that they

liked to go out for a drive.

A review of questionnaires that were completed with residents as part of the service's annual review indicated that overall residents were happy at this time and involved in a range of activities in line with their wishes including; baking, gardening, watching Mass online, using technology and playing sports in their garden area. One resident noted that COVID-19 had affected the achievement of some of their personal goals for the future, and another resident noted that they had a wish to go on holidays to another county when the 'virus was gone'. A small sample of questionnaires were received from families and indicated satisfaction with the services provided in general; and where feedback was given on points for improvement, the inspector noted that the provider was following up on this.

Overall, residents appeared to live a person-centred life, where their individual support needs and individuality were respected. Residents spoken with said that they felt safe and liked the staff who supported them.

Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centred service for residents. However, some improvements were required in the oversight and monitoring systems by the management team in relation to notifications that are required to be submitted to the Chief Inspector of Social Services, assessments of restrictive practices and risk management.

A review of the staff roster indicated that there was a consistent staff team in each location to ensure that residents were supported by staff who were familiar to them. The person in charge worked full-time and had responsibility for two other designated centres in the locality. She was supported in her role by a service co-ordinator and person participating in management. The frontline staff team consisted of team leaders, social care workers and support workers. There was sleepover cover provided in each location every night to support residents with their needs.

Staff received training as part of their continuous professional development and a review of the training matrix in place demonstrated that staff were provided with mandatory and refresher training in areas such as; fire safety, behaviour management, safeguarding, infection prevention and control and hand hygiene. There was a schedule in place for staff supervision for the year, and staff with whom the inspector spoke said that they felt well supported in their role and felt that there were good procedures in place to support them during the COVID-19 pandemic. In addition, the provider ensured that there was an out-of-hours on-call system in place for staff, should this be required.

The inspector found that unannounced audits and an annual review of the quality

and safety of care and support of residents were completed by the provider as required by the regulations. The annual review provided for consultation with residents and families by use of questionnaires. The annual review for 2020 was in progress at the time of inspection, and questionnaires distributed to residents and families had been returned and were available for review by the inspector. There was evidence that findings from provider audits which identified priorities for the centre were kept under review for progress and were achieved within reasonable timescales. For example, the 2019 annual review identified that a new location be sought for some residents which would support them to have more appropriate apartment style accommodation, and this was completed in 2020 with the addition of a new location under the designated centre.

The person in charge carried out regular reviews of incidents that occurred, and also ensured that audits were completed in areas such as; medication management, finances, fire management systems and health and safety issues including checklists for the prevention and management of COVID-19. There was evidence in staff meeting notes that discussions took place about the findings of local audits and incident trends so that learning could take place. The notes from team meetings also demonstrated good participation by the staff team and included agenda items and discussion on issues such as COVID-19, safeguarding and maintenance.

However, the inspector found that the oversight and monitoring by the management team required improvements as some issues found on inspection had not been identified through the provider or person in charge auditing systems. This included notifications to the Chief Inspector regarding restrictive practices, to ensure that all restrictions were included in the notifications. In addition, it was not clear that all restrictive practices were reviewed as being the least restrictive for the shortest duration, and there were also some gaps in the risk management documentation for the unoccupied part of the centre. These will be discussed further in the quality and safety section of the report.

Regulation 15: Staffing

A review of the roster indicated that there was a consistent staff team in place which met the numbers and needs of residents. Staff files to assess compliance with Schedule 2 of the regulations were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training as part of their continuous professional development, and a review of the training matrix demonstrated that all staff were provided with

mandatory and refresher training as required. A schedule for support meetings with staff was in place.

Judgment: Compliant

Regulation 23: Governance and management

The systems for the ongoing monitoring and oversight by the management team required improvements as the current systems in place did not identify some issues that the inspector found. This included; the failure to submit all information as required through notifications to the Chief Inspector, assessments of restrictive practices and risk management gaps.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not ensure that all the restrictive practices that were in use in the centre, such as restricted access to kitchen appliances and personal clothing items, were notified to the Chief Inspector as required by the regulations.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents received a good quality, safe and person-centred service where individuality was respected. Residents who the inspector met and spoke with appeared to enjoy living at the centre, and where issues that may impact on residents' full enjoyment of their life were raised by residents, the inspector noted that the staff team were responsive to this.

The inspector found that residents' health, personal and social care needs were assessed regularly. Residents were supported to identify personal goals through the personal planning process, and a sample of files reviewed demonstrated that these goals were regularly reviewed and updated with progress notes. Annual meetings were held with residents, and where family representatives could not attend these meetings, telephone consultation had occurred. Residents had personal profiles in place which included comprehensive information regarding their likes, dislikes, routines, communication styles and protocols for supporting them with

their individual support needs.

In addition, residents were supported to achieve optimal health by being facilitated to attend a range of medical and health care services where this need had been identified and recommended. This included receiving information about vaccines and supporting residents to avail of this service, and also facilitating appointments with a range of allied healthcare professionals such as general practitioners, dentists, opticians and chiropodists. In addition, there was evidence that residents had ongoing access to multidisciplinary supports such as psychiatry, behaviour support services, and psychology services. On the day of inspection, the inspector was informed by one resident that they had an online meeting that day with a member of the multidisciplinary team.

The inspector found that safeguarding of residents was promoted in the centre by staff training in safeguarding, discussion at staff meetings and through the ongoing review of incidents that arose in the centre. There was evidence of multidisciplinary input and ongoing monitoring of systems that were in place to assess and review the measures required to ensure the safety of all. Residents were supported to have an understanding of abuse and about how to self-protect through discussions as part of the personal outcomes process. When asked, residents spoken with said that they felt safe in the centre. In addition, staff spoken with demonstrated knowledge about what to do in the event of abuse.

Residents' rights were promoted through advocacy group meetings and access to a range of easy-to read documentation about rights, healthcare, COVID-19 restrictions, complaints and staying safe. A review of residents' individual notes demonstrated that residents were supported to make choices in their day-to-day lives, and some residents spoken with stated that they chose to practice their faith through visits to the local church to light candles, and by watching religious services online while the public health restrictions were in place.

However, the inspector found that some restrictive practices that were in place were not assessed as being the least restrictive option for the shortest duration. For example, the inspector noted that there was a restrictive practice in place for one resident whereby some kitchen appliances were locked away. This practice was noted to have been in place since 1999 and the risk noted was a risk of burns. While this practice had been reviewed with the organisation's Human Rights Committee; it was not clear that it was assessed as being used for the shortest duration and what, if any, measures were in place to reduce this risk, such as educating the resident around safe use of appliances. While an alternative appliance was recently introduced, it was noted on a risk assessment that this too was locked away as soon as it cooled down. Therefore, it was not clear that the restrictions in place were proportionate to the risks posed, and that they were used for the shortest length of time. In addition, some documentation regarding protocols for supporting a resident with behaviours of concern required review to ensure that it was clearly outlined why some strategies were used and what the risks were in not using the strategy. For example; it was noted that a resident who may request time alone could be left alone for up to one hour, with fifteen minute checks completed by staff. However, it was not clear from the documentation why the checks were in

place or why the time frame of one hour only was in place. This required review to ensure that residents' rights and requests for privacy were upheld at all times by staff supporting them.

The provider ensured that there were good systems in place for the prevention and control of infection. In addition there were systems in place for the prevention and management of risks associated with COVID-19; including up-to-date outbreak management plans. The provider had completed the Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning and infection prevention and control assurance framework, and an action plan had been developed as a result of this. Some of the measures in place to prevent and control infection included hand hygiene equipment, posters, personal protective equipment (PPE), staff training and discussion with residents about COVID-19. Residents spoken with demonstrated a good knowledge about COVID-19 and how to protect themselves, and hand hygiene equipment and posters were observed to be readily available in residents' homes.

There was an up-to-date risk management policy and procedure, and systems in place for the identification, assessment and management of risk. Risk assessments were completed for service and individual residents' risks where risks had been identified. However, the inspector found that some aspects of risk management required review to ensure that there were no gaps in the control measures to mitigate against risks. While the two occupied houses had up-to-date risk registers, there was no evidence that risks were fully assessed and the relevant checklists were in place for the unoccupied house in line with the organisation's policy and procedure. For example; the safety statement outlined information and protocols for reducing risks of legionnaire's disease and included a template for the necessary checks to be completed. However, there was no evidence on the day that these checks were completed and the associated documentation was not maintained. This was required as the unoccupied house formed part of a contingency plan for residents who may not be able to self-isolate in their own home, therefore the house needed to be fit for purpose in ensuring residents' safety, should it's use be necessary as an isolation area. The person in charge undertook to address this and was working on completing this as soon as it was brought to her attention.

Regulation 26: Risk management procedures

Risk management systems required improvements to ensure that all parts of the designated centre were included as part of the risk management process. For example, there was no risk register in place for the unoccupied house to ensure that all necessary checks as outlined in the centre's safety statement was completed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were good systems in place for the prevention and control of infection of COVID-19; including risk assessments which were reviewed as required, contingency plans in the event of an outbreak of infection, availability of PPE, staff training and educating residents on measures to prevent and minimise infection transmission.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's health, personal and social care needs were assessed and support plans developed where required. A resident who had moved to the centre in 2020 from another designated centre, had their personal plan and support plans reviewed and updated in a timely manner and in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health with plans of care developed for assessed needs in relation to health related matters. Residents were facilitated to attend a range of allied healthcare professionals where this need was identified.

Judgment: Compliant

Regulation 7: Positive behavioural support

It was not clear from the reviews of an environmental restriction that was in place for one resident since 1999, that it had been assessed as being the least restrictive option for the shortest duration. In addition, it was not evident that the practice of restricting access to some kitchen appliances for so many years was proportionate to the risk identified. Furthermore, some documentation regarding protocols for supporting residents with behaviours of concern required review to ensure that the guidance was clear in relation to the risks posed and the rationale for employing particular strategies.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training, discussion at residents' meetings, care plans for personal and intimate care and a review of incidents and accidents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about the running of the centre through residents' meetings, and there was evidence in care notes and from speaking with residents that their choices and decisions about their day-to-day lives were listened to with regard to activities, personal goals and in practicing their faith.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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	Compliant

Compliance Plan for Seirbhis Radharc Arainn OSV-0004955

Inspection ID: MON-0030148

Date of inspection: 11/02/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In accordance with Regulation 23 (1) (c) the Person in Charge has reviewed auditing procedures in place in the Designated Centre and will be ensuring that all audits carried out cover all areas required under the regulations. Restrictive practices in place and identified during the course of the inspection are being reviewed by the team in the Designated Centre along with the multidisciplinary team with the aim of ensuring the least restrictive measures for the shortest amount of time. All restrictive practices in place will be reported on the next quarterly reports for the Designated Centre in line with the regulations. Risk management gaps that were identified on the day of inspection have been rectified, a risk register is in place for the unoccupied building and risk management checklists have been implemented.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In accordance with Regulation 31 (3) (a) the Person in Charge has reviewed the requirements for notification of incidents and will submit required notifications on the next quarterly notification for all incidences of restrictive practice that are in place in the Designated Centre.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In accordance with Regulation 26 (2) the Person in Charge along with the teams have reviewed the risk registers in place in the Designated Centre and ensured that the risk ratings are in line with the risks identified as well as organisational policy regarding Risk Management. The Person in Charge has put a risk register and risk management checklist in place for the unoccupied building within the Designated Centre.</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>In accordance with Regulation 07 (5) (c) the Person in Charge, team members and multidisciplinary team are reviewing the protocols in place for one resident at a meeting on the 09/03/2021. The protocols were discussed at a team meeting on 23/02/2021 in advance of the review meeting. All restrictive practices will be reviewed at the meeting on 09/03/2021 with a view to ensuring the least restrictive measures for the shortest period of time are in place. Any proposed changes will be reviewed by the Designated Team on 23/03/2021 and the Brothers of Charity Services West Region Human Rights Committee will be informed of any changes and reductions in restrictions.</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 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	30/04/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/02/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is	Not Compliant	Orange	30/04/2021

	provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	23/03/2021