



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

Issued by the Chief Inspector

| | |
|----------------------------|--------------------------|
| Name of designated centre: | Radharc Cnoc |
| Name of provider: | Health Service Executive |
| Address of centre: | Westmeath |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 26 March 2021 |
| Centre ID: | OSV-0007770 |
| Fieldwork ID: | MON-0030797 |

About the designated centre

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

The centre provides residential services to five adults with an intellectual disability, and is located in a rural town, close to a range of local amenities. The centre is a single storey building, comprising of five bedrooms, a sitting room, kitchen and dining room, a sunroom and bathroom facilities. There is a large garden to the rear of the property and a vehicle has been provided for residents' use.

Nursing support is provided during the day, along with support from care assistants, and at night time support if provided by care staff, with on call nursing support available from a nearby centre if required. Residents can access a general practitioner in the community and support from allied health care professionals can be accessed by referral from the Health Service Executive.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 5 |
|--|---|

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 |
|----------------------|----------------------|-----------------|------|
| Friday 26 March 2021 | 11:00hrs to 17:20hrs | Caroline Meehan | Lead |

What residents told us and what inspectors observed

This was the first inspection of the designated centre since registration in June 2020. This centre had recently been registered as a stand alone centre, having previously been registered as a unit of another designated centre.

From visiting the residents in their home and from observing interactions between residents and staff it appeared residents were content in their home and were engaged in some activities within the centre. While residents appeared to be safe living there, the quality of life for residents in term of meaningful activities, goals, and appropriate use of restrictive practices, had not been appropriately assessed or managed so as to ensure residents' rights and opportunities were not impacted.

The inspection was carried out in part in a premises near the centre, in a clean zone area, so as to ensure social distancing and public health guidelines could be adhered to. A review of documentation took place in the clean zone area and the inspector met the person in charge and the clinical nurse manager in this area. The inspector visited the centre later on in the day and was introduced to the five residents living there.

Due to individual communication preferences, it was not possible for the inspector to speak directly with some of the residents, and to ascertain their views on living in the centre. For another resident they chose not to meet the inspector. However, this resident gave consent for the inspector to see their bedroom, which was individually decorated to the resident's preference.

From observations residents appeared comfortable in their living environment and were free to access all communal areas. One resident was supported to lock their bedroom, so as to protect their privacy, and the key was stored in an area accessible to the resident. Residents were observed to be engaged in activities such as hand massage, and two residents were playing a board game with a staff member. Another resident was being supported to bake, and the staff told the inspector the resident makes bread everyday, and it is offered to other residents as part of the evening meal.

However, access to a range of activities was limited and activities outside of the centre were mainly walks in an adjoining campus and some bus drives. From speaking with staff members and from a review of documentation it was not evident that residents were being supported to actively participate in activities in the community. While recent restrictions due to the pandemic had limited some opportunities for residents, the nurse manager had identified that the range and variety of activities for residents required improvement. Similarly opportunities for personal development were not evident for residents, with individual goals not found to be person centred, meaningful or engaging.

The centre was homely and comfortable. Each resident had their own bedroom, and

the centre was suitably decorated, clean and well maintained. The communal areas were personalised with photographs and pictures of residents. Residents were observed to move freely around the house, going to the kitchen for an afternoon snack and going into the sunroom to avail of time alone. Assistive equipment such as wheelchairs and comfort chairs were provided for residents' use. Staff were observed to have warm interactions with the residents, and it was evident that the residents were comfortable with staff working in the centre.

However, the inspector was not assured that residents' rights were wholly upheld and improvements were required in practices relating to positive behavioural support, including restrictive practices and staff training. The nurse manager had identified some issues prior to the inspection, and had taken initial actions to address the risk related to the care for residents.

The following two sections of the report will present findings from the inspection in relation to the governance and management of the centre, and the impact these arrangements had on the quality of service residents received.

Capacity and capability

There were management systems in place to ensure a consistent service for residents, and systems were in place to monitor most aspects of the service provided. Issues impacting the quality of care and support had recently been identified by the nurse manager; however, while actions to address these issues had been initiated, they were very much in their infancy and as such had not progressed as to positively impact residents' experiences.

There was a full time person in charge employed in the centre, this person also had responsibility for another designated centre within 20 minutes drive. The person in charge had the required skills and experience to fulfil the role, and was in attendance in the centre approximately three times per week. The person in charge had taken up this position in December 2020. There was also a clinical nurse manager who worked full time in the centre, and had been in position since November 2020. Responsibility for the day to day management of the centre had been delegated to the clinical nurse manager.

There was a clearly defined management reporting structure from the nurse manager through the person in charge to senior nurse managers, and in turn to the general manager. Staff were supervised on a day to day basis by the nurse manager.

There were systems in place to monitor the service provided and a six monthly visit by the provider had been completed, as well as an annual review of the quality and safety of care and support. However, improvement was required to ensure these reviews considered all aspects of care and support, and that actions arising from reviews were completed in a timely manner. In the interim the nurse manager had

identified the issue in relation to chemical restraint during personal plan reviews, and had taken initial action to address the concern.

Issues in relation to meaningful activities for residents and the development of personal skill based programmes had been identified in provider audits; however, the actions were not fully complete on the day of inspection so as to impact the quality of experience for all residents.

There were sufficient staff in the centre with the right skills and qualifications to meet the needs of the residents. Nursing care was provided during the day time, and nursing support was available at night time in a nearby centre, if required for emergencies. Consistent staff were provided ensuring residents received continuity of care. Staff rosters were appropriately maintained.

Staff had been provided with mandatory training including safeguarding and fire safety; however, eight staff did not have training in challenging behaviour and a further eight staff required up-to-date refresher training. Consequently the inspector was not assured that staff had up to date knowledge and skills to meet the needs of residents in managing their emotional needs.

Additional training had been provided in cardiopulmonary resuscitation, children's first, manual handling and in medication management for nursing staff. In response to the recent pandemic, staff had completed training in infection control, hand hygiene, the use of personal protective equipment (PPE) and in assessment of COVID-19. There was a schedule in place for staff supervision.

Regulation 14: Persons in charge

There was a person in charge employed in a full time capacity in the centre, with the skills and experience to fulfil the role. The person in charge had responsibility for another designated centre, and was in attendance in the centre approximately three times a week. The person in charge was supported in their role by a clinical nurse manager to ensure the effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre to meet the needs of the residents. There were three staff on duty during the day, including one nurse and two care assistants. There were two care assistants on duty at night time, and nursing support was available from a nearby centre if required. Nursing care was provided to residents in line with their needs. Consistent staff were provided, and

vacancies were filled by regular agency staff, ensuring residents received continuity of care.

Staff rosters were appropriately maintained in line with the requirements of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were maintained for all staff in the centre. Staff had been provided with mandatory training in safeguarding and fire safety; however, only one staff member had up-to-date training in managing challenging behaviour. Eight staff required refresher training in behaviour that challenges and a further eight staff had not been provided with any training. This meant that staff did not have the required up-to-date knowledge to support residents with their emotional needs.

Additional training had been provided in cardiopulmonary resuscitation, children's first, manual handling and in medication management for nursing staff. In response to the recent pandemic staff had completed training in hand hygiene, infection control, the use of PPE and in COVID-19 assessment. There was a schedule in place for providing staff supervision. Individual staff supervision records were not reviewed as part of this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management reporting structure in the centre and lines of authority and accountability were identified. Staff were supervised on a day to day basis by a nurse manager. Staff could raise concerns about the quality and safety of care and support provided to residents with the nurse manager and person in charge should the needs arise, and two staff member told the inspector the managers were available for support if required. The provider had sufficient resources in the centre so as to ensure a consistent service was provided to residents, and to ensure the facilities were comfortably meeting residents' needs.

Improvement was required in the monitoring of the service provided, to ensure practices were safe and appropriate to residents' needs. An annual review of the quality and safety of care and support, and a six monthly unannounced visit by the provider had been completed; however, some actions relating to activities and personal goals for residents remained outstanding on the day of inspection.

Judgment: Substantially compliant

Quality and safety

The inspector found residents were supported with most of their needs; however, the use of restrictive practices in the centre was not in line with evidence based practice and there was a lack of knowledge as to the rationale for its use in the centre. While most of the residents needs had been planned for, residents' social care needs and personal development required improvement.

An assessment of need had been completed for residents and identified their needs and preferences relating to health, social and personal care needs. Assessments of need had considered the input from healthcare professionals such as speech and language therapist, general practitioner (GP) and clinical nurse specialist. Personal plans were developed for most residents' needs, outlining the support to be provided to meet those needs. However, from a review of individual medication prescription records, residents were prescribed psychotropic medicines for which there were no corresponding plans in place.

The inspector reviewed personal goals and activity plans for a resident and found goals developed were not individualised or relevant to the resident. For example, one resident had a goal of buying a raffle ticket for a draw at Christmas time, and another goal to make a donation to a church collection. One goal relating to gardening had been implemented and achieved approximately 11 months ago for this resident and one goal had recently been developed. The nurse manager confirmed that similar goals were developed for all residents and had identified personal development and goal implementation as an issue in the centre.

There was a plan to commence addressing this issue however, this was very much at the beginning of this process and had not impacted positively on residents at the time of inspection. The inspector acknowledged that a skill-based intervention had commenced for one resident in the days prior to the inspection.

Residents were involved in some activities such as music, reflexology, baking and hand massage; however, opportunities for recreational activities outside of the centre were limited. While access to community amenities had been impacted by the COVID-19 restrictions, improvements were required to ensure residents could regularly leave the centre. For example, a review of a resident's activity records confirmed a resident had only left the centre on six occasions in a 25 day period, once for a bus drive, and five times for a walk.

Most of the residents' healthcare needs were provided for and residents could access a GP in the community. Records of monitoring interventions were maintained in line with health care plans. However, the inspector found the required monitoring of the effect and potential side effects in relation to some prescribed medication had not been completed for most of the residents in the centre. Staff were not aware of

the reason residents were prescribed this medication, and as such the therapeutic benefits, and the risks relating to the potential side effects of these medicines were not adequately assessed.

In the absence of a clear rationale or known medical reason, the inspector found these chemical restrictive practices were not in accordance with evidence based practice and not relative to any risk presented. The nurse manager had identified this issue as a concern prior to the inspection and had initiated a request for referrals to be sent to the relevant health care professionals.

Residents could access the support of a clinical nurse specialist in behaviour, and from a review of two behaviour support plans, proactive strategies had been developed to guide practice in supporting residents with their emotional needs. Behaviour support plans were reviewed regularly and records of behavioural incidents were also maintained. A significant number of staff had not been provided in training in managing behaviours of concern.

There were no current safeguarding concerns in the centre and actions had been taken to follow up with the relevant healthcare professionals following a previously reported safeguarding concern for a resident. The nurse manager had ensured the safeguarding concern was reported in line with the centre's policy and procedures. Assessments had been completed for residents as to their needs relating to protection, for example, regarding privacy and dignity, and personal belongings and finances. Staff were knowledgeable on the types of abuse and the actions to take in the event of a safeguarding concern.

There was a system in place for the recording and reporting of adverse incidents occurring in the centre. The person participating in management had recently revised this system to ensure the follow up actions to adverse incidents were clearly recorded and records maintained of actions completed. With the exception of risks related to some healthcare needs, most individual risks for residents had been identified and assessed. Control measures were outlined in risk management plans and were regularly reviewed by the nurse manager and updated as required.

Overall the premises was homely, clean and well maintained and residents could access all communal areas as they wished. Each resident had their own bedroom and the centre was comfortably decorated, with personalised pictures on display. Adapted equipment had been provided to residents as required to promote their mobility and accessibility.

Suitable measures were in place for the prevention and control of infection. Staff were observed to adhere to public health guidelines including social distancing and wearing face masks. Suitable hand hygiene facilities were provided and residents had been provided with a skill teaching programme in hand hygiene. The provider had developed a contingency plan in the event of a suspected or confirmed case of COVID -19, and an isolation unit had been identified for use in the event residents required additional support to self-isolate. Risks relating to COVID-19 had been assessed and planned for including ongoing infection control precautions and plans relating to an outbreak in the centre. Staff had been provided in training in hand

hygiene, use of PPE, infection control and COVID-19 assessment.

Regulation 17: Premises

The premises were homely, clean and well maintained and met the needs of the residents living there. Residents had their own bedrooms and could freely access all communal areas of the centre.

Adaptive equipment was provided in line with residents' needs in order to promote their accessibility and mobility.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management procedures in the centre included systems to identify assess and respond to risks. Individual management plans were developed and outlined the control measures in place to mitigate risks. For example, risk relating to falls, infection control, dietary needs and specific activities for residents. Risk assessments were regularly reviewed and updated as required.

There was a system in place for reporting and investigating adverse incidents and records were maintained of the follow up actions taken in response to incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. The provider had developed a contingency plan in response to the recent COVID-19 pandemic, outlining the measures to prevent and respond to a risk of COVID-19 transmission. Staff were observed to adhere to appropriate procedures as per public health guidelines including hand hygiene, social distancing and wearing of face masks. Residents had been supported in skills teaching programme in hand hygiene.

There was sufficient PPE in the centre and risks relating to COVID -19 had been assessed and planned for. Staff had been provided with appropriate training in hand hygiene, use of PPE, infection control and COVID-19 assessment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of residents' social, health and personal care needs had been completed and were informed by the outcome of reviews by healthcare professionals. Most personal plans were developed outlining the care and support to be provided to meet residents' identified needs. However, there were no plans in place, which outlined the support to be provided which corresponded with the administration of a number of medications for each resident.

The development of personal goals and activity plans for residents required improvement. Goals were not personalised, and the provision of activities in the centre was limited. Residents did not have access to sufficient meaningful activities in the community, and opportunities for residents to access a variety of experiences were not in place. There had also been limited opportunities for residents to develop new skills.

The nurse manager had identified the provision of activities and meaningful goals for residents as an issue, and had recently commenced a plan to address this concern. However, at the time of inspection, this initiative had progressed with one resident, and therefore the potential positive impact for the remaining residents had yet to take effect.

Judgment: Not compliant

Regulation 6: Health care

Most of the residents' healthcare needs were provided for in the centre, however, improvement was required in the monitoring of some prescribed medications for residents. This included monitoring the therapeutic effects of these medications for residents, as well as potential side effects, so as to assess the effectiveness and healthcare risks. Documentary evidence was available to confirm the nurse manager had made a request for referral for mental health review for residents.

Residents had regular access to a GP and could access a range of allied health care professionals such as a speech and language therapist, physiotherapist, occupational therapist and clinical nurse specialist.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The use of chemical restraint in the centre for residents was not in line with evidence based practice, and there was no known rationale for the administration of psychotropic medications to residents.

Residents could access the support of a clinical nurse specialist and behaviour support plans had been developed in consultation with the clinical nurse specialist. Behaviour records were maintained and behaviour support plans had been regularly reviewed. Eight of seventeen staff working in the centre did not have training in behaviour that challenges, including de-escalation and intervention techniques.

Judgment: Not compliant

Regulation 8: Protection

Suitable measures were in place to protect residents in the centre. All staff had up-to-date training in safeguarding and staff were knowledgeable on the types of abuse and the response to take to safeguarding concerns.

There were no current safeguarding concerns in the centre. A previously reported safeguarding issue for a resident had been satisfactorily reported and followed up with the relevant healthcare professionals. Residents' needs had been assessed in relation to safeguarding.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 5: Individual assessment and personal plan | Not compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Positive behavioural support | Not compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Radharc Cnoc OSV-0007770

Inspection ID: MON-0030797

Date of inspection: 26/03/2021

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 |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff attended training in positive behavior support on 20.04.2021 and 21.04.2021 | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: Dates on the annual review have been reviewed to allow for appropriate timeframe. Further exploration of activities, skills building and aspirational goals, and participation in the community has commenced in conjunction with person centered planning meetings. All person centered planning meetings including activities of choice for residents and the identification of goals will be completed by 14.05.2021 | |
| Regulation 5: Individual assessment and personal plan | Not Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual | |

assessment and personal plan:

Communication has been received from Consultants team and a meeting to review psychotropic medications will occur on 27.04.21 for all residents to evaluate and assess the therapeutic benefit of all prescribed psychotropic medication.

Further exploration of activities, skills building and aspirational goals, and participation in the community has commenced in conjunction with person centered planning meetings. All person centered planning meetings including activities of choice for residents and goals will be completed by 14.05.2021

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Referrals had been sent to Consultant Psychiatrist for review of psychotropic medications in Jan 2021. Communication has been received from Consultants team and a meeting to review psychotropic medications will occur on 27.04.21 for all residents to ensure the optimum therapeutic benefit in conjunction with reliance on the minimum appropriate dosage to maximize quality of life of each resident in meeting their healthcare needs.

Regulation 7: Positive behavioural support

Not Compliant

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

All staff attended training in positive behavior support on 20.04.2021 and 21.04.2021. Behaviour Specialist is completing a site visit to assess all restrictive practices and these will be reviewed routinely through the multi-disciplinary forum of the restrictive intervention committee.

Referrals had been sent to Consultant Psychiatrist for review of psychotropic medications in Jan 2021. Communication has been received from Consultants team and a meeting to review psychotropic medications will occur on 27.04.21 for all residents.

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 | 21/04/2021 |
| 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 | 14/05/2021 |
| Regulation 05(2) | The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are | Not Compliant | Orange | 27/04/2021 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | in place to meet the needs of each resident, as assessed in accordance with paragraph (1). | | | |
| Regulation 05(4)(b) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes. | Not Compliant | Orange | 14/05/2021 |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan. | Substantially Compliant | Yellow | 27/04/2021 |
| Regulation 07(2) | The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques. | Not Compliant | Orange | 31/05/2021 |
| Regulation 07(4) | The registered provider shall ensure that, where restrictive procedures including physical, chemical or | Not Compliant | Orange | 31/05/2021 |

| | | | | |
|--|---|--|--|--|
| | environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice. | | | |
|--|---|--|--|--|