



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

Issued by the Chief Inspector

Name of designated centre:	OCS-OHANA
Name of provider:	Avista CLG
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	24 January 2024
Centre ID:	OSV-0008502
Fieldwork ID:	MON-0040442

About the designated centre

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

This centre provides residential services for up to three children and young people with an intellectual disability, aged eight to eighteen years. Care and support is provided by a health and social care team, with clinical supports from the provider's children's disability network team, and the child and adolescent mental health service if required.

The centre is located in a rural setting and is within close proximity to a number of towns. The centre comprises a two bedroom bungalow and adjoining one bedroom apartment, and there are large front and rear gardens with play equipment provided. The centre has its own transport, and residents are supported to access local community amenities, as well as schools and day services.

The centre is managed person in charge, and there are social care workers and health care assistants employed in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 (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
Wednesday 24 January 2024	10:05hrs to 17:10hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, observing them in their home, and from speaking to the person in charge and staff members, it was evident that residents had been supported to settle into their new home, and were being provided with opportunities to develop their independence, and to enjoy new experiences.

This centre is a residential service which provided care and support for up to three children, and there were two residents living in the centre on the day of inspection. The centre was located in a rural setting, and comprised a bungalow and an adjoining apartment. A resident had moved into the centre in October 2023, and another resident in December 2023.

The inspector met the person in charge at the beginning of the inspection and was shown around the centre. The centre was bright, spacious, and homely. The person in charge explained that residents were encouraged to bring their own toys and games into the centre if they wished, and the inspector observed that a child who was due to move into the centre in the near future, had brought in a number of soft toys for their bedroom. Similarly, where a resident had a specific interest in Lego, and in gaming, ample room and storage was provided in the resident's room, for them to play and store their items.

Residents returned to the centre in the afternoon following school and day services. While the inspector was not familiar with the communication preferences of some residents, it was evident they chose where they wished to spend their time, for example, in the garden, or playing with sensory toys. One resident preferred to greet the inspector and then spend some time alone playing in their room.

Staff were familiar with the communication needs of the residents, for example, a staff member described how the different tones of a resident's vocalisations would indicate how they were feeling. The staff member knew the resident well, and described their support needs in detail. Picture communication aids were also used to support residents to know their plan for the day. Residents appeared happy in the presence of staff, and overall there was a relaxed and friendly atmosphere in the centre.

The inspector spoke to a resident's relative by phone, and the family member told the inspector they were happy with the service provided, and could not have asked for a better service for their loved one. The family member also said the staff were great, and that the multidisciplinary team members had been available to provide support to their loved one during their transition into the centre, and also since their admission.

While residents had only recently moved into the centre, staff had begun to support them with the development of goals, and with accessing amenities in the community, for example, public transport and restaurants. Staff also ensured

residents were provided with information on their rights, and on accessing services, for example, advocacy services, complaints officer, and designated officers. The day to day life for residents was based on their expressed wishes and identified needs, and staff had developed written daily routines, to support consistency and a preference for predictability.

Residents were supported to purchase and prepare food, if they wished, and this also formed part of a skill development programme for one of the residents.

Staff had completed a four module online training in human rights, and a staff member spoke about how residents meet every week, and staff informed them about their rights, and that staff are there to listen and respond to any wishes or concerns they may have. The provider had developed a charter of rights and this was available in picture format for residents.

The inspector met with two staff members, the person in charge, the childrens' service manager, and reviewed a range of documentation. It was evident that every effort had been made to help residents settle into the centre, and there had been gradual transition plans implemented over a number of months. This had included visits to the centre, staff visiting residents, and residents gradually bringing their own preferred possessions into their new home. Similarly there was an open visiting policy in the centre, and families could visit their loved ones as they wished.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection of this centre, since it had been registered in June 2023. The purpose of the inspection was to monitor the provider's compliance with regulations and standards. There were 2 residents living in the centre, and the first admission to the centre had taken place in October 2023.

The inspector found the provider had systems and resources in place to ensure residents were provided with a good quality of care and support. The centre was managed by a full-time experienced person in charge, who knew the residents needs and support requirements. There were sufficient staff employed in the centre, and staff had the necessary skills and knowledge to safely meet the needs of the residents.

The provider had adequately resourced the centre, and had provided suitable premises and facilities, as well as identifying staff training needs, and providing mandatory and additional staff training. Staff were supervised on an ongoing basis.

Overall admissions to the centre were transparent, and included a phased transition

for residents into the centre. Some minor improvement was required to one contract for the provision of services.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre, who worked in a supernumerary capacity. The person in charge had the required qualifications and management experience to fulfil the role. The person in charge was a qualified social care professional and had a number of years managerial experience.

The person in charge was responsible for two designated centres, and divided their time equally between the two centres.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing levels in the centre, and skill mix was appropriate to the needs of the residents. The centre employed social care workers and healthcare assistants. There were two staff on duty in the morning, three staff in the evenings, and two staff at night time in a waking capacity.

The provider had recruited four new staff recently, and this meant that continuity of care could be provided for residents. There was one staff vacancy, and recruitment for this post was underway. In the interim, a bank of regular agency staff covered shifts at night time.

The rosters were planned based on the number of residents in the centre. For example, there were currently two residents living in the centre, and when a resident went home there were two staff on duty all day, and two staff at night time. Planned and actual rosters were available in the centre and were appropriately maintained.

The inspector reviewed two staff files, and all information as per schedule 2 of the regulations were available in staff files.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, which

meant they had the required skills and knowledge to meet the needs of the residents.

Mandatory training included, fire safety, managing behaviours that are challenging, safeguarding and children first. Staff had also completed training in medicine management, food safety, health and safety, restrictive practices, and open disclosure. The person in charge had identified the need for staff to complete training in basic life support, and this training was scheduled to be completed in the coming weeks.

The person in charge had ensured newly recruited staff were also provided with training, and had arranged any outstanding mandatory and additional training to be completed.

Staff had completed training in human rights, and this is discussed further in the section "what the residents told us and what the inspector observed."

There was a schedule of supervision available, and the person in charge had planned to meet staff five times a year. The inspector reviewed a sample of two recent staff supervision records, and found staff had been provided with the opportunity to raise concerns, to review their own practice, discuss training, and had developed a plan of action.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was resourced to meet the needs of the residents, and the management systems had ensured the service provided to residents was safe, effective and was monitored on an ongoing basis.

There were sufficient resources in the centre in terms of staffing, staff training, facilities, a centre bus and a household budget.

There was a clearly defined management structure, and staff reported to the person in charge, who reported to a clinical nurse manager 3, who was also nominated as a person participating in management. The person participating in management reported to the childrens service manager who reported to an assistant chief executive officer and onwards to the chief executive officer. The chief executive officer reported to the board of management. An on-call nurse management system was available at night time.

The person in charge, person participating in management and the childrens service manager met every week, and the inspector reviewed a sample of minutes of these meetings. Meetings included a review of residents' needs, incidents review, staff training needs, staffing needs, and admissions to the centre. Actions were developed where required, and the inspector found these actions were followed up

on, for example, staff training for basic life support had been booked, and the local team had reviewed the application of a behaviour support plan in the centre.

Since residents had been admitted to the centre in October 2023, there had been two staff meetings, and a broad range of areas were discussed at these meetings. For example, restrictive practices had been discussed, the needs of individual residents, and medicine variances. A family member had also been given the opportunity to attend part of a staff meeting, and talk about their child's routine, in order to familiarise staff, before the resident was admitted to the centre.

Staff members told the inspector they could raise concerns about the quality and safety of care and support with the management team if needed.

There was a system in place for the ongoing review of the service provided in the centre, and a schedule of audits was planned for 2024. Since the centre opened, a number of audits had been completed including personal plans, fire safety checks, adverse incidents, infection prevention and control, complaints, medicines management and a health and safety walk around.

An annual review of the quality and safety of care and support was not due for completion yet, and an unannounced visit by the provider was due for completion in the coming months.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been two residents admitted to the centre since it opened in October 2023, and a plan was progressing on the transition of another resident into the centre this year. Admissions were in line with the criteria set out in the statement of purpose.

The inspector reviewed records of the recent transition of a resident, and found a planned admission to the centre had taken place. The resident and their family had been given the opportunity to visit the centre prior to admission, and to meet the person in charge and the staff team.

The inspector reviewed two contracts provided to residents on admission, and the services to be provided were outlined. The fees for the service were also outlined, however in the case of one resident, additional fees for which the resident may be liable were not outlined.

Judgment: Substantially compliant

Quality and safety

Residents were provided with a good standard of care and support, and a child centred approach was promoted in the centre. The care and support provided was guided by the preferences and needs of residents, and their right to choose how they wished to spend their time in the centre. Residents were supported to access education services, as well as day services, and activities in the community.

Residents had been supported with planned transitions into the centre, and residents and their families had met staff and visited the centre before admission. Residents' needs had been assessed as part of the admission process, and personal plans were developed to guide practice in the provision of care and support for residents. This included for example, healthcare, social care, personal goals and emotional care needs. Residents had been reviewed as needed by their general practitioners or by allied health care professionals, and could access the services of multidisciplinary team members through the provider, or through community children disability network teams.

Residents were protected in the centre, and there were procedures in place for safeguarding children, as well as for the management of identified risks. Some improvement was required in restrictive practices to ensure the least restrictive intervention for the shortest duration was implemented.

Regulation 13: General welfare and development

Residents in this centre had been given the opportunity for play, and to develop life skills. The person in charge had ensured residents had access to play equipment, and the inspector observed that residents used a trampoline in the back garden as they wished. A bucket swing had recently been purchased and placed in the front garden, and the person in charge had developed a covered area for sensory play in the garden.

Residents were observed to be given the opportunity to be alone if they wished, and residents had brought their preferred toys and games with them when they moved into the centre, for example, Lego, a laptop, sensory toys and video games consoles.

One resident went to school everyday, and another resident had recently started attending day services on a part-time basis. Residents' personal plans included areas for self-help skill development, as well as goals to enhance residents' opportunities in using public transport and accessing community amenities. The inspector reviewed daily reports, and residents had accessed community activities such as bowling, going to a light show and going to the church.

Residents were supported to maintain link with their families, and visited their families at home, or their families visited them in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable to the needs of the residents, and was clean and well maintained.

The inspector was shown around the premises by the person in charge. The centre comprised a two bedroom bungalow with an adjoining one bedroom apartment. The centre was suitably furnished, was fully accessible and was equipped with aids to support residents' mobility needs, for example, handrails and a shower chair.

Each bedroom was individually decorated, and residents had ample storage for their own belongings. In the main house there was a large sitting room, with patio doors onto a decking area and a large back garden. There was also a large kitchen dining room, and suitable equipment for food storage and preparation. There was a bathroom for residents use, with a shower, a bath, and toilet facilities. The main house also had an office, and ensuite bathroom.

The apartment could be accessed from the main house, or from the front garden, and had a sittingroom, kitchen diner, bedroom, and ensuite. The apartment was also tastefully decorated, specific to the preferences of a child who was due to move into the centre in the near future.

There was suitable lighting, heating and ventilation throughout the centre, and there was a large parking area to the front of the property.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risks in the centre, and where required, actions were taken following adverse incidents in the centre.

The inspector reviewed incident records for November and December 2023, and follow-up actions had been taken following adverse events if required. For example, referrals had been made to a consultant and a general practitioner for review, a resident attended hospital following a fall, and a review of a behaviour support plan had also been requested. Incidents were reviewed as part of staff meetings, and meetings between the person in charge and their managers. The corrective actions

following medicine variances were observed to have been implemented also.

The inspector reviewed a sample of individual risk assessments for residents, and found the measures outlined in risk managements plans were implemented in practice. These included for example, sufficient staffing levels, the provision of mobility aids, hazardous items were locked away, and regular reviews with a multidisciplinary team.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place, including measures for the detection, containment and fighting of fire.

The centre was equipped with a fire alarm, smoke detectors, emergency lighting, fire extinguishers, and a fire blanket and all equipment had been serviced as required. Fire doors were provided throughout the centre. All exit routes were observed to be clear on the day of inspection.

There was a fire evacuation plan, and a fire safety risk assessment had been completed. The specific measures to reduce the risk of harm from fire were found to be put into practice, including regular planned fire evacuation drills, the development of personal emergency evacuation plans (PEEP) for residents, and an easily accessible emergency bag, that also contained items to support residents with their evacuation, in line with PEEP's.

Staff had completed training in fire safety, and also did regular fire safety checks in the centre. These included daily checks of exits, weekly checks of the emergency bag, fire doors, fire extinguishers and fire call points, a weekly fire alarm activation, as well as checks of the carbon monoxide alarm.

Regular fire evacuation drills had been completed and residents had been supported to evacuate the centre in a satisfactory timeframe. The person in charge maintained a record of staff and residents' participation in fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and there were arrangements in place to ensure these needs were met.

The inspector reviewed records for two residents and found since their admission

residents had an assessment of their health, social and personal care needs completed. Assessments were based on the known wishes and preferences of residents, information provided by families, and assessments by staff, general practitioners and allied health care professionals.

Personal plans were developed based on the identified needs of residents, and a staff member spoke to the inspector about a resident's needs and the support provided in line with their personal plan. This included mobility, emotional, and health care plans. Residents had been supported to develop goals and a monthly review was completed and recorded.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs had been assessed and they had timely access to healthcare professionals.

Residents accessed their own general practitioner in the community, and were supported by staff and relatives to attend appointments, or to access general hospital services as needed. The information provided by allied healthcare professionals following assessment formed the basis of personal plans, and as mentioned, a staff member described some of the healthcare supports provided to a resident. Records were maintained of interventions, and their outcomes, for health monitoring purposes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and could access the services of a psychiatrist, and clinical nurse specialist in behaviour. The inspector reviewed two behaviour support plans, that described the proactive and reactive supports to help residents manage their emotions and to keep them safe. The person in charge had requested one behaviour support plan to be updated and reviewed by the nurse specialist, following a review by the staff team in the centre.

There were a number of restrictive practices in use in the centre including environmental and physical restraints, and most restrictions had been implemented relative to the risk presented, and had been reviewed and approved by the multidisciplinary team. However, the inspector found the locking of side gates and the front door required review to ensure these restrictions were necessary, and were in keeping with the regulatory requirement of these the least restrictive

practice for the shortest duration. In addition, staff were not clear on the rationale for the combined use of the locked gates, locked front door and locked front gate.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to protect residents, and residents had been provided with accessible information on reporting safeguarding concerns.

The inspector reviewed records of incidents and there had been no safeguarding concerns identified in the centre. All staff had up-to-date training in child protection, and a staff member described the actions to take in response to a safeguarding concern. A child safeguarding statement was available in the centre, and safeguarding risks assessments had been completed. The inspector found the control measures outlined in these safeguarding risk assessments were provided for in practice, for example, the provision of training, a visitors log book, appropriate staff supervision, and policies relating to safeguarding.

The intimate care needs of residents had been assessed, and the support to ensure the residents' needs were met, and their privacy and dignity was respected was set out in intimate care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured the centre was operated in a child centred approach, and the team respected the rights of residents to choose how they wished to spend their time in the centre.

Residents had been provided with accessible information on community activities and amenities near the centre, as well as information on an advocacy service, how to make a complaint and safeguarding procedures. Where appropriate, consent had been received from relatives for the use of restrictive practices, social outings, and medical interventions.

On the afternoon of the inspection residents were seen to engage in an activity of their preference, for example, sensory play, playing in the garden, or to spend time alone in their room.

A staff member described how a residents meeting is held every week, and residents are given information on their rights and staff will listen to any concerns they may have. The inspector reviewed records of four meetings, and staff had

talked to residents about their choices of activities, infection control issues, fire safety, fire evacuations, making a complaint, and their rights.

The day to day operation of the centre was based on residents' preferences, assessed needs and plans, and staff had developed written daily routines in residents' personal plans to inform new staff, and in turn promote consistency for residents.

The privacy and dignity of residents was respected, and each of the residents had their own bedroom. Residents if they wished had brought their own items, for example, preferred toys, with them on admission to the centre, and there was ample space available in bedrooms for residents to store and to play with their toys and games. As mentioned, the intimate care support needs of residents were assessed and set out in support plans. Residents' personal information was securely stored.

The impact of one environmental restrictive practice on another resident had been considered, and the resident had been given a key in order to freely access this space at their will.

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 (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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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	Compliant

Compliance Plan for OCS-OHANA OSV-0008502

Inspection ID: MON-0040442

Date of inspection: 24/01/2024

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Update Contract of Care to include all area’s that the resident is responsible for financially.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Discussed at MDT 26-01-2024 – agreed to remove locks from side gates to allow freedom of movement around the garden, front and back.</p> <p>Discussed with family members, 23-02-2024 the use of the front door lock – they advised that as there is staff supervision in place and with the security of the front gate that they are happy to trial free access to the front door.</p> <p>Discussed same with CNS in Autism and Behaviours of concern, 26-02-2024, she advised that with appropriate supervision and visuals in place and for these measures to be reflected in individual risk assessments, to proceed. Same to be monitored and reviewed with individual MDT’s within a 3 month period, or sooner if circumstances change.</p> <p>PIC to meet with security company to determine the most appropriate way for residents to be able to open their own front door freely without impeding on resident in separate</p>	

area of the house and to ensure that safety is maintained.

PIC to update risk assessments once a decision is made regarding the specifics of the type of access (key, fob or swipe) to the front door.

PIC to update procedure in place for entering/exiting OHANA premises to ensure safety of residents.

Restrictive practices are a standing item on the staff meeting agenda, staff meetings held 10 times per year. Staff team to discuss the use and rationale for all restrictive practices in place in the unit and how to reduce in a safe manner where possible.

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	01/02/2024
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	15/03/2024