



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

Issued by the Chief Inspector

Name of designated centre:	Corrib View
Name of provider:	Orchard Community Care Limited
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	03 March 2025
Centre ID:	OSV-0008714
Fieldwork ID:	MON-0042581

About the designated centre

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

Corrib View is a designated centre operated by Orchard Community Care Ltd. The centre provides full-time residential care supports for up to two residents who are over 18 years of age and who present with intellectual disability and/or autism and other co-morbidities such as mental health needs. All residents availing of Corrib View require a high level of support. The centre comprises of a single storey detached house set in a rural area but close by to the city. Each resident has their own separate bedroom, bathroom and living spaces. There is a large mature garden area to the rear of the property. Each resident has been assigned their own vehicle to support social and community engagement. Staff are on duty during the day and night time to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 3 March 2025	09:40hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was a short notice announced and first inspection since the registration of this designated centre which opened in January 2024. The inspection was facilitated by the person in charge and team leader. The inspector also spoke with two members of staff and met with both residents who were residing in the centre.

Both residents were young adults who had moved into the centre during the past year. One resident attended school during the weekdays and the other resident was provided with an integrated day service from the house. The person in charge and staff spoken with advised that both residents had settled in very well. On the morning of inspection, one resident had already left the centre to attend school.

The house was single storey in design with separate accommodation provided for both residents including large bedrooms, ensuite bathroom facilities, kitchen/dining areas and separate activity and living rooms. There was a separate large kitchen and dining area, utility room, staff bedroom /office and staff bathroom facilities also provided. There was a separate cleaning store provided externally. Residents had access to large mature garden areas surrounding the house. Suitable outdoor garden furniture, BBQ and hot tub were provided for residents use. The house was found to be well maintained, visibly clean, spacious and furnished in a comfortable and homely manner. The person in charge outlined how some maintenance works were planned to the utility room area.

The inspector met with one of the residents during the morning time and they interacted with the inspector on their own terms. They shook hands with the inspector and showed them the framed photographs of family members which were displayed on the wall. They then showed the inspector around their accommodation which was spacious, bright and comfortable. It included a large bedroom with ensuite bathroom, a kitchen and dining area, sitting room and activity room. The accommodation was personalised with the residents family photographs, and other photographs of the resident enjoying various events and activities. The resident had their own television, computer, iPad, DVD player and hand held computer game console. The resident enjoyed listening to music, watching DVD's as well as viewing quiz programmes on television. Throughout the morning, the resident went about their own routines at their own pace, interacting with staff, watching television, and was supported with personal care and had lunch. Later in the day the resident went for a drive and walk with staff. Staff spoken with and documentation reviewed indicated that the resident chose their preferred activities on a daily basis. Activities that the resident enjoyed included going for walks, attending the cinema, eating out, visiting pet farms and swimming occasionally.

Later in the day the inspector briefly met with the other resident when they returned to the centre from school. They were greeted by staff and supported to have a snack. Due to the communication needs of the resident they were unable to tell the inspector their views of the service but they appeared to be relaxed and content in

the company of staff supporting them. Accommodation for this resident included a large bedroom with en suite bathroom, a kitchenette and dining area and separate living room. The accommodation had been designed and laid out to meet the needs of the resident and to ensure their safety. The accommodation was fitted out with a significant amount of soft furnishings as recommended by the occupational therapist (OT). There were lots of sensory therapeutic devices and objects provided throughout including sensory floor tiles, mirrors, mini trampoline, sensory mats, kinetic sand, bubble tube and large bean bags which the resident enjoyed using. Staff reported how the resident also enjoyed using the outdoor hot tub and partaking in some gardening activities such as watering the plants. The resident had recently celebrated their birthday and had enjoyed having a bouncy castle in the garden. The resident continued to enjoy regular swimming sessions, reflexology, visiting the shops and recently attending the cinema.

Both residents were actively supported and encouraged to maintain connections with their friends and families. The person in charge reported that residents received regular visits from family members and were also supported to visit family members at home.

Staffing arrangements were in place to support the residents in line with their assessed and complex support needs. Both residents were provided with two to one staff support throughout the day and evening with one active staff on duty and another staff on sleepover at night-time. The staff team were familiar with the residents and were knowledgeable regarding their individual support needs, likes, dislikes and interests. Staff had received various training relevant to their role.

The residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as staffing information, menu options and daily routine schedules were made available to residents in picture format. Staff had established the residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with the residents and their representatives. Both residents were supported to manage their own finances.

From conversations with the person in charge and staff working in the centre, observations made by the inspector and information reviewed during the inspection, it appeared that residents had a good quality of life in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre.

Overall, there was generally good compliance with the regulations reviewed on inspection, however, some improvements were required in relation to maintenance of staff rosters, to some aspects of risk management and fire safety management systems and to documentation to support the use of some restrictive practices in place.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The findings from this first inspection indicated that the service was generally well managed. However, some improvements were required to records that were required to be maintained in relation to staff rosters, to ensuring that risk assessments and the risk register accurately reflected risk in the centre, to improving documentation to support the use of some restrictive practices in line with national policy and to providing assurances that residents can be evacuated safely in a timely manner at night-time.

There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was responsible for one other designated centre. The person in charge was supported in their role by a team leader, staff team and director of operations. There were on-call management arrangements in place for out-of-hours. The arrangements were clear and made available to staff who worked in the centre.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support both residents on the day of inspection. The staffing rosters reviewed for 3 March to 16 March 2025 indicated that a team of consistent staff was in place. Staff were rostered to work both in the centre and in another designated centre located nearby, a combined roster showed the hours worked by staff in both centres. As this centre is a stand alone legal entity, improvements were required to ensure that there was a separate roster clearly setting out the hours that each staff member worked in this designated centre.

Staff training records reviewed indicated that all staff had completed mandatory training and further training was scheduled. Additional training had also been provided to staff to support them in their roles.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly unannounced provider-led audits and an annual review. The annual review for 2024 had included consultation with residents and their families which indicated positive feedback. Action plans as an outcome of these reviews were being implemented, some actions had been completed while others were in progress. The most recent provider led audit completed in January 2025 had identified the need for ongoing review of risk assessments an issue also identified during this inspection.

The person in charge and staff team had weekly and monthly audit systems in place to regularly review areas such as health and safety, infection prevention and control and medication management. The audit systems also included a monthly governance and oversight report on residents needs, incidents, safeguarding, restrictive practices, risk management and complaints. The inspector reviewed a

sample of recently completed audits the results of which indicated good compliance. The person in charge advised that they had not received any complaints since opening the service.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was also responsible for one other designated centre in the organisation. The person in charge was suitably qualified and experienced for the role. They were in daily contact with staff and had a weekly presence in the centre. They were knowledgeable regarding the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. The staffing levels at the time of inspection met the support needs of residents. Both residents were provided with two to one staff support throughout the day and evening with one staff on active duty and another staff on sleepover at night-time. There were no staff vacancies at the time of inspection. Staff were rostered to work both in the centre and in another designated centre located nearby and the roster showed the combined rotas for both designated centres. As this centre is a stand alone legal entity, improvements were required to ensure that there was a separate roster clearly setting out the hours that each staff member worked in this designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, administration of medications, autism awareness, epilepsy care, Lámh hand signs and a rights based approach to care and support. The person in charge had systems in place to ensure all staff were provided with refresher

training as required.
Judgment: Compliant
Regulation 23: Governance and management
<p>The findings from this inspection indicated that the centre was generally being well managed. There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service and a schedule of audits. Action plans as a result of these reviews had been addressed or were in the process of being addressed. There was evidence of ongoing consultation with the service users and their representatives indicating satisfactory feedback.</p> <p>However, further oversight and improvements were required to records that were required to be maintained in relation to staff rosters, to ensuring that risk assessments and the risk register accurately reflected risk in the centre, to improving documentation to support the use of some restrictive practices in line with national policy and to providing assurances that residents can be evacuated safely in a timely manner at night-time.</p>
Judgment: Compliant
Quality and safety
<p>The provider had measures in place to ensure that the well-being of residents was promoted. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals.</p> <p>Staff spoken with were familiar with, and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service, to medical consultants and a range of allied health services. The inspector reviewed the files of both residents and noted that comprehensive assessments of their health, personal and social care needs had been completed. A range of individual risk assessments had been recently updated. Support plans were in place for all identified issues including specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Residents who required supports with</p>

communication had comprehensive plans in place which were tailored to their individual communication needs.

Personal plans had been developed in consultation with the residents, family members, person in charge and key workers. Review meetings had recently taken place at which the residents' personal goals and support needs for the coming year were discussed and planned. The documentation reviewed was found to clearly identify meaningful goals for each resident, with a clear plan of action to support residents to achieve their goals. The inspector noted that goals set out for 2024 had generally been achieved and some were still in progress.

The house was designed and laid out to support and safely meet the assessed needs of the residents living there. It was comfortable, visibly clean, spacious, furnished and decorated in a homely style. There were plans in place to carry out further works to the utility room. The person in charge advised that the washing machine currently located in the main kitchen will be relocated to the utility room to further enhance infection prevention and control.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. The person in charge advised that there were no safeguarding concerns at the time of inspection.

The provider had systems in place for the regular review of risk in the centre, however, some improvements were required to ensuring that risk assessments and the risk register accurately reflected risk in the centre. This is discussed under Regulation 26: Risk management procedures.

There were some restrictive practices in use due to residents medical and behavioral issues. The management and staff team continued to regularly review all restrictive practices in use, a further reduction in some restrictive practices had taken place and trials were taking place with a view to a further reduction in the use of other restrictions in use. The inspector was informed that the provider had recently established a human rights committee and they were due to review all restrictive practices in use. However, some improvements were required to ensure compliance with national policy and is discussed further under Regulation 7: Positive behavioural support.

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. While regular fire safety drills had taken place involving staff and residents, there were no fire drills simulating a night-time scenario in order to provide assurances that both residents can be evacuated safely in the event of fire at night-time.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Staff were focused on ensuring that they communicated appropriately with residents. During the inspection, the inspector observed staff communicating with residents in line with their capacity, including the use of gestures, Lámh hand signs and verbal prompts. Some staff had completed training on Lámh hand signs. Both residents had a communication passport outlining their communication support needs.

Judgment: Compliant

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished. Residents received regular visits from family members and were also supported to visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at school and in the community. Suitable support was provided to residents to achieve this in accordance with their individual interests, as well as their assessed needs. The centre was located close to a range of amenities and facilities in the local area and nearby city. The centre had two dedicated vehicles, which could be used by residents' to attend outings or activities. From conversations with staff as well as information and photographs reviewed during the inspection, it was evident that residents lived meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met

residents' individual needs. The house was found to well maintained, visibly clean, furnished and decorated in a homely style. Separate accommodation was provided for both residents including large bedrooms, ensuite bathroom facilities, kitchen/dining areas and separate activity and living rooms. Residents had access to large mature garden areas surrounding the house. Suitable outdoor garden furniture, BBQ and hot tub were provided for residents use. The person in charge outlined how maintenance works were planned to the utility room area and would include moving the washing machine from the main kitchen to enhance infection, prevention and control.

Judgment: Compliant

Regulation 26: Risk management procedures

While the provider had systems in place for the management of risk, some improvements were required to ensuring that risk assessments and the risk register accurately reflected risk in the centre. There was no risk assessment in place for absconsion. While the person in charge undertook to review risk assessments they advised that they had not received training on this process.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, however, improvements were required in order to provide assurances that both residents can be evacuated safely in the event of fire or other emergency. While regular fire safety drills had taken place involving staff and residents, there were no fire drills simulating a night-time scenario when there were minimum staff on duty. Fire drill records reviewed had not identified any issues in evacuating residents to date.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs had been assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with were knowledgeable regarding the assessed needs of residents. The inspector reviewed both residents files. There was a comprehensive assessment of need completed,

individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed. Personal goals were clearly set out for residents including evidence of review meetings and progress updates.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), medical consultants and health and social care professionals. A review of both residents' files indicated that residents had been reviewed regularly by the GP, psychologist, behaviour therapist, psychiatrist, speech and language therapist, dietitian, occupational therapist, dentist and chiropodist. Records also showed that guidance from health care professionals was available to inform and guide staff in the designated centre.

Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of them requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to specialists in behaviour management, psychology and had a written positive behaviour support plans in place. All staff had received training in order to support residents manage their behaviour. Staff were supported by on-going multi-disciplinary involvement in the review of residents' behavioural interventions. Staff spoken with had a good understanding of the residents' behavioural needs.

While the local management team strived to reduce restrictions in use, some improvements were required to ensure that the use of some restrictive practices were in line with national policy. For example, there was no evidence of multi-disciplinary input into the decision taken to use a monitoring camera for one resident. The rationale outlined in the assessment for the use of a monitoring camera for another resident did not reflect the actual use of same which was used almost on a daily basis. The person in charge undertook to review the use of same in consultation with the behaviour support specialist.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The person in charge advised that there were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff team supported both residents to live a person-centred life where their rights and choices were respected and promoted. The privacy and dignity of each resident was well respected by staff. Staff were observed to interact with residents in a respectful manner. All staff had completed training modules in relation to promoting human rights and putting people at the centre of decision making. The local management team continued to review restrictive practices with a view to reducing the use of same.

There was evidence of ongoing consultation with residents, on a daily basis, at weekly house meetings and individually at key working sessions. The residents had access to information in a suitable accessible format, as well as access to the Internet, Netflix and their preferred television channels. Residents could attend religious services if they wished and staff reported how one resident regularly attended mass on Sundays. Both residents had access to their money and were supported to manage their own finances.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Corrib View OSV-0008714

Inspection ID: MON-0042581

Date of inspection: 03/03/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: As of 04/03/25 Corrib View has an individual roster in place. The individual roster template will be used going forward as Corrib View is a stand alone legal entity.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC will undergo Risk Management Training. Risk Register and Individual Risk Assessments have been updated to accurately reflect the risk in the Centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Fire drill simulating a night-time scenario with minimum staffing has been scheduled for 31/03/25	

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>Multi-Disciplinary input has been sought in relation to the use of visual monitor for 1 resident.</p> <p>Behavior Support Specialist has reviewed and amended guidelines for use of visual monitor and behavior support plan for 1 resident. Behavior Support Specialist met with the staff team in Corrib View on 19/03/25 and gave a presentation on the use of visual monitors and when they were to be used in relation to this resident.</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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	04/03/2025
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	30/04/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in	Substantially Compliant	Yellow	31/03/2025

	so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/04/2025