



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

Issued by the Chief Inspector

Name of designated centre:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 October 2021
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0033732

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hour, seven day residential services on a 52 week cycle each year for up to 20 residents in a rural location in Co. Kildare. The designated centre consists of seven residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery, basketry, and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Residents are supported by a team of social care workers, care assistants and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 October 2021	09:30hrs to 16:40hrs	Marie Byrne	Lead
Wednesday 27 October 2021	09:30hrs to 16:40hrs	Michael Keating	Support

What residents told us and what inspectors observed

Overall the findings of this inspection were that residents lived in warm, clean and comfortable homes, and that residents appeared happy and content in their homes. They were supported by a staff team who were familiar with their care and support needs and who were motivated to ensure they were happy and safe. However, there had been a number of staff resignations in the weeks before the inspection and inspectors found that improvements were required in relation to the day-to-day management and oversight of the centre.

As the inspection was completed during the COVID-19 pandemic, the inspectors adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. There were seventeen residents living in the designated centre on the day of the inspection and the inspectors of social services had the opportunity to meet and briefly engage with seven of them.

Throughout the inspection residents were observed walking around the grounds and at all times they appeared happy, content and comfortable in the presence of staff and volunteers. Residents who spoke with the inspectors talked about things they enjoyed doing and things they had to look forward to. Inspectors had an opportunity to visit each of the seven houses where residents lived in the designated centre.

In a number of the houses visited there was nobody home as residents were in day services, gone shopping, working on the farm, or working in the gardens. In addition, a number of residents were visiting their families for the Halloween break. Works had been completed in the houses in relation to fire containment since the last inspection and these included significant works in two of the houses. One of the houses was completely finished and one resident had moved into their home the day before the inspection. They showed the inspectors around and told them that they were getting used to their new home and working on settling in, as they had been spend a number of months away from the centre in their family home. A second resident was moving in the day after the inspection, and they had also spent a number of months in their family home. In the other house the works were in the final stages of completion and negotiations were in progress to secure funding for staffing to support a resident to move into their new home.

Each of the premises visited were found to be warm, clean, comfortable and homely during this unannounced inspection. There were Halloween decorations in the houses and plans were in place for a Halloween party for everyone on the grounds at the weekend. Residents' bedrooms were decorated in line with their wishes and preferences and they had storage to keep their personal items. Residents' art, craft projects and family photos were on display in their homes. In one of the houses the smell of cooking met inspectors at the door of the kitchen. Residents were just after sitting down to have a cup of tea together after preparing their roast chicken dinner.

They greeted the inspectors and then continued enjoying their cup of tea and chatting to staff and volunteers.

It was evident that residents were very much involved in the day-to-day running and upkeep of their home. A number of residents talked about keeping their bedrooms clean, cooking and baking and tending to the garden and vegetable gardens on the campus. Others talked about the animals on the farm including the sheep, pigs, cows, chickens and cats.

Residents meetings were occurring regularly and there were notice boards in the houses to keep residents up-to-date in relation to upcoming events, COVID-19, safeguarding, residents' rights, the availability of advocacy services and the contact details of the confidential recipient. There were picture rosters on display in a number of the houses in line with residents' communication preferences.

A number of residents spoke with the inspectors about what they would do if they had any concerns. They said they would speak to their keyworker or any member of the staff team. One resident said there were times in the past when they were not happy but that once they raised their concerns actions were taken to make sure they were happy and felt safe.

One resident sat with an inspector and proudly showed them their goals and the steps they were taking to achieve them. These goals related to activities they wanted to do, holidays they would like to go on, and life skills they wanted to achieve. They talked about holidays and days out they had enjoyed such as going hill walking, having afternoon tea with their friends, going glamping, and going for a hotel break. They also spoke about achievements they were proud of such as making appointments, creating their CV, looking after their health and wellbeing, going to college, and improving their money management and budgeting skills. They showed some of their photos and talked about getting them published in a calendar, and about doing basketry and candle making. They also talked about cooking and baking and showed the inspector work they were doing on producing a cook book with their favourite recipes in it. They discussed some of their plans for future including moving to different accommodation, going on a foreign holiday, doing more college courses, and finding work.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of this inspection were that residents were busy doing things they enjoyed and appeared happy and comfortable in the designated centre. However, the governance and management arrangements were not

found to be suitable on the day of the inspection.

In line with significant risk relating to fire containment measures identified by the provider, in December 2020, the provider made a decision to close one of the houses and to complete fire upgrade works in other houses in the designated centre. The provider had supported a number of residents to transition to other houses in the centre, to transition to alternative accommodation in other Camphill Communities of Ireland, or to temporarily stay at home with their family, while the required works were completed. They had then submitted an application to vary the conditions of registration of the designated centre in 2021, to reduce the registered beds for 26 to 20, and to change the footprint of the centre to afford residents the opportunity to move within the designated centre, and to two new houses on the campus. This unannounced inspection was completed to follow up on the application to vary, and to verify actions identified by the provider in previous inspections in relation to key areas such as fire containment. The provider has completed fire containment works in two houses, some minor works in the other houses, and the outstanding works were in progress.

There had been five staff resignations in the weeks before the inspection. The person in charge was on leave and inspectors were informed that a member of the local management team who was deputising in their absence resigned with immediate effect on the morning of the inspection. Inspectors were also informed that the person participating in the management of the designated centre (PPIM) who commenced in the centre in August 2021 was leaving a number of weeks after the inspection. The inspectors met this PPIM later in the day and were informed that their replacement had been recruited and would be in post before they left.

In early October 2021 the provider had completed a six monthly audit in the centre which identified a substantial number of areas for improvement. These included required improvements in recognising and following up on complaints and safeguarding concerns, staff training, staff rosters, the notification of incidents to the Chief Inspector of Social Services, daily oversight and audits in the centre, recording keeping, residents' access to allied health professionals in line with their assessed needs, medicines management practices and documentation, restrictive practices and positive behaviour support, the premises, and residents' personal possessions. The provider had taken some immediate actions following this review such as a deep clean of a number of premises, staff training, followed up on complaints and safeguarding concerns, completed a review of restrictive practices, replaced residents' bedframes and mattresses and pillows, and they were in the process of implementing the remaining actions.

On the day of the inspection residents were supported by a staff team who were familiar with their care and support needs. Staff who spoke with the inspectors were knowledgeable in relation to residents' needs and preferences. They were observed to pick up on residents' communication cues and to respond appropriately. They were working with residents to develop their goals and life skills and to choose how and where they wished to spend their time. However, due to the number of resignations and some other concerns raised by staff in the centre there had been a number of meetings between management and staff in the weeks before the

inspection, and another was planned with the Chief Executive Officer on the evening of the inspection. There had been sufficient numbers of staff to cover the required shifts since the staff resignations; however, the provider had identified that there were a number of gaps in the rosters for the coming weeks and were in the process of working to re-deploy day service staff to fill these shifts. Day service staff had completed the same trainings as residential staff and were familiar to residents.

A number of times during the inspection, inspectors requested the number of whole time equivalent staff required in the centre to meet the care and support needs of residents, but were not presented with documentary evidence of the actual whole time equivalent in the centre. The number verbally given to inspectors did not match the numbers outlined in the centre's statement of purpose. In addition, one of the renovated houses was not open at the time of the inspection as the provider was in negotiations to get funding for staff. Due to concerns in relation to the day-to-day oversight arrangements and staffing cover in the coming weeks, inspectors requested to meet with the organisation's Chief Executive Officer to seek assurances in relation to day-to-day oversight and staffing in the centre.

Regulation 15: Staffing

The number of whole time equivalent staff numbers required to support residents with their assessed needs was not clear. As previously mentioned there had been a number of staff resignations and the provider had recruited to fill two of these positions and was in the process of recruiting to fill the others. In the interim they were meeting with staff from the day service team with a view to redeploying them to work in the designated centre to ensure continuity of care and support for residents until recruitment was complete.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed training in line with the organisation's policies and procedures, and a number of staff had completed training in line with residents' assessed needs.

Staff were in receipt of regular formal supervision to ensure they are supported to carry out their duties to the best of their abilities, and to ensure that have the required competencies to deliver person-centred, effective and safe services for residents.

Judgment: Compliant

Regulation 23: Governance and management

The oversight arrangements on the day of the inspection were not found to be suitable. Assurances were sought from the provider following the inspection in relation to the day-to-day oversight and monitoring in centre, and these assurances were provided.

The provider was completing six monthly and annual reviews of care and support in the centre and identifying areas for improvement. At the time of the inspection they were in the process of implementing the actions from the latest six monthly review.

A number of audits and meetings were occurring in the centre; however these were not providing fully effective as they were not picking up on some key areas for improvement in relation to areas such as restrictive practices, recognising and following up on complaints and safeguarding concerns, residents' access to allied health professionals, and record keeping in the centre. In addition, some areas which were found to require improvement on the day of the inspection were marked as complete in previous audits and reviews.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained. However, the Chief Inspector had not received all the required information, and some notifications were not notified in line with the timeframe identified in the regulations. For example, a number of restrictive practices had not been identified as such or notified. In addition, an injury to a resident, and a number of allegations of abuse had not been notified in line with the requirement of the Regulation.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place, including a user-friendly version. Residents and their families were made aware of the process and there was a nominated person to deal with complaints. There was a complaints log and inspectors reviewed a sample of complaints and found that they had been recorded and followed up on in line with the organisation's policy.

Judgment: Compliant

Quality and safety

Inspectors found that the overall lived experience of residents in the centre was positive. Residents lived in warm, clean and comfortable homes and they were supported to make choices in their day-to-day lives, including how and where they spent their time.

For the most part, the houses were well maintained and the areas where painting and repairs were required had been reported and were due to be completed. The provider had completed a number of works in relation to fire containment in the houses, and had completely refurbished two houses on the campus since the last inspection. Inspectors visited both these houses and works had been completed to a high standard. There were some final touches required in one of the houses, and these were due to be completed after the inspection. Residents had been involved in decisions about how their home was decorated, including picking paint colours and soft furnishings.

Residents were protected by the policies, procedures and practices relating to infection prevention and control. The provider had adapted their policies and procedures and developed contingency plans for use during the COVID-19 pandemic. Each of the premises was clean and there were systems in place to ensure that personal protective equipment was available. Staff had completed a number of infection prevention and control related trainings. Residents were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives.

The provider has completed significant works in relation to fire containment on the campus and more were planned. The provider had ensured there was appropriate equipment and that each resident had a personal evacuation plan which was, clear in relation to any supports they may require, and kept under regular review. The outstanding works in relation to fire containment were in progress and due to be completed once the necessary equipment was delivered.

The provider had recently completed a restrictive practice review and found a number of environmental restrictions which had not been recognised. They had immediately removed some of these as they were not deemed necessary in line with residents' assessed needs and risk assessments. For the others they had reviewed them to ensure they were the least restrictive measures for the shortest duration, and then consulted with residents, completed the required risk assessments and plans, and recorded them on their restrictive practice register. Plans were in place to ensure these were reviewed regularly. Residents had access to health and social care professionals in line with their assessed needs. Support plans were developed and reviewed as required.

Regulation 17: Premises

The inspectors visited each of the seven premises that make up the designated centre. They were tastefully decorated and designed and laid out to meet residents' needs. Each of the houses were found to be clean, warm and homely. Residents' bedrooms were decorated and furnished in line with their preferences, and they had access to storage for their personal items.

Residents had access to private and communal spaces and acres of outdoor spaces and gardens on the farm and grounds. There were a number of areas where maintenance/repairs were required and these had been escalated to the maintenance department.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. There were contingency plans in place and residents and staff had access to information in relation to COVID-19. Staff had completed a number of additional trainings in relation to infection prevention and control.

There were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were some arrangements for detecting and containing fires in the centre. The provider had completed significant works since the last inspection across the houses and more were planned. For example, they had identified that an additional fire door was required in one of the houses and this was on order, there were a number gaps under a fire door which was due to be fixed the day after the inspection and they had identified that a number of closing mechanisms were needed on some fire doors and these were being sourced.

There were systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plan was on display and there was emergency lighting

in place. Residents' personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre, both during the day and at night. Fire drills had occurred regularly, to demonstrate that residents and staff could safely evacuate the houses in the event of an emergency.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported by health and social care professionals in line with their assessed needs. Support plans were developed and reviewed as required. There were policies and procedures in place to guide staff practice and staff had completed training to support residents in line with their assessed needs.

There was a restrictive practice register in place and restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0033732

Date of inspection: 27/10/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has committed to a recruitment drive to backfill all posts that have become vacant. This recruitment drive has been initiated and comprises of recruitment open days, utilizing external recruitment agencies and advertising vacant roles in relevant publications.</p> <p>The provider has consulted with external agencies to provide interim staff on a consistent basis for a fixed term period until all vacant positions are adequately filled.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Camphill Communities of Ireland have committed to a comprehensive oversight system with clear audit tools and escalation systems in place. As part of this process there is daily walk around audit completed by the PIC or delegate. The community has an Area Services Manager in post who is committed to a weekly oversight schedule. The provider continues to conduct in depth 6 monthly inspections by the Compliance and Quality Officer.</p> <p>The provider is actively recruiting a Quality and Safety Coordinator to support the PIC, this role will work intensively on local auditing and oversight with clear oversight processes in place.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Upon the provider conducting an unannounced 6 monthly audit, a number of concerns were raised. A comprehensive action plan was put in place in order to address these issues and ensure that the Chief Inspector was notified retrospectively. A full review of restrictive practices took place in the centre as part of this action plan. All restrictive practices are now logged accordingly and notified to the Chief Inspector within relevant time frames. As part of the audit undertaken by the provider, some concerns were raised in terms of safeguarding responses, all concerns have since been retrospectively notified to the Chief Inspector, Safeguarding and Protection Team in the HSE and CCOI safeguarding team. All concerns have been adequately followed up and safeguarding plans implemented where necessary to ensure all residents are safeguarded from all forms of abuse.</p> <p>Training has been conducted with staff in Restorative Practices with further training being organized for Awareness of Restrictive Practices and Applied Safeguarding for all staff.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Significant work has been carried out in terms of Fire Prevention within the in centre since the previous inspection. The outstanding Fire Door has been ordered and is due to be fitted by 26/11/21.</p> <p>All gaps under Fire Doors have been fixed by an external contractor and Fire Doors are checked weekly for any defects with an escalation process in place for the reporting of defects.</p> <p>The provider has sought Regularisation Certificates for works carried out in all areas. Two certificates are still outstanding from Kildare County Council, it is envisaged that the provider will be in receipt of these certificates by late Q4 2021, no issues are expected to arise from the issuing of these certificates.</p> <p>All fire doors which were identified as requiring closing mechanism's have been escalated as priority works. All closing mechanisms have been purchased by the provider and are due to be fitted by 3/12/21.</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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/12/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Orange	30/12/2021

	structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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.	Not Compliant	Orange	10/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/12/2021
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	23/11/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Not Compliant	Orange	23/11/2021

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2022