Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Brook
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2021
Centre ID:	OSV-0004871
Fieldwork ID:	MON-0033185

About the designated centre

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

The Brook is a centre run by Brothers of Charity Services Ireland located in a mature residential area on the outskirts of the town. The service provides both residential and day support to a maximum of three residents over the age of 18 years. The centre comprises of two houses located in close proximity to each other: one resident lives in one house and two residents share the other house. The support provided responds to individual requirements and needs from a part-time service to a full-time residential placement and, support for higher physical and healthcare needs. The model of care is social and staff are on duty both day and night to support the residents. Management and oversight of the service is delegated to the person in charge supported by a social care worker in each house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 - 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 23 June 2021	10:00hrs to 15:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

From what the inspector observed, read and discussed with staff, this was a good service that was focused on each resident, their health, safety and overall quality of life. There were areas inspected where improvement was needed so as to fully assure the safety of the service provided to residents.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected so that they can be inspected in a way that is safe for residents, staff and inspectors. The inspector was based in one house, met with the person in charge in this house and reviewed records that were relevant to both houses. The inspector briefly visited the second house to follow up on some findings of the inspection.

The inspector met briefly with one of the three residents when they returned to the house with staff for some lunch having been out and about in the community that morning. The resident was curious and interested in the presence of the inspector. The resident's overall demeanour communicated to the inspector that the resident was happy and content to be in the house and with the staff supporting them. The inspector observed as staff used a limited number of photos to offer the resident their choice of activity for the afternoon. Limiting the number of options made it easier for the resident to make their choice. The resident was a little reticent to engage in this process with the inspector present so the inspector left the resident and staff to continue unobserved.

Overall there was good consistency in staffing and staff were familiar with the communication style of each resident. For example, staff described in records how they captured resident feedback that was provided by gesture, vocabulary or facial expressions. This included feedback to inform the annual review of the service and feedback on a day-to-day basis, for example, how a resident communicated if they were happy or not with a meal or activity offered. The ability and desire to engage with technology differed between residents but it was available in the centre. The inspector reviewed recent feedback provided by residents' representatives and this was very positive. Respondents acknowledged the good communication with staff and the quality of support and care provided by staff.

The person in charge discussed the importance of ongoing family contact for both residents and families and risk management and reasonable controls ensured this contact was safely supported in the context of the risk posed by COVID-19. The person in charge described how staff and families worked together to manage and reduce the risk particularly where residents lived in the centre on a less than full-time basis. Visits in the garden or walks with family in the locality were also facilitated for residents in receipt of a full-time service.

The provider had infection and prevention controls that had been effective in

protecting residents and staff and, policies and practice were evolving as vaccination programmes were rolled out and national restrictions were eased. The personal plan that informed the care and support provided to each resident had been updated to reflect the challenges and obstacles to achieving residents' goals and objectives and the action to be taken to ensure that residents were meaningfully occupied each day. Both houses had good access to transport which meant that residents could access a range of outdoor amenities in addition to programmes delivered in the house by staff, such as the use of the sensory room.

The staffing levels of the centre were good and further supported the provision of an individualised and meaningful service for residents with one-to-one staff support available to residents each day. There had been some recent turnover of staff but this was now addressed and positions had been recruited and filled.

The house that the inspector was based in was in very good decorative order and suited to the assessed needs of the resident living in the house. The other house provided accommodation for a resident who was a wheelchair user with the support of staff. Overall, the design and layout of the house was suited to this. For example, all accommodation and services were provided at ground floor level, the main entrance and hallway were spacious as was the kitchen, dining and living areas. An overhead track hoist was provided and operated between the bedroom, bathroom and sensory room. However, the inspector noted significant damage to some doorframes and doors from the wheelchair. The cause of this damage needed to be reviewed by the provider to ensure that the premises fully supported accessibility and good safe wheelchair transport techniques. In addition, the sanitary facilities in this house required review and upgrading.

On a day-to-day basis the standard of support and care provided was good, staff monitored resident wellbeing and ensured that residents had access to the clinicians and services that they needed. However, the inspector found that the provider needed to review the use of bedrails as their use was not evidence based and posed a risk to resident safety. The provider committed to review this as a matter of priority based on the verbal feedback of these HIQA (Health Information and Quality Authority) inspection findings.

The next two sections of the report present 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 service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The service presented as

adequately resourced to deliver on its aims and objectives. The provider had systems for monitoring and assuring the quality and safety of the service provided to residents and generally the provider effectively collected and used data. However, improvements were required in the area of safely using restrictive practices, risk management and assuring the accessibility of the physical environment.

The person in charge was recently appointed to the role of person in charge but had established management experience having previously worked as a social care worker in the centre. This also meant that the person in charge was very familiar with the needs and requirements of each resident. The person in charge had other areas of responsibility but was confident that the support she had from the two social care workers employed (one in each house) and from her own line manager facilitated her to maintain effective oversight and management of the service.

The systems of oversight implemented in the centre included periodic reviews of areas such as the management of medicines, accidents and incidents and infection prevention and control practice. The inspector saw minutes of staff meetings that demonstrated good oversight of each resident, their changing needs and requirements as well as discussion of general operational matters. In addition, the provider also completed the annual and six-monthly service reviews required by the regulations. These reviews provided for consultation with residents and representatives and time bound improvement plans with designated responsibilities issued. Staff familiar with the communication style of each resident captured resident feedback. The inspector noted that the auditor followed up on suggestions for improvement received from representatives. Representatives confirmed that they were happy that they were listened to and all representatives acknowledged the high quality of the service provided.

The report of the most recent six-monthly service review highlighted the impact of COVID-19 on residents lives and the challenges to maintaining consistent staffing with some natural turnover of staff. The person in charge confirmed that this was now addressed with regular and relief staff recruited and employed, of which one staff was currently on induction. The inspector reviewed the staff rota and saw that consistency of staffing was provided for, and that staffing levels were as described. The staffing levels and arrangements differed between each house but were adequate in both with one-to-one staffing provided at all times in one house and for much of each day in the other house.

Staff attendance at training was monitored and the staff training matrix indicated that all staff had completed mandatory, required and desired training. Attendance at refresher training was monitored, scheduled or booked. Newly recruited staff were in the process of completing training. The staff training programme was responsive to new risks such as that posed by COVID-19 and all staff had completed a range of training that included hand hygiene, breaking the chain of infection and the correct use of personal protective equipment (PPE). The person in charge participated in the completion of staff supervisions and appraisals and confirmed that these were all on schedule with no concerns arising.

Regulation 14: Persons in charge

The person in charge was employed full-time and had the required experience, skills and qualifications required for the role. The person in charge was satisfied with the structures and the support that was provided. The person in charge took responsibility for the management of the service taking into account their role in the overall governance structure.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were adequate and the different arrangements in each house reflected the difference in number and in the assessed needs of the residents living in the centre. A rota, showing the staff on duty by day and by night, was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of education and training that reflected their role and the support and care that they provided in the centre.

Judgment: Compliant

Regulation 21: Records

Any of the records requested by the inspector were in place and readily available. For example, a record of each medicine prescribed and administered, a copy of the duty roster and of each fire safety practice conducted in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. Individual roles, responsibilities and reporting relationships operated as intended by the provider. The centre presented as adequately resourced to deliver on its stated aims and objectives. This HIQA inspection did identify areas that needed to be reviewed and improved but overall, the provider was effectively overseeing the service and used the information and data that it collected to improve the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre and their comparison with notifications submitted to HIQA, the provider had adequate arrangements for ensuring such notifications were submitted.

Judgment: Compliant

Quality and safety

The operation and management of this service was focused on providing each resident with a safe, quality service that was responsive to their particular needs and circumstances. The support provided was planned and delivered in consultation with residents and their representatives. On a day-to-day basis the inspector found that the standard of care provided was good but improvement was needed in the use of restrictive practices, in assessing and reviewing risk and its control and in ensuring the accessibility of the premises and the facilities provided.

The inspector reviewed one personal plan and saw that the plan and the assessment of needs that informed that plan were both current. The plan had recently been reviewed and the residents' representative had participated in this review. There was a plan of support and care in place for each assessed need; each plan clearly set out for staff the care that was needed to ensure resident health and quality of life. The personal plan was framed within the context of COVID-19 and the challenge that it presented to resident safety and quality of life. The personal plan detailed the action that staff took to ensure that the resident was meaningfully engaged, had access to family and had access to and continued to be visible in the community.

The personal plan included the care that was needed so that the resident enjoyed good health. These plans were seen to be advised by the relevant member of the

multidisciplinary team, staff maintained records of each review and updated the plan accordingly. While there was some inevitable delay there were no reported obstacles to accessing care that was needed, for example, from the general practitioner (GP), occupational therapy, speech and language therapy and the dietitian. Nursing input was sourced from within the provider's own resources, for example, to complete clinical assessment tools. Overall the care provided was evidence based and clinical reviews confirmed the effectiveness of the care provided with residents reported to have attained and maintained good physical wellbeing. There was a good understanding of how needs were at times interdependent, for example, the importance of good nutrition to maintaining skin integrity.

There were restrictive practices in use, some of which were clinically indicated for the safety of the resident in the context of their assessed needs, for example, the use of positioning devices to maintain good posture and, the use of bedrails to prevent a fall from bed. The provider had procedures and protocols governing the use of the restrictive practices in place. However, prompted by a recent incident and injury that had occurred, the inspector found that the use of the bedrails created a risk to resident safety as it was not evidence based. The inspector saw that the bed and the mattress were not a good match resulting in gaps and the risk for entrapment.

The possible risk for entrapment when using bedrails was recognised and included in the register of risks. However, the completion of the risk assessment had not identified the deficit in the equipment provided. The incident cited above had not resulted in a review of the risk or in corrective action that eradicated the risk of entrapment. The person in charge and her line manager (who attended verbal feedback of the inspection findings) were requested to and committed to rectifying this as a matter of priority. A new bed had been ordered but the inspector reiterated the need for an approved assessment tool that objectively assessed and assured the safe use of bedrails.

Notwithstanding this deficit, the overall practice in relation to identifying, managing and reviewing risks was good, for example, the provider's response to the risk posed by COVID-19. As stated in the last section of this report staff had completed appropriate training and sought to develop resident understanding of the importance of hand hygiene and wearing a face mask. There was evidence of controls in practice such as ready access to hand hygiene, cleaning and sanitising products, the use of face masks and the regular monitoring of staff and resident wellbeing. Staff and families worked together so that residents continued to have access to family and home in a way that was safe and, reduced the risk of the accidental introduction and transmission of COVID-19. The person in charge described the plans for responding to any suspected or confirmed COVID-19 amongst staff or residents.

Both houses were within walking distance of the other, located in a mature residential area and each house had a spacious rear garden. The house that the inspector was based in presented very well and was in good decorative order. On visiting the other house, the inspector noted that it was suited to the number and assessed needs of the residents on many levels. For example an overhead track

hoist was provided and was appropriately inspected and maintained. However, the provider needed to review and assure the accessibility of the premises. The inspector noted significant damage to some doors and doorframes from the wheelchair and this needed review and corrective action as needed. The provider also needed to consider the integrity of the fire doors when completing this review. In addition the two sanitary facilities in the house required review and a plan for their upgrade. One bedroom had en-suite sanitary facilities but the available space was limited and the fittings were domestic in nature and largely unsuited to resident needs.

The provider has effective fire safety arrangements including procedures for the evacuation of residents. Staff had completed fire safety training and undertook regular simulated evacuation drills with residents. Based on the records seen by the inspector these drills were successful and were undertaken to replicate a range of scenarios. Both houses were equipped with a fire detection and alarm system, emergency lighting and fire fighting equipment. There were certificates in place confirming that these systems were inspected and tested at the required intervals. What the do in the event of fire and the evacuation procedure were both prominently displayed.

Regulation 10: Communication

The assessment of needs and the personal plan included how each resident communicated and the support that they needed to communicate effectively. Staff were aware of the individual communication supports required by each resident.

Judgment: Compliant

Regulation 11: Visits

Residents had continued access to family and home safely supported by the process of risk assessment and controls to protect residents, staff and families from the risk of COVID-19.

Judgment: Compliant

Regulation 13: General welfare and development

Reflected in the personal plan was staff awareness of the impact of COVID-19 and

the measures taken by staff to ensure that residents were meaningfully engaged, had continued access to and contact with family, and opportunity for meaningful community access.

Judgment: Compliant

Regulation 17: Premises

The provider needed to review and assure the accessibility of the premises. The inspector noted significant damage to some doors and doorframes from the wheelchair and this needed review and corrective action as needed. The provider needed to consider the integrity of the fire doors when completing this review. In addition both sanitary facilities provided in the house required review and a plan for their upgrade.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The completion of a risk assessment had identified the possible risk but had not identified the deficit in the equipment provided that created and increased the likelihood for risk. The review of an incident had not resulted in a review of the risk assessment or in corrective action that would have eradicated the risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had policy, procedures, risk assessments and controls based on national guidance to manage the risk of the unintended introduction and the onward transmission of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider has effective fire safety arrangements including procedures for the

evacuation of residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal plan reviewed by the inspector was individualised to the resident, reflected the assessed needs of the resident and clearly set out for staff the care and support to be provided and the goal to be achieved. The plan was regularly reviewed. The effectiveness of the plan was evident in the findings and outcomes of clinical reviews.

Judgment: Compliant

Regulation 6: Health care

Staff monitored resident wellbeing and acted in response to any concerns arising. Staff and families worked collaboratively so that residents enjoyed the best possible health. Staff ensured that residents had access to the services and clinicians that they needed and provided the care that was recommended at these reviews.

Judgment: Compliant

Regulation 7: Positive behavioural support

The use of bedrails created a risk to resident safety as it was not evidence based. The inspector saw that the bed and the mattress were not a good match resulting in gaps and a risk for entrapment.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training. Residents had differing ability to protect themselves from harm and the person in charge described how staff were attuned to any changes in resident presentation that could indicate a risk for harm and abuse. There was an active safeguarding plan for possible risk of harm from a peer. The plan was

effectively implemented and appropriate staffing supported the implementation of the plan.

Judgment: Compliant

Regulation 9: Residents' rights

The operation of the service respected and reflected the individuality of each resident's needs and wishes. Residents were seen to be offered choice in their daily routines. In the context of residents' needs, the role of family in advocating for residents was recognised and respected. Staff, in their discussions and in the records that they created, respected the privacy and dignity of each resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 The Brook OSV-0004871

Inspection ID: MON-0033185

Date of inspection: 23/06/2021

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 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Regulation 17 (6): The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He/ she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all. This will be ensured by completing the following actions:

• The PIC has reviewed the premises in terms of achieving and promoting accessibility with the Facilities Personnel within the organisation – Complete.
• The PIC shall ensure damage to door frames and doors are repaired, to ensure that the integrity of the fire doors is not affected. Scope of works is in progress. The provider shall install protection guards on doorways, in order to safeguard against further damage thereby ensuring fire door function is not compromised.
[Planned completion date: 31/09/2021]
• The possible widening of door frames will be assessed and if required, works will be completed to achieve same.
[Planned completion date: 31/12/2021]
• The PIC shall review both sanitary facilities and plan for their upgrade. In order to do so, the PIC will
o identify works required and request a scope of works from organisation's facilities personnel
o Residents will be involved in so far as possible in choosing the cosmetic aspects of the upgrades
o Procurement will be carried out and request for funding will be forwarded to SMT
[Planned completion date: 31/12/2021]

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Regulation 26 (02): 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. This will be ensured by completing the following actions:
• Corrective action has been taken following incident; in that residents' bed has been replaced – Complete: 05/07/2021. A comprehensive specific bed-rails/ entrapment risk assessment has been completed on the new bed/ mattress/ bed-rail system now in place – Complete: 07/07/2021.
• The PIC will ensure that the risk assessment in place regarding use of bed-rails/ risk of entrapment is reviewed regularly; and corrective actions required are implemented to remove risk as and when required.
[Complete]

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Regulation 07 (04) 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. This will be ensured by completing the following actions:
• The PIC will ensure the bed and mattress are replaced and that they appropriately function together. The PIC will ensure adequate consideration is given to the occupants needs and assess in conjunction, with a relevant professional, that the bed, mattress and rail use, does not place the occupant at risk of entrapment.
[Complete]
• The PIC will seek appropriate multidisciplinary input regarding the requirement for/ use of bed rails and will utilise guidance from approved assessment tools that objectively assess and assure the safe use of bedrails – this review will be recorded on the restrictive practice protocol review form. The protocol will subsequently be reviewed at the next team meeting.
[Planned completion date: 30/07/2021]
• The PIC shall ensure the restrictive practice in place (the use of bed rails), does not place the resident at risk due to poor practice not in accordance with national policy.

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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of	Substantially Compliant	Yellow	19/07/2021

	risk, including a system for responding to emergencies.			
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	30/07/2021