



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

## Issued by the Chief Inspector

Name of designated centre:	Clarey Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	13 February 2024
Centre ID:	OSV-0003386
Fieldwork ID:	MON-0033597

## About the designated centre

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

Clarey Lodge provides 24 hour care and support for up to four adults both male and female with an intellectual disability. Residents are support 24 hours a day by a staff team consisting of a person in charge, social care workers, health care assistants, a staff nurse and relief staff. There are a number of vehicles in the centre to assist residents to access community facilities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Tuesday 13 February 2024	10:10hrs to 17:00hrs	Sarah Cronin	Lead
Tuesday 13 February 2024	10:10hrs to 17:00hrs	Marie Byrne	Support

## What residents told us and what inspectors observed

From what residents told us and what inspectors observed, residents were well-supported to engage in activities of their choosing by a staff team who was familiar with their needs. This was an announced inspection which took place to inform a registration renewal of the designated centre. This inspection found high levels of compliance with the regulations, with an improvement required in medication management.

The designated centre is a large bungalow in a rural setting in county Kildare and is home to four residents who have an intellectual disability and complex care and support needs relating to behaviour and mental health. The centre is a detached bungalow which is subdivided into four separate areas, each with their own entrance. There are three self-contained apartments, one area supports female residents and contains a kitchen dining area, two bedrooms, a bathroom and a sitting room. The second area is a common area and contains a kitchen dining area, a bathroom, a laundry area and an office. There are two self-contained apartments which contain a sitting/dining area, a bedroom and a bathroom. For one resident, their apartment consists of a bedroom, bathroom and living room. The resident accesses a shared kitchen for their meals and comes and goes to that area freely to interact and engage with staff. They have an outdoor shed which was used to store their sound equipment and records. The resident had decorated their fence with graffiti and were in the process of redecorating their 'DJ room'. Their bedroom had been soundproofed to enable them to play their music loudly without impacting on other residents' rights to having a quiet environment in their home. The second resident had a larger space, with access to a sitting room, sensory room, bathroom and bedroom. The resident had access to their own garden with a hot tub, a trampoline and other play equipment. Residents' personal spaces were observed to be personalised and residents had control over their belongings and how they chose to store them. To the rear of this living space was a garden with two large swings for residents to use.

Residents in the centre communicated using speech, body language, gestures, Lámh signs and behaviour to communicate. Staff used a total communication approach to best support residents' comprehension and ability to express choice. For example, staff used visual schedules, sequence strips, Lámh signs and choice boards to support residents. Easy-to-read information was available for staff to use to support residents in learning about different aspects of their care, their rights, safeguarding and healthcare interventions. Regular key-working sessions took place with residents. Inspectors found these to be well documented and reflective of residents' communication and presentation. Inspectors had the opportunity to meet with all four residents on the day of the inspection. All of the residents appeared well presented and content in the company of staff. Throughout the day, residents were noted to be comfortable in the presence of staff and in their surroundings. Staff were observed interacting with residents in a kind, warm and respectful manner.

Residents had busy schedules in the centre and consistent routines, which were reported to be essential to maintaining their wellbeing and support. Activities included bowling, swimming, horse riding, going to a gym and engaging in a local Tidy Towns committee. Within the house, residents had access to tablets, jigsaws, art, DVDs, a gaming console and residents had their own personal possessions throughout. Staff were encouraging residents to engage in household tasks such as doing the laundry, cleaning their bedroom. The resident had a game console in their apartment, which they enjoyed playing. For another resident, staff were building up a resident's tolerance of having items of interest in their sensory room in line with their assessed needs. The provider told inspectors about upcoming changes to day services in line with the national policy New Directions. The person in charge spoke about this offering further opportunities to residents. Residents were well supported to maintain relationships with family members and to explore new opportunities to develop relationships with members of their local community.

Staff reported on how they were in the process of building residents' tolerance of some activities back up since the pandemic and how they were exploring new activities or visiting new places such as the zoo, which had previously been a challenge. Another resident was now going to the gym every morning, while another was due to increase their swimming sessions to twice a week due to the success of their weekly sessions. Staff were supporting residents to build independent living skills such as doing the laundry or doing the bins.

There were a high number of restrictive practices in the centre. Many of these were in the environment and for health and safety reasons due to residents' assessed needs. However, in spite of these restrictions, it was evident that residents' rights were promoted and upheld, and that restrictions were reviewed regularly and reduced where possible. Residents were afforded opportunities to learn about their rights and to exercise choice in their daily routines. Careful consideration had been given to supporting choice and control and to minimise residents' becoming overwhelmed or distressed. Residents' right to refuse healthcare interventions had been upheld, documented and appropriate supports had been put in place to increase residents' ability to engage with these interventions. Another example was offering a resident choices around decorating their living spaces, and accepting their refusal, while gently encouraging them to build tolerance. One resident told inspectors "I'm an adult and I can do whatever I like here".

Inspectors received four questionnaires which had been sent out to the person in charge prior to the inspection taking place. The questionnaires seek feedback on a number of service areas including the physical environment, making choices and decisions, staff support, daily routines and being listened to on key issues in their home. The questionnaires indicated that residents and family members were satisfied with the service they received. One family noted that while their relative lived alone, that they were given the opportunity to engage with other residents as they wished. Another described staff as "wonderful" and that they enabled the resident to "live their best life". A family reported that they were made to feel welcome by the person in charge and the staff team and that they were "listened to and involved". Inspectors viewed a number of compliments from family members in the centre. These included comments such as "a great deal of stability in the centre

and this change has been immeasurable for the better and it is a credit to the staff team". Another noted how attentive staff were to their loved one.

A number of staff had completed training in a human-rights-based approach in health and social care. Inspectors spoke with one manager who outlined what they had learned from the training. They spoke about their renewed focus after the training on ensuring that the staff team "ask" residents what they want and how they spend their time. They spoke about the importance of reviewing restrictive practices regularly and the importance of focusing on how they may impact on residents' rights. They also spoke about the importance of choice, supporting residents to understand their rights, and to sample different activities and have opportunities to be active members of their community.

In summary, inspectors found that this was a well-run centre which enabled residents to be supported by a staff team who were very familiar with their care and support needs. The provider was self-identifying areas for improvement and had a focus on quality. The next two sections of the report present the findings in relation to governance and management, and how the governance and management arrangements impacted on the quality and safety of care and support in the centre.

## Capacity and capability

The provider had governance structures which were ensuring the effective delivery of a good quality of care and support for people using the service. There was a focus in this centre on moving beyond compliance and work was ongoing on quality improvement initiatives. It was evident that the provider was self-identifying areas requiring action which were in line with inspection findings. For example, the provider had identified issues with medicines management which the inspection found to be not compliant. All other regulations inspected were found to be compliant.

The provider had a clearly defined management structure which identified lines of authority and accountability. The person in charge was supported in their role by two shift lead managers. The director of operations provided support and supervision to the person in charge. There was a management presence in the centre seven days a week, with on-call arrangements day and night where required.

The provider's systems for oversight and monitoring included audits in the centre, weekly and monthly reports and meetings between the person in charge and the director of operations. The provider had completed an annual review and six-monthly unannounced visits in line with regulatory requirements. The annual review, while it required improvement, was in the process of being updated by the provider following learning from inspections in other designated centres. Staff meetings were taking place on a regular basis and the agenda was resident focused. Minutes of

these meetings were viewed and it was evident that detailed discussions took place on each resident at these meetings which included incidents, safeguarding, complaints and outcomes.

The inspectors found that the provider had ensured that the number, qualifications and skill-mix of staff was appropriate to best meet the assessed needs of residents. Staff were completing training and refresher training in line with the provider's policy and residents' assessed needs. Staff were in receipt of regular formal supervision and in addition to on-the-floor mentoring which was provided by team leaders and the person in charge. The provider's policies and local management team were guiding staff practice to ensure that person-centred care and support was delivered using a human-rights based approach.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted all required information required with the application to renew the registration of the designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the requirements of the regulations. They were present in the centre and residents were very familiar with them. They were self-identifying areas for improvement in line with the findings of this inspection and implementing the required actions to bring about improvements in a timely manner.

Judgment: Compliant

#### Regulation 15: Staffing

Inspectors found that there were an adequate number of staff who had the required skills to meet residents' assessed needs. Actual and planned rosters were well maintained and demonstrated that residents in the centre enjoyed continuity of care in their home. The provider had successfully recruited to fill two staffing vacancies just before the inspection. Inspectors observed residents receive assistance and support in a timely and respectful manner during the inspection.



Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to and had completed training which had been identified as appropriate to carry out their roles and responsibilities. Staff had completed training in mandatory areas such as fire safety, safeguarding, first aid, food safety and courses related to infection prevention and control. They had completed tailored training in mental health, supporting residents with autism, risk management and positive behaviour support. Staff had also completed training in a human-rights based approach and it was evident that there was a focus on upholding and promoting residents' rights to choose their daily routines.

Staff were in receipt of regular formal supervision to ensure they were carrying out their roles and responsibilities to the best of their abilities. From the sample reviewed discussions were being held in areas such as safeguarding, residents' assessments and personal plans, residents' rights and the FREDA principles, staff's roles and responsibilities including key-worker roles, staff training needs. Staff reported to inspectors that they felt supported in their role.

Judgment: Compliant

## Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and other risks in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

Inspectors found that the provider's systems for oversight and monitoring were proving effective. They had systems in trend, analyse and track incidents in the centre. Learning following these reviews was leading to the review and update of the relevant documents and learning was shared amongst the staff team.

The provider had completed an annual review and six-monthly unannounced provider visits in line with regulatory requirements. They had recognised that previous annual reviews were generic in nature and did not fully reflect care and support available for residents or fully capture their views. As a result they were

planning to make changes to their annual reviews in 2024.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had prepared a statement of purpose which contained information set out in Schedule 1 of the regulations and this was available to residents and their representatives.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had notified the office of the chief inspector of adverse events and incidents in the centre in line with regulatory requirements.
Judgment: Compliant
<b>Quality and safety</b>
<p>Residents' welfare and wellbeing in the centre was maintained by a good standard of care and support. As outlined in the opening section of the report, it was evident that the person in charge was striving to ensure ongoing quality improvement through ongoing coaching and on-the-floor supervision to ensure that a rights-based approach to care was delivered. Improvements were required in medication management.</p> <p>Residents had guidelines and multi-element behaviour support plans in place to ensure that staff used consistent proactive and reactive strategies which included skills teaching. Behaviour support plans gave clear guidance on what physical holds were appropriate for residents where this was required. A behaviour support therapist supported the staff team to ensure ongoing review of plans. There were protocols in place for pro re nata (PRN) medication. Behavioural incidents, medication use and the use of physical holds were reviewed regularly to identify trends. There was evidence of a reduction in some restrictive practices in the months prior to this inspection.</p> <p>Residents were found to be safeguarded from abuse in the centre through policies and procedures which were evidently implemented as required. Residents were</p>

provided with opportunities each day to engage in meaningful activities in line with their assessed needs, their schedules and their preferences. A range of activities was evident and there were a number of vehicles available for residents to access the community on an individualised basis. Relationships with the wider community and those important to residents were promoted, supported and maintained through phone calls, emails, visits and facilitating trips home to family.

Residents in the centre were found to be supported to learn about their rights, and to express their preferences throughout each day to have choice and control in their daily lives. Consideration was given to the impact of various restrictions or control measures relating to risk, and the effect this had on residents' rights, with a focus on reducing restrictions where this was safe to do so. Residents' rights to understand and access information and to express themselves was upheld by the use of a total communication approach, involving the use of visual supports and Lámh.

The premises had been upgraded since the last inspection and overall, was found to be in a good state of repair. One area of the centre was a highly restrictive environment in line with the residents' assessed needs and risk. However, the provider was working with the resident to enable them to redecorate this area of the house in line with their expressed preferences on a phased basis. Plans were in place to upgrade gardens to further increase one resident's opportunities to engage in activities of their choice outside. Residents in the centre had ample space to store their belongings and to spend time alone or with others.

The provider had good risk management systems in place to ensure that risks were appropriately identified, assessed and managed to mitigate those risks. Incidents for each resident were reviewed by the person in charge and detailed discussions took place with staff on any learning from these incidents. Individual risk management plans were in place for residents and reviewed following incidents as required. Adverse incidents were documented on the provider's online system. These were reviewed and trended on a weekly basis as part of an overall governance matrix. Incident reviews prompted review of individual risk management plans and were shared with staff at monthly meetings. Immediate learning was shared on handover each day.

In line with the findings of the provider's annual and a number of six-monthly reviews inspectors found that the systems to ensure the safe administration of medicines required review. Staff had completed training and the local management team were completing competency assessments. When errors or omissions relating to the administration of medicines occurred additional competency assessments were completed with staff. Staff were using a reflective practice cycle to review what happened and identify any learning to reduce the risk of reoccurrence, or additional training was provided, if required. However, improvements were required in the safe administration of medication and in keeping accurate records in line with residents' prescriptions. This is detailed under Regulation 29: Medicines and Pharmaceutical Services below.

### Regulation 13: General welfare and development

As outlined in the beginning of the report, residents were leading busy lives and provided a range of opportunities to engage in activities of their choice in line with their expressed interest. It was evident that staff were exploring options on an ongoing basis to expand the range and frequency of activities for residents. Residents were well supported to maintain and develop relationships with family members and members of the wider community.

Judgment: Compliant

### Regulation 17: Premises

Overall, there had been improvements in the premises since the previous inspections. The premises was in a good state of repair. It was warm, clean and designed and laid out to meet residents' needs. Areas of the residents' home were highly personalised and they had access to private space and a number of communal areas. They had access to storage for their personal belongings and private spaces to receive visitors where they wished to do so.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents on their home which contained information outlined in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy which included items outlined in the regulations. There were good systems in place to assess, manage and review risk on an ongoing basis. There was a system in place for recording and responding to adverse events, including emergencies.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider was implementing suitable fire protection and oversight measures. Staff had completed fire safety related training and residents had personal emergency evacuation plans which were reviewed and updated regularly. Where specific risks were identified by the provider, a detailed risk assessment and analysis had been carried out to ensure that residents continued to be protected from fire.

Fire drills were occurring regularly and the records of these were detailed in nature and clearly identified the supports residents required to safely evacuate and any learning that came about as a result of the drills. Fire equipment was serviced and maintained and records were maintained in the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

In line with the findings of the provider's annual and a number of six-monthly reviews inspectors found that the systems to ensure the safe administration of medicines required review. While observing a medication round, inspectors noted that practices in administering medication were not in keeping with the provider's policy.

Inspectors reviewed a sample of residents' kardex and administration records and found that some did not clearly detail when they medicines should be administered. For example, it appeared that one regular medicinal product was prescribed once daily; however, when an inspector discussed this with staff they stated it was prescribed once daily, two days a week which was recorded on the line below on the kardex. The original prescription on file did not appear to match the residents kardex.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

Residents in the centre had clear guidance for staff to follow which included proactive and reactive strategies. They had regular input from a behaviour specialist. For residents who required a more comprehensive multi-element behaviour support plan, these were in place. Incidents for residents relating to behaviour were trended and correlated with medication changes, where appropriate.

<p>The person in charge provided ongoing training, support and mentoring for staff working with residents to ensure that plans were implemented consistently with residents. Each incident involving the use of a physical hold was reviewed with staff to ensure that these continued to be a last resort and the least restrictive option for the shortest period of time.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>The provider had policies and procedures in place to protect residents from abuse. Where any safeguarding incidents had occurred, these had been reported and investigated in line with national policy, and safeguarding plans were in place. Staff were familiar with their responsibility to report any concerns, and they knew what measures were in place to safeguard residents. The designated officer from the provider had visited the centre on two occasions in the previous months and spoke with both residents and staff.</p> <p>Safeguarding was discussed with residents at key worker meetings, and with staff at staff meetings to ensure ongoing learning and sharing of information relating to safeguarding. Intimate and personal care plans were in place for residents who required support, and these were suitably detailed to guide staff practices.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>As outlined earlier, the designated centre had a high number of restrictions in place for residents. However, in spite of this, it was evident that residents' rights to engage in activities of their choosing in the community was upheld and that they had choice and control over their daily routines.</p> <p>Key working sessions in relation to residents' rights were ongoing to ensure that residents awareness of their rights was promoted. Residents' right to make choices was upheld and promoted in a clear and consistent way to promote rights while also minimising distress in line with residents' support plans. Residents right to refuse healthcare interventions was respected and alternative measures put in place. Residents' rights to privacy and dignity were promoted and there was ample space in the centre for residents to spend time alone where they wished to do so.</p>
<p>Judgment: Compliant</p>

## 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Clarey Lodge OSV-0003386

Inspection ID: MON-0033597

Date of inspection: 13/02/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>1. The Person in Charge (PIC) shall ensure that, Team Members, where required will undertake a competency based practical assessment regarding to the safe administration, dispensing, and recording of medication, in line with Nua's Policy and Procedure on Safe Administration Practices [PL-C-010].</p> <p>Completed 14th February 2024</p> <p>2. In line with Nua's Policy and Procedure on Safe Administration Practices [PL-C-010] A Medication Administration Standard Operating Procedure shall be developed and implemented in the Centre by the Person in Charge (PIC) for Team Members to follow. This procedure shall be discussed at the next monthly team meeting.</p> <p>Completed: 23rd February 2024</p> <p>3. The PIC with the support of the Director of Services will review the Kardex systems in place and ensure that the Kardex are in compliance with policy and procedure on Safe Administration Practices PL-C-010. Where necessary updated Kardex will be discussed at daily handovers for a period of 7 days.</p> <p>Due Date: 11th April 2024</p> <p>4. The PIC shall ensure that the most up to date prescriptions are maintained within the Individuals files.</p> <p>Completed: 16th February 2024</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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	11/04/2024