



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

## Issued by the Chief Inspector

Name of designated centre:	The Brambles
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	27 January 2026
Centre ID:	OSV-0008156
Fieldwork ID:	MON-0048818

## About the designated centre

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

The Brambles is a residential service which caters for up to six children, both male and female, with an intellectual disability. The centre is located in a rural area in County Roscommon close to a variety of local services and amenities. The premises has a total of six large en-suite bedrooms for the young residents. There was a spacious garden to the front and rear of the centre, play areas, as well as a large kitchen/dining room, and large communal areas. Staffing support is provided 24 hours a day seven days a week by the person in charge, team leader, assistant team leader, assistant support workers and support workers.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 27 January 2026	08:25hrs to 16:30hrs	Maureen McMahon	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations. During this inspection, the inspector met with three children who lived in the centre and observed how they lived. The service was home to four children on the day of inspection, with two vacancies. The inspector also met the person in charge and team leader, eight staff members and viewed a range of documentation.

Based on the findings of this inspection, the inspector found children who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health and, were involved in their preferred activities. Some improvement was required to aspects of medicines management in the centre, and this will be discussed under regulation 29.

The centre comprised a detached two-storey house and a separate apartment to the rear of the house. This separate apartment was occupied by one child, and contained an en-suite bedroom, a kitchen-living area and a bathroom. The main house was divided into two one-bedroom apartments, and there were other three bedrooms in the main house. The design and layout of the service provided sufficient space for children to spend time privately to engage in their preferred activities. The centre was welcoming, pleasantly decorated and well-maintained throughout. During a walk-around of the centre, the inspector observed that some children's bedrooms were personalised with memorabilia from football teams and concerts they had attended. Other children had chosen a more minimalist design, and this preference was respected by the provider. All bedrooms were spacious and included en-suite facilities. The main house had a well-equipped kitchen where food could be prepared and stored hygienically. Each apartment also had a small kitchen, where food preparation was undertaken in line with each child's preferences and support needs.

Children in the centre had high support needs in relation to assessed areas, including, communication, positive behavior support, and maintaining a safe environment. A number of restrictive practices were in place to manage identified risks related to children's care and support needs, so as to ensure their safety. All children were supported with a two-to-one staff ratio during the day, with a slightly reduced level of staffing overnight. The provider had ensured that the layout of the service supported children to live as independently as possible, and no concerns were identified in relation to negative peer-to-peer interactions.

Upon the inspector's arrival, three of the children were present. One child was in the process of leaving to attend school in a nearby town, and another child had already left to attend school. Two other children were engaged in their morning routines with the support of staff. The centre offered a variety of education supports to children, such as the use of a home tutor and education plans and programmes.

One child spoke to the inspector about their education priorities and their intention to complete training courses in areas of personal interest, such as driving and construction. They reported that staff were encouraging and that they felt well supported to achieve these goals.

The inspector had the opportunity to meet three children, and while two of them had communication needs and used communication systems, the third child sat and spoke with the inspector for a long period about the care and support they received in the centre. Their feedback was positive as they spoke about attending activities they enjoyed, such as GAA matches, spending time with friends and family, and recent holidays. They did express a concern around aspects of their staffing and they had brought this to the attention of the provider. These concerns were well-known to the provider who was in the process of reviewing this. They spoke to the inspector about restrictive practices in place, and their rationale for why these were needed were well understood. They expressed a wish for reduced staff supervision but acknowledged instances where they had placed themselves at risk of harm, and they understood this supervision maintained their safety. The inspector observed that children appeared relaxed and comfortable with the staff members supporting them.

The inspector found that children had opportunities to engage in a wide range of activities. These included community-based activities such as attending the gym, rugby, visits to soft play centres, and bowling. Staff also described a variety of home-based activities that children enjoyed, including basketball and football, as well as sensory-focused play. During the inspection, staff were observed preparing paint to facilitate a creative play activity. In addition, staff described that children enjoyed other forms of exploratory play, including food-based sensory play and water based-activities.

Throughout the day, the inspector had the opportunity to meet staff working in the service. Staff demonstrated a strong understanding of the needs and preferences of the children. They engaged in a friendly manner with the children, offering choices and supporting communication. For example, staff were observed preparing communication boards with options and activities for the evening, in anticipation of the children returning from school. Staff described regular meetings taking place with the opportunity to keep them up to date with any changes in the centre. Overall this was a very positive inspection that found many good examples of care and support. The provider had many systems in place for reviewing the quality and safety of care and was proactive where any improvement was needed.

The next two sections of this report present the inspection findings in relation to the governance and management in the service, and describes about how governance and management affect the quality and safety of the service provided.

## Capacity and capability

Overall this inspection found the centre was effectively managed resulting in a high quality service for children.

There was a clear organisational structure in place to oversee and manage the centre. The person in charge was appointed in November 2025 to cover planned leave and they also held the role of person in charge in another designated centre. They were regularly present in this centre and were well known to the children. Two team leaders supported the person in charge in managing and maintaining oversight of the service. There was an on-call arrangement in place for out-of-hours periods and weekends, and this was readily accessible to staff in the service.

The centre was adequately resourced to meet the assessed needs of the children. These resources included transport, Wi-Fi and outdoor recreational spaces. Staffing levels were maintained in line with children's assessed needs. Training records reviewed identified that all staff had completed all mandatory training. In addition, staff had received further training to support them in their roles, including positive risk-taking and food hygiene.

The provider had systems in place that maintained oversight of the quality and safety of care. These systems included provider unannounced audits undertaken every six months, and an annual review of the service. In addition, the local management team also completed daily, weekly and monthly audits to review areas such as fire, medicines, first aid, cleaning and premises. The review of recent audits indicated good levels of compliance. There was also good trending of incidents, and local management discussed the control measures in place with the inspector. Good internal communication was evident, with regular team meetings taking place. The person in charge maintained good contact with their line manager and the staff team. In addition, they prepared weekly governance reports in relation to key performance areas, and these were presented to senior management for review.

The centre had an effective complaints procedure that was accessible and available in a format that children could understand. From discussion had with local management and children, the inspector found children were well supported to raise a complaint or a concern. Advocacy services were also available to all children.

## Regulation 14: Persons in charge

The provider had appointed a suitable person in charge who met the requirements of regulation 14.

The person in charge worked across two designated centres sharing their time equally between the two centres. The person in charge was regularly present in the centre to meet staff members and children. They demonstrated a good knowledge and understanding of their duties and responsibilities under the regulations. Two

team leaders who were based in the centre supported the person in charge in the day-to-day management of the service.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to childrens' assessed needs and in line with the size and layout of the centre.

The person in charge had prepared a planned and actual rota which was available in the centre. The inspector reviewed December 2025 and January 2026 rotas and found this to be well maintained and named each staff member in full, and their working hours. Where additional support staff were required, regular relief staff filled any vacant shifts in the centre. From discussions had with local management, recruitment was actively underway in the centre to fill four current vacancies with contracted staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received mandatory and fresher training appropriate to their role and the needs of children living in the centre.

The inspector reviewed training records for all staff and found staff had received mandatory training in fire safety, positive behaviour support and safeguarding. Staff had also received training in areas such as medicines management, first aid, food hygiene, positive risk-taking and human rights.

Opportunities for continuous professional development were available to staff, to update and maintain competencies and skills. For example, one staff member described having recently completed a Level 6 management course. Another staff member, with a role as a key worker, spoke about the supports offered for this role, including person-centered planning training.

Formal staff supervision meetings were undertaken regularly by local management. A supervision planner was available to view for all staff for 2026. Staff confirmed that they frequently attend supervision meetings and have opportunity to raise any areas they wish to discuss. Supervision records were available to view in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance and management arrangements in place to oversee all aspects of the service and to ensure the provision of a good quality, safe service to children.

The management structure in the centre was clearly defined, and staff spoken with were aware of this structure and the specific roles and responsibilities held in the centre. The centre was adequately resourced in terms of staffing and other resources, to ensure effective delivery of care and support in line with the assessed needs of children. Children had access to transport, Wi-Fi, outdoor recreational spaces, and comfortable living arrangements.

The provider had oversight arrangements, such as an annual review of the service such as a recent review for 2025. The inspector read this review and found the provider had identified areas for improvement, such as, some aspects of record management and areas of risk management. A six-monthly provider unannounced audit was last conducted in the centre in October 2025. This audit had reviewed 20 regulations in the centre and took place across two days. Where improvement were identified, time bound plans were put in place to progress actions in relation to both of these reviews.

Regular team meetings took place in the centre with records for December 2025 reviewed. Personal planning updates, and risk management were standard agenda items at these meetings. Records reviewed found good levels of staff attendance at team meetings. The provider had arrangements in place for weekly house meetings. These meetings discussed upcoming social events, menus, changes in the centre and any concerns children may wish to raise.

The inspector reviewed the management of complaints, and found that any complaints received in the service had been responded to appropriately. All complaints were logged and included follow up action taken.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The provider had ensured that a written contract was in place for all children and contained all the required information.

Children's admissions to the centre were consistent with the statement of purpose and took into account the assessed needs of each child. In addition, the potential impact on children already living in the centre was assessed prior to any admissions. The provider had considered the varying age ranges of children in the centre and

made suitable arrangements to support their individual needs. For example, the layout of the centre ensured that children of different ages were not living in close proximity, and all children had age-appropriate environments.

The inspector reviewed two contracts and found that both were signed, and clearly detailed the care, support and services to be provided in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

An up-to-date policy was available on the handling and investigation of complaints in the centre. The complaints process was accessible to all children and their families or representatives and it was prominently displayed. The complaints procedure was also available in an age-appropriate easy-to-read format.

A complaints officer was available to the centre, and contact details were displayed. The inspector reviewed the complaints log and found the provider had responded appropriately to the most recent complaint received, and had resolved in a timely manner.

Judgment: Compliant

### Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care delivered to children living in this centre. Some improvements were required in aspects of medicines management, which will be discussed further under regulation 29.

The centre was located in a rural area near several large towns. Transport was provided, and each child had full access to a vehicle to attend school, appointments, and preferred activities. All children had access to a private garden space, as well as a large garden to the front and rear of the centre. Children were supported to engage in age-appropriate activities. The centre was clean throughout and comfortable furnished, some apartments were minimally furnished, and this was the preferred style for some children.

The provider had systems in place for the identification, assessment, management and review of risk. These were found to be effective in the management of identified risks in the service. Contingency arrangements were in place in the event of emergencies and staff were aware of these plans. Personal plans had been

developed collaboratively with children, their representatives and their key workers, with regular planning meetings allowing for goals to be reviewed and progress discussed. The personal plans reviewed clearly identified the supports children required to achieve their short and long term goals. In addition, the provider had ensured that children had access to medical and healthcare services, and that their healthcare needs were consistently well met. Staff actively supported children to maintain good health through nutrition, exercise, health monitoring and attending appointments as appropriate.

Positive behaviour support plans were in place for children as needed. The provider had developed communication strategies to help children express their needs and manage behaviours of concern. The local management team and staff members were very familiar with these plans, and the inspector saw staff implement this throughout the inspection. This included the use of communication aids, and the management of environments to avoid known triggers. Childrens' human rights were actively supported by staff and local management. Restrictive practices were reviewed frequency, with four multidisciplinary reviews conducted in 2025.

Medicine management practices were mostly well-managed in the service. Storage of medicines was appropriate, and the inspector observed keys were kept secure. The centre had appropriate procedures for the handling and disposal of used and out-of-date medicines, with records confirming that these medicines are returned to a local pharmacy. The inspector also reviewed occasions where chemical restraint was administered. These instances were clearly outlined in the child's positive behaviour support plan and were in line with best practice guidelines, and were under regular review with the multidisciplinary team. While there were good medicines management systems maintained in the centre, there were aspects of prescribing and administration practices that required the review of the provider. These were discussed with the person in charge prior to the close of inspection.

## Regulation 17: Premises

The centre was suitable for the care and support needs of the children, it was visibly clean, well maintained and in good repair. The design and layout met the individual assessed needs of the children living in the centre. Where maintenance was required, the provider had an online system to log tasks and manage jobs to ensure they were completed in a timely manner. The centre comprises of two self-contained apartments within the main house and a separate apartment at the rear. The main house also provided accommodation for three children with shared use of communal living spaces.

During a walk-around of the premises, the inspector observed children had access to individual space where they could relax or partake in activities they liked. All children had their own bedroom that was personalised to their preferences. All bedrooms had adequate storage, such as wardrobes or drawers where children could store their personal belongings. There were well-kept gardens for children to

play outdoors and children had access to recreational items, such as swings, a trampoline, a basketball hoop, giant garden games, and footballs.

A refuse collection system was in place in the centre. However, on the day of inspection, refuse was found to be poorly managed in one area of the premises. This was discussed with local management, who resolved this issue promptly.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had arrangements for the identification, recording, investigation and learning from accidents and incidents in the centre.

The inspector reviewed two individual risk management plans and discussed the identified risks with local management. Specific control measures for one child are under review with multidisciplinary input to plan future care and support needs. Other control measures such as, seating arrangements during transport and personal protective clothing, were found to be appropriately justified.

The person in charge had oversight of all accidents and incidents in the service, with a weekly and quarterly report prepared. The inspector reviewed accidents and incidents in the centre in January 2026. These were discussed with the person in charge who demonstrated familiarity with all incidents and the control measures in place that promoted children's safety.

There was an on-call system to support staff in responding to emergencies outside of office hours. Staff spoken with confirmed their awareness of this contingency system.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had good systems in place for the management of medicines. However, some aspects of medication management required improvement.

The inspector observed an afternoon medicines round in the centre. Staff were knowledgeable on the medicines that were prescribed, including possible side effects. However, this inspection found some areas that required the review of the provider

- Two prescribed medicines on one prescription record did not correspond with the medicines that were dispensed from the pharmacy. This discrepancy was

due to the use of trade and generic names, which had not been identified by the provider.

- A liquid medicine was open with no date of opening recorded. It was unclear when this medicine was opened and when it would expire.
- The signature of the prescriber on some medicines prescription records was not legible.

Although there was no evidence this had contributed to medicines related incidents in the centre. These areas did require review by the provider.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Children had comprehensive personal plans prepared prior to admission, and these plans were reviewed annually or as required.

The inspector reviewed a sample of two personal plans. There were assessments of need, individual risk management plans, and support plans for specific identified health care needs. The records reviewed were up to date and regularly reviewed.

An easy-to-read personal plan was developed for each child, with short-term and long-term goals identified. Regular reviews took place to discuss progress of goals, and monthly progress updates were available to view. The inspector noted that short-term goals were ongoing, including swimming, gym sessions and developing friendships. Some long-term goals were also progressing, such as skills development to enter the workplace, and completion of necessary safety courses.

Judgment: Compliant

### Regulation 6: Health care

Children's healthcare needs were well supported in the centre.

The inspector reviewed healthcare records for two children and found children had access to a range of allied health care professionals, such as general practitioners (GP), occupational therapists, speech and language therapist and psychiatrists. Where children had identified health issues, these were well supported. For example, for one child who had ongoing health issues they had regular blood monitoring, this was evidenced through planned blood tests and ongoing monitoring. Another child was being supported to better understand their healthcare needs and to develop the skills required to manage aspects of their care.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

The inspector reviewed two positive behaviour support plans. These plans gave detailed guidance to staff on the management of behaviours, and included reactive and proactive strategies. Positive behaviour support plans also gave detailed guidance to staff on appropriate communication supports for children. This enabled children to communicate their needs and minimise behaviours of concern. These plans were clear, up to date, and understood by staff. Children had access to multidisciplinary supports that included behaviour support specialist and psychiatry, and there was good evidence of where these reviews were happening.

Staff had received training in behaviour support management. From discussions had with staff members and observations on the day of inspection, the inspector found staff were clear about the behaviour support strategies in place and implemented these consistently. These strategies included communication systems and appropriate staff ratios.

The service had restrictive practices in place to ensure the safety of children. The person in charge was proactive in reviewing and reducing these practices where possible. For example, a restrictive practice relating to cutlery was no longer deemed necessary and was discontinued for one child.

Judgment: Compliant

## Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of children. All staff had completed training on human rights, and staff were observed to interact with children in a manner that maximised independence and choice. For example, staff were observed teaching cooking skills and supporting a child in the management of their personal laundry.

Children had access to televisions, Wi-Fi, gaming devices, mobile phones and information was available in a suitable accessible format. The centre also had access to advocacy services, and information regarding the National Advocacy Service was displayed in the service. Weekly house meetings took place, with children's rights a standard agenda item for discussion.

Children were supported to maintain relationships with family and friends where appropriate. Records reviewed indicated that the provider facilitated regular family contact for children living in the centre, including video calls and instant messaging. Key worker sessions were undertaken frequently with children to discuss matters such as human rights and restrictive practices in place, including the rationale for these practices. These sessions provided children the opportunity to actively participate in decisions about their daily life's. From discussions had with children and staff, it was evident that children could plan their routines and preferred activities, and these choices were supported by the staff team and local management.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Brambles OSV-0008156

Inspection ID: MON-0048818

Date of inspection: 27/01/2026

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"><li data-bbox="172 987 1447 1144">1. The Person in Charge (PIC) will conduct a full review of medicines prescribed with the pharmacy to ensure prescriptions align with all dispensed medication brand names. All medication will be checked on delivery to ensure that labels are correct. Due Date: 01 March 2026 - Completed</li><li data-bbox="172 1178 1447 1301">2. The Person in Charge (PIC) in conjunction with the Clinical Department will complete a review of all prescriptions to ensure the prescribers signature is legible. Due Date: 10 March 2026</li><li data-bbox="172 1368 1447 1525">3. The Person in Charge (PIC) will ensure all liquid medication has a clear open date sticker. This will be monitored as part of the weekly Medication audit tool. Due Date: 10 March 2026</li><li data-bbox="172 1559 1447 1715">4. The Person in Charge (PIC) will discuss the Policy and Procedure on Safe Administration of Medication at the next Team meeting and the above actions to ensure all Team members are aware of the corrective actions identified. Due Date: 10 March 2026</li></ol>	

## 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.	Substantially Compliant	Yellow	10/03/2026